



# WESTCHESTER PHYSICIAN

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## PRESIDENT'S MESSAGE

### LUIGI MANGIONE IS A FEVER: THE TRAGIC ASSASSINATION OF BRIAN THOMPSON AND THE ILLNESS AT THE HEART OF AMERICAN HEALTHCARE

KHAM ALI, MD, MBA, MPH, FACEP, PRESIDENT

The assassination of Brian Thompson, the CEO of UnitedHealthcare, stands as a tragic and violent testament to the growing outrage at the American healthcare system's failings. However, the outpouring of support for his accused killer, Luigi Mangione, and the public's celebration of the act, despite the horrific nature of murder, underscore a deeper and more troubling sickness at the core of the U.S. healthcare system. This event, and the twisted support Mangione has received, serves as a shocking reflection of a nation struggling with its collective frustration, and it demands we address the systemic issues driving this violence.

Using the framework of Systemic Inflammatory Response Syndrome (SIRS), we can dissect the current state of American healthcare—where rising premiums, an escalating cyber attack, and a violent act all point to one undeniable source: a broken system that allows for the unchecked power of insurance companies. This article will explore the murder of Brian Thompson, not as an isolated act, but as the final symptom in a long-running crisis of systemic healthcare dysfunction. Murder is never justified as a form of protest, yet the case of Thompson's death exposes the raw nerves of a healthcare system that has let unchecked corporate greed and the denial of a human right - equitable healthcare to bring society to an unbearable boiling point.

### TACHYCARDIA: THE SURGE OF RISING PREMIUMS

The first sign of a body with a severe infection is is tachycardia—an erratic, fast heartbeat that signals a body in distress. Similarly, the rising premiums in the U.S. healthcare system have been growing at an unsustainable pace, pushing millions of Americans further into financial strain. Under the leadership of Thompson, UnitedHealthcare—the largest private insurer in the country—saw record profits, yet this expansion came at the expense of millions of policyholders who found themselves denied claims and struggling to afford care. UnitedHealthcare has consistently led the industry in claim

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**KHAM ALI, MD, MBA,  
MPH, FACEP  
President, WCMS**

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***FROM THE EDITOR...*****HUMANITY**  
**PETER ACKER, MD**

I want to spend a few minutes talking about conveying our humanity in our day to day encounters with our patients. First I want to acknowledge just how unique the typical patient physician relationship is. It is professional and formal yet also incredibly intimate and personal. Trying to balance those two seemingly diametrically opposed aspects is part of the art of medicine. We are privy to intimate and private details that we per force are required to probe into as part of our diagnostic process. There is an essential tension here. We are charged with the task of delivering the best care we can which means we have to take charge as it were. That leaves the patient in essentially in vulnerable state, requiring deep trust in the ministrations of the provider.

When I approach a toddler, who is willing to tolerate my presence at several feet distance, he immediately starts to cry as I start the examination. I often wonder what is going on in their minds – “who the heck do you think you are touching me with that long tube dangling from your ears and mom is letting him do it!” If approached someone randomly on the subway and began to listen to his chest with my stethoscope, I would undoubtedly get the same reaction.

It is important for us to acknowledge at least to ourselves, our own essential vulnerability, that we are human, that we worry that we may miss something, that somehow we are always falling short. In treating adolescents I have found sometimes revealing things about myself can be transformational. Of course, this is also a delicate task with the risk of oversharing. For example, I see many teenagers who suffer from anxiety and few even have debilitating panic attacks. As it turns out, as a young person I suffered from panic attacks. When I tell a teenager that, I can invariably see such a look of relief on their face, that they are not the person with this isolating experience. Or the college student who is floundering – I tell my story of my own inchoate peregrinations throughout my twenties before entering medical school at 28.

Sometimes revelation comes unexpectedly and unbidden. I was once counseling a teenage girl who appeared quite depressed. I was talking with her alone while her mother waited outside. She had entered the room with a mournful expression and sat down on the examining table. I was standing and talking with her and in an attempt to show empathy I maintained eye contact while backing up a few steps to sit which caused me to misjudge where my stool was positioned behind me and I fell flat on my rear end. This elicited peals of from my patient. Her mother hearing the commotion, burst in and when saw me also started to laugh. I have discovered the cure for adolescent depression, I thought, an accomplishment akin to Alexander Fleming’s aha moment over a petri dish. Bit hard on my backside, but worth it nevertheless!

