Primary Care Cures
Episode 92: Jeanine Thomas

Ron Barshop:
This episode is brought to you by the MediSearch Institute. What happens when patients cases become too complex to solve in a typical 30-minute visit? Well, we've all had those super thick, super deep patient history nobody's looked at in a long time and gone back through. Well, I'll tell you what happened is those patients bounce around from doc to doc without getting any answers or making any progress. These patients are trapped and lost in a maze.

Ron Barshop:
Well, MediSearch is here for those doctors and for those patients. Their motto is we solve the unsolvable. Their process is rather simple. Dr. Trent Talbot, the founder, assigns a team of medical detectives, typically three MDs and one PhD to each case. They research the latest breakthroughs and clinical trials and they elicit the opinions of 10 to 15 world-leading experts per case. They purposely seek out experts who will come at each case from a different perspective, the Bayesian method. Altogether, they will put in over 250 MD hours for every case. That means 500 times the amount of brain power that typical doctor can afford to offer.

Ron Barshop:
You know most problems in health care are fixed already. Primary care is already cured on the fringes, reversing burnout, physician shortages, bad business models, forced buyouts, factory medicine, high deductible insurance squeezes the docs and is totally inaccessible to most of the employees. The big squeeze is always on for docs. It's the acceleration of cost, deceleration of reimbursements. I want you to meet those in this show that are making a difference. With us, Ron Barshop, CEO of Beacon Clinics, that's me.

Ron Barshop:

MRSA, C-diff, how bad are these hospital acquired infections? We don't know. And there's two reasons why, because there's two questions behind the questions. How many infections, how many fatalities are there? Does this start to sound familiar? Yes. This is much worse than COVID because it's like a secret pandemic and it's been going on for decades. How many infections? Let's start with that question. The number used by my previous guest who was on last week, Morris Miller CEO of Xenex corporation, now they're a robot disinfection for hospitals and other facilities, he said about 3000 a day. That's the number of infections. And I did the math for you. You can save the calculation, it's pushing 1.1 million people annually. Now here's the first problem with the first question, how many infections, is the coding problem? There are tons of codes for sepsis. Sepsis codes are basically a coding dance.

Ron Barshop:

It's mostly medical that you're going to get these infections from, but there are some animal acquired infections as well. But these hospital acquired infections are a dance. And the facilities with high infection rates get dinged financially. Of course, they can always upcode around it so

no problem there and they do it all the time, but still to get things financially. Besides the coding dance, there's a much more pervasive and scary problem. All infections are self-reported. So imagine going to a casino, but it's on the seedy side of town and they're known for their loose slots. They payout very nicely, but what you don't know is the slots payout by a state regulation, all the same across the state, across the city. But if they don't pay nicely or pay their amount that they're supposed to, let's say they pay way below, what happens to them?

Ron Barshop:

They can lose their license. What happens to hospitals who don't report the infection rate, or surgery centers that don't report the infection rate accurately? What are their consequences of cheating, like the casino? Can they lose their license? No, they're not going to lose their license. This is the third leading cause of death we're talking about HAI's, so this isn't losing a little bit of money in your pocket book. We're talking about lifetime bankruptcy potential, financial distress, but really a lifetime of great pain and a time of really the highest stress you'll find in your life. This is kind of like getting cancer, but let's go right to the heart of the matter. If there's no true policing of hospitals infection rates, and surgery center infection rates, it's just a game of hide and go seek. You can go on a website called leapfrog and it's a site that'll tell us what the infection rates are.

Ron Barshop:

Beginning, the rights again is a self-reported shtick. So there's no stick in a big carrot. Well, we have routine screenings for MRSA in Northern Europe, so we know that works. Guess what they do, they give a nose swab. Is this starting to sound familiar again? Yeah, the nose swab will tell you whether you're a carrier of MRSA, for example. 5% of us are it's in our nose, it's on our skin. You're not going to get everybody sick around you, but you could. So the second question, the first question was infection rate. The second question is the mortality rate. Again, this all sounds very familiar. There are 300 daily that die from these hospital-acquired infections according again, to Morris Miller, the CEO of Xenex, but other sources say as many as 220,000 or 400,000. So it might be double or quadruple Morris's number 300 a day. So the issue here is, are the coroner's rules the same across the country? No, they're not even the same across the state.

Ron Barshop:

They're not even the same county to county, for example. So reporting the cause of death is quite different and the rules matter because it's a giant patchwork, it's a giant checkerboard. So again, we don't really know what the death causes are when it's a MRSA or C-diff or any other kind of infection is caused at the hospital. I know my mother-in-law died of an infection from a simple surgery and maybe somebody you know did and you don't even know it. So we just don't know. Today's guest does know that. And she's trying to make sure that we all know that Jeanine Thomas nearly died from ankle surgery and her immune system has been compromised and it's never been the same. She is currently the founder and director of the MRSA Survivors Network. Jeanine, I want to welcome you to the show.

Jeanine Thomas:

Thank you for having me.

Ron Barshop:

This is an important topic and let's start with this. I want to hear your story, but let's remember this was done to you, you didn't get a vote in this.