◆

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## **PRESIDENT'S MESSAGE**

### **LUIGI MANGIONE IS A FEVER: THE TRAGIC ASSASSINATION OF BRIAN THOMPSON AND THE ILLNESS AT THE HEART OF AMERICAN HEALTHCARE** **KHAM ALI, MD, MBA, MPH, FACEP, PRESIDENT**

*(Continued from page 1)*

denials, with over 32% of claims rejected, a stark contrast to the industry average of 16%. This growing financial burden on the American people serves as the tachycardia of the system—rapid, unsustainable, and threatening the viability of healthcare for all but the wealthiest citizens.

Rising premiums, especially in the private insurance sector, have compounded the difficulties faced by patients. As premiums soar, many are forced to choose between paying for care or foregoing it altogether. The administrative complexity and prior authorization processes, which insurance giants like UnitedHealthcare are notorious for, only add to the strain. Each denial of a claim is not just a paperwork issue—it represents a person who has been left without access to essential care, their health compromised. To add insult to injury, Brian Thompson was directly responsible for instituting an Artificial Intelligence technology which drastically sped up the rate and breadth of denials. This is the manifestation of a system in which profit dictates the flow of care, not patient needs.

### **HYPOTENSION: THE CHANGE HEALTHCARE CYBERATTACK**

Next, we turn to hypotension—a condition where blood pressure drops dangerously low. This is mirrored in the collapse of healthcare infrastructure, most notably seen in the cyberattack on Change Healthcare in early 2024. The breach exposed millions of sensitive patient records and disrupted critical services. Change Healthcare, a company that processes over 15 billion healthcare transactions annually, saw its systems shut down in the wake of a ransomware attack, leaving providers and patients unable to access essential services. The attack obviously affected practices but primarily affected patients via pharmacies and pharmacies' benefits management, which left patients without access to critical medication unless they were willing to pay massive upfront costs without a guarantee of reimbursement.

The cyberattack revealed not just vulnerabilities in data security, but in the systemic control of

healthcare. UnitedHealthcare's acquisition of Change Healthcare had given the company unprecedented power over healthcare transactions and patient data, consolidating control into the hands of a single entity. The breach served as a glaring reminder of the risks that come with consolidating too much power in one place. The response from Change Healthcare was slow, opaque, and ineffective, leaving patients and healthcare providers scrambling for answers while critical care processes ground to a halt. This event highlighted the fragility of a system that increasingly relies on monopolistic entities that control both the financial and technological aspects of healthcare. This left the healthcare system weak and barely able to stand on its own.

### **FEVER: THE MURDER OF BRIAN THOMPSON**

One of the most severe and telltale signs of a body on the verge of fatal compromise from an infectious source is a high fever. The fever in this situation was represented by a specific eruption of violence and chaos that has overtaken the discourse surrounding healthcare reform. In December 2024, Luigi Mangione, allegedly embittered by his frustration with the healthcare system's corporate overlords, murdered Brian Thompson outside a Manhattan hotel. His motivations remain unclear, but evidence from the scene, including cryptic messages on the bullet casings, suggests that Thompson's leadership at UnitedHealthcare—particularly the company's aggressive claim denials—may have been the trigger for Mangione's violence.

The response to Thompson's murder has been chilling. A disturbing number of people have celebrated the killing, rationalizing it as an act of protest against the corporate greed of the healthcare system. Supporters have latched onto the words “deny, defend, depose” scrawled on the bullet casings as rallying cries for their cause, interpreting Thompson's death as justified retribution. However, this misguided support for murder reflects the deepened anger and frustration felt by many who view the healthcare system as a deeply unjust entity. The idea that violence can be condoned as a form of protest or political commentary is dangerously flawed. No cause, however just, justifies the taking of a life. This feverish outpouring of support for Mangione reflects the sickness that has taken root in our healthcare system—a system where profit is prioritized over human life, and where individuals feel alienated to the point of violence.

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#### THE SOURCE OF INFECTION: UNCHECKED POWER OF INSURANCE COMPANIES

The source of any infection is important because that will inform the treatment. Further once a source is identified, that constitutes sepsis which is a severe form of infection that typically requires immediate hospitalization and careful monitoring. The source of this illness is the unchecked control of the healthcare system by a handful of powerful insurance companies. The consolidation of power—exemplified by United Healthcare's expansion into multiple sectors of the industry—has created a system where patient care is subjugated to profit maximization. These companies control not just the funding, but the very data and decision-making processes that determine who gets care and who does not. This monopolistic control has resulted in administrative barriers, rising premiums, and claim denials that harm the very people these companies are meant to serve. The source of the infection may be greedy insurance companies but our government has allowed continued unchecked spread of the infection through vertical and horizontal amalgamation. This in essence provided the infection an incredible amount of nourishment

The assassination of Brian Thompson, tragic as it is, highlights the intense frustration with a system that appears to be broken and in desperate need of repair. The increase in violent rhetoric and vitriol, while misplaced, is an indication of how deep this frustration runs. It is a call for reform, but inappropriately through violent means, instead of systemic change to hold these corporations accountable and re-center the healthcare system around patient care, not profit.

#### CONDEMNATION OF MURDER

It is critical, however, to make one point crystal clear: Murder, in any form, is never an acceptable solution. As much as the public's frustration with the healthcare system may be understandable, violence cannot and must not be condoned as a meth-

od of protest. In fact, the celebration of Thompson's death, as seen on social media, represents a dangerous precedent that undermines the very values of justice and humanity we strive to uphold. The idea that corporate wrongs can be righted through vigilantism is not only morally wrong but also counterproductive to meaningful change.

The response to Thompson's murder from some factions of the public has been deeply disturbing. Business leaders, including healthcare CEOs, are not inherently villains; rather, they are often victims of a system that prioritizes profit over people. It is essential that we maintain a firm stance against the normalization of violence and instead advocate for peaceful, systemic change that addresses the root causes of the frustrations felt by so many.

#### THE TREATMENT: A CALL FOR CHANGE

The death of Brian Thompson is a tragic reminder of the sickness that has taken hold of our healthcare system. The tachycardia of rising premiums, the hypotension of cyberattacks on healthcare infrastructure, and the feverish violence of Thompson's murder all meet the criteria of Systemic Inflammatory Response Syndrome (SIRS) and we have the source (profit motivated healthcare insurance companies) which constitutes a severe infection - sepsis. This is a system that has become too focused on profit and too distant from the needs of the people it was meant to serve. While the frustration is real, we must not allow it to devolve into violence or hatred. Instead, we must channel this energy into meaningful reform that addresses the root causes of this crisis. The treatment is to rebuild on a foundation of care, compassion, and accountability, ensuring that it serves the people—not the profit margins of insurance giants.



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## STOP THE TRAIN Elliot Barsh, MD

(Links to articles mentioned are found in the body of this piece)

### ***“We don’t answer questions, we answer people”***

Hi everyone.

Glad to be back here with you this month.

How do we *listen*?

How are we *listened to*?

What are we *listening for*?

Sometimes the only voice we hear is the one in our head.

The one looking for the other person’s compliance.

Whether it is *us* or our *patient*, are we ready for more?

*Are we ready to be the best we can be for each other?*

Are we *curious* to know *who* our patient is, and understand *why* they are here?

Is our patient *curious* about how much they will *tell* us, and what we will *think* about them?

Will we have the *courage* to ask the *necessary, important*, and sometimes *hard* questions, and *hear* the answers?

Will our patient have to *courage* to be *vulnerable*, talk about their *fear*, and maybe their *shame*.

Most importantly, will *compassion* let us *sit* together in the room, in the *moment*, and *stop running from ourselves*.

Thanks for reading.

Be safe.

E

### *Articles with Links:*

*“We need to stay curious, and when it looks like people may not be doing so well, maybe a bit suspicious too.”*

### **Tethered**

*“Our patients need to trust us to help them make sense of things”*

## There’s a Better Way to Talk About Fluoride, Vaccines and Raw Milk

How to build trust and make America healthy again.

*“We can read the chart, but can we also “read the room”?”*

### **There’s a Very Good Reason College Students Don’t Read Anymore**

The world is sending a message about its priorities, and they do not appear to include “Moby-Dick.”

*“Kindness heals”*

### **The Care That Saved Me**

*“We can grow to trust each other and believe in the relationship we have built.”*

### **The Doctor Who Helped Me Understand My Mom’s Choice to Die**

Dr. Ellen Wiebe, who has performed hundreds of medical aid in dying (or MAID) procedures, discusses what constitutes a good death.

*“Just call me Big G!”*

### **I Am Nothing**

*“On a day*

*when the wind is perfect,*

*the sail just needs to open*

*and the world*

*is full of beauty.*

*Today is such a day.”*

-Rumi



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## MSSNY Podcasts

MSSNY

The Medical Society of the State of New York has created a number of podcasts on topics that are timely and relevant. In addition to weekly MSSNY Updates from the Division of Governmental Affairs, there are myriad timely and relevant podcasts on COVID-19 (both for physicians and patients) as well as a number of others on veterans, adult immunizations and emergency preparedness.

- |                 |              |
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*Click on the podcast titles to listen*

### MSSNY Announces two NEW Podcasts on COVID-19

#### ★ A Discussion on COVID Vaccine for Patients ★

MSSNY President, Dr. Bonnie Litvack, President-elect, Dr. Joseph Sellers and Dr. William Valenti, Chair of MSSNY’s Committee on Infectious Diseases discuss vaccines currently available for COVID-19 and answer many questions patients may have about the vaccines.

#### ★ How to Talk to Patients About Vaccine Hesitancy ★

Dr. William Valenti, Chair of MSSNY’s Committee on Infectious Diseases discusses the history of vaccine hesitancy and offers sage advice to listeners on talking to vaccine hesitant patients.

★★The additions of these podcasts marks 100 podcasts published on the MSSNY Podcast website!★★



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**Wishing all of our members and your families a wonderful Holiday Season! Cheers to 2025!**

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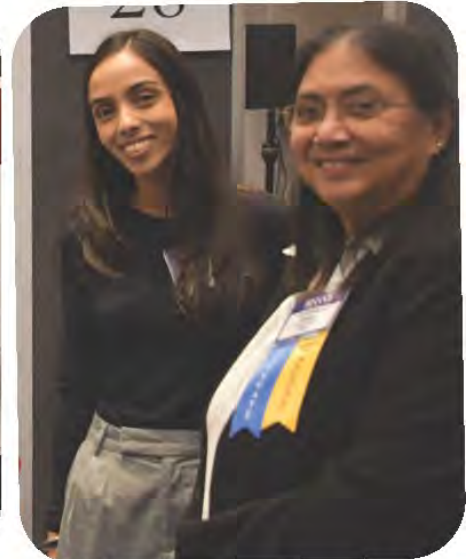
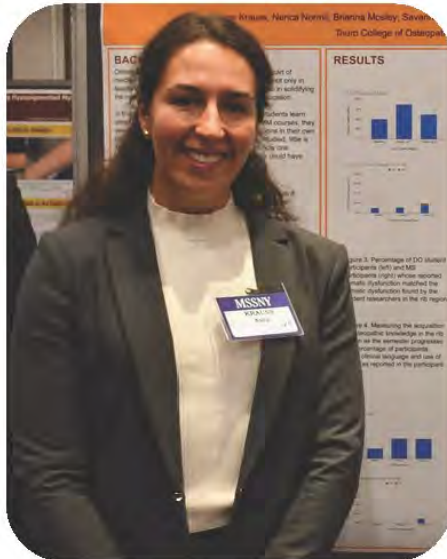


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**George Latimer, County Executive**  
**Sherlita Amler, MD, Commissioner**  
**Department of Health**

### Prevention is Still the Best Medicine

As we transition into fall, it is essential for healthcare providers to prioritize preventive health measures among their patient populations and communities.

### Fall Vaccines

As respiratory illnesses become more prevalent with the colder months, vaccination against influenza, RSV, and COVID-19 is imperative. We recommend that doctors assess their patients' vaccination statuses and offer these immunizations to mitigate the risks of severe disease, hospitalization, and death associated with these viruses. Not only do vaccines protect individual patients, but they also contribute to community immunity, reducing overall transmission rates. Let's work together to ensure our patients receive the preventative services they need to stay healthy this season and beyond. If you have uninsured or underinsured patients in need of vaccinations, the [Westchester County Department of Health](#) and various federally qualified [Community Health Centers](#) offer FREE vaccines to eligible patients.

### Vaccines for Respiratory Illnesses

- CDC recommends the **updated 2024-2025 COVID-19 vaccine** for everyone 6 months and older.
- An annual **flu vaccine** is recommended for everyone 6 months and older to protect against the three influenza viruses expected to spread this season.
- The **RSV vaccine** is only recommended for the very young and older adults, which are the populations most likely to develop severe RSV.
  - **Babies younger than 8 months** (either through vaccination of a pregnant person (with Pfizer's Abrysvo) at weeks 32-36 of pregnancy or by the baby getting the antibody nirsevimab at birth or just before the RSV season)
  - **Children between ages 8 and 19 months** who are at increased risk for RSV disease
  - **All adults ages 75 and older**
  - **Adults ages 60 to 74** who are at increased risk of severe RSV disease



### Cancer Screenings

Various national and state reports have shown that cancer is on the rise in younger adults (18-49 years). The rate of "early onset" cancers has risen by 1% to 2% each year between 1995 and 2020. These increases have been in common cancers such as breast, prostate, endometrial, colorectal and cervical cancers in young adults. Changes to certain screening recommendations have resulted. Other data show an overall decline in uptake of clinical preventive services, while other research shows that cancer screening rates are substantially lower among those from racial/ethnic minorities compared to White individuals. Severe interruptions in cancer screening, especially during the pandemic, seem to have exacerbated the situation. Regular cancer screenings remain a cornerstone of early detection and can significantly improve treatment outcomes. We urge physicians to make sure their patients and communities stay up to date with their screenings and become aware of the changes to screening recommendations. These proactive steps are crucial in identifying cancer at an earlier stage, often before symptoms, when it is often more treatable. If you encounter uninsured or underinsured patients in need of cancer screenings, the [New York State Cancer Services Program](#) provides breast, cervical and colorectal cancer screenings and diagnostic services at NO COST to those who meet eligibility requirements.

### Recent Changes to Cancer Screening Recommendations

The CDC and the United States Preventive Services Task Force (USPSTF) have made recent changes to cancer screening recommendations, including:

- **Breast cancer:** The USPSTF now recommends that all women get a mammogram every other year starting at age 40 and continuing through age 74. This is a shift from the previous recommendation to start screening between the ages of 40 and 50.
- **Colorectal cancer:** The USPSTF lowered the recommended age to begin screening from 50 to 45 for adults at average risk.



## **Another Big Win for MSSNY! Governor Vetoes Grieving Families Act!**

Colleagues:

For the third year in a row, Governor Hochul has vetoed the Grieving Families Act. MSSNY is deeply appreciative of the Governor's action. The trial lawyers' group exerted tremendous political pressure to push the GFA, and they vigorously attacked MSSNY's and MLMIC's actuarial studies that predicted huge 40% increases in malpractice costs and inequitable restrictions to patient access to care. Your efforts through MSSNY, and the efforts of our Specialty Societies and our allies including MLMIC, hospital associations, businesses, the Lawsuit Reform Alliance of New York, and municipalities were instrumental in convincing Governor Hochul to veto this terrible bill.

Until her announcement, a veto this year was not assured. The other side was hoping that "the third time is the charm," that repeated passage of the same bill in both chambers of the legislature over multiple years would have been a convincing argument. The media consistently reported that they had no indication which way the Governor was leaning.

The alliances that past president Dr. Parag Mehta forged two years ago have held, and the elements of the "full court press" that your MSSNY legislative team organized were again instrumental in achieving this success. Your phone calls, your letters, and your voices were key to this victory.

High praise to Governor Hochul for her courageous actions, and congratulations to all of you for this important action for us and for our patients. We continue to believe that the pathway for expanding the rights of grieving families is through the passage of comprehensive legislation to fix the broken tort system.

Please consider celebrating this decision by contributing to your successful MSSNY PAC by [clicking here](#).

All the best,  
Jerome C. Cohen, MD  
MSSNY President