Jeanine Thomas:

Correct? Yes. I was infected during ankle surgery. So, you think you're safe. That the OR is clean. You never think something like this can happen to you.

Ron Barshop:

And you didn't go to some seedy hospital. You went to a well-known hospital in your own town?

Jeanine Thomas:

Yes. In Chicago. Yeah, very well known hospital. And you just never think that that something third world could happen to you in a major city in the U.S.

Ron Barshop:

Tell us your story. What happened and how long has it taken you to recover and have you fully recovered?

Jeanine Thomas:

No, I have not. I will never fully recover. I broke my ankle. I slipped on black ice. I had to have a hardware put in and I was infected during surgery with contaminated surgical instruments, that's what they believe, because it went right into my broken bones, my bone marrow. And I got an osteomyelitis and it was MRSA, and then it was never diagnosed. It came back positive, but the surgeon didn't realize that it was MRSA. So, I went into septic shock and multiple organ failure.

Ron Barshop:

And were you read your last rights, in other words, were you on the deaths door a few times?

Jeanine Thomas:

Yes I was. And it happened at two in the morning. The night nurses saved me, they paged the doctor, and luckily there was only one antibiotic at the point. This was 2000, it was vancomycin. I had the out of body experience, all of that and luckily, the antibiotic worked. I was in the hospital for a month and there were still going to amputate my leg and it was just a horrific, horrific. Then I got C-diff after that. And I still had a huge hole. I needed a bone graft, a muscle graph and a skin graft. But because of the infection, I couldn't have it. So my ankles never been the same. And my immune system from all the cocktail of antibiotics I took has never been the same.

Ron Barshop:

The antibiotics, it's kind of like cancer, the radiation might kill you and this almost killed you as well. The antibiotics were so tough on your body.

Jeanine Thomas:

Right. I didn't know what was going to kill me, the antibiotics or the infection. And it moved into my sinuses. So I was sick for five years.

Ron Barshop:

Are there any things other than antibiotics that are on the horizon? Because I know in our medicine cabinet, nationally and globally is getting emptied by the lack of people that are investing in antibiotics.

Jeanine Thomas:

Well, the phage therapy, which has been around, it's used in Europe, it's from Georgia Russia. And that's a bacterial phage and that is proven for wounds to be very good. But it wasn't able to be approved by the FDA because it's a natural product. So there's a lot of politics in that. But now I see centers now are starting to do research in it. And before you'd have to fly to Russia to get this type of therapy. So there are things out there.

Ron Barshop:

So, what year did this happen, Jeanine?

Jeanine Thomas:

December 2000.

Ron Barshop:

Okay. So this is 20 years ago we're talking about?

Jeanine Thomas:

Yes, yes.

Ron Barshop:

Well sadly, happy 20th anniversary.

Jeanine Thomas:

Yeah. It's almost 20 years. Yeah, I've been living with this. I've had cancer. I had COVID this year, your immune system just cannot fight off bacteria and viruses. You're compromised, it's permanent, there's nothing that can bring your system back up.

Ron Barshop:

So these pathogens were messing with the wrong woman because you are not a woman to be trifled with. What did you do after you recovered from this in terms of fighting back? Not physically.

Jeanine Thomas:

I was never even told I had MRSA. Finally my doctor said, "Well, you had a staph infection," because how could I almost die and I was an A level tennis player and very healthy. And I was

like, "How could I just break my ankle and nearly die?" So I started looking around and there was nothing on the internet about this. And then my girlfriend's mother, she told me her mother died of MRSA, M-R-S-A. And I said, "What's that?" I didn't even know that that's what I had. And so then I started really researching things and seeing that this was not even a reportable disease by the state. I said, "How can this happen?" And then I was hearing stories from friends and family that knew seven other people who had this. And I said, "Well, this is an epidemic and nobody's talking about it."

Ron Barshop:

It's an invisible epidemic because it's still today not reported by CDC. Is it?

Jeanine Thomas:

Exactly. Right. The CDC has their rates. They have a reporting system, but it's still, as you said, it's coded in different ways so that the true numbers, the amount of infections, there's no transparency. We don't know the true magnitude of the ongoing epidemic.

Ron Barshop:

So it's fact that we don't know the fatality rate nor do we know the infection rate like we do with say, for example, COVID?

Jeanine Thomas:

Right. In 2011, I passed legislation in Illinois, that mandated that MRSA be put on death certificates, if it's a determining factor or cause of death. And Washington state is the other one that has that legislation. But who can tell if they're doing that or not? You can mandate, but it's there's no transparency. You will never know if that's happening or not.

Ron Barshop:

So, my mother-in-law, I never got to know, Dot, Dorothy, because she died at a young, relatively young age from routine surgery.

Jeanine Thomas:

Oh, I'm sorry to hear that.

Ron Barshop:

Yeah. So I'm with you on this story. And I also understand what a wonderful woman she was and how blessed I would be had I got to know her. But here's the rub of it, they should not have messed with Jeanine Thomas, should they?

Jeanine Thomas:

Well, I have said that. They infected the wrong person when they infected me. And my family says, "No, they infected the right person when they infected you because you are going to do something about it."

Ron Barshop:

So you got mad. And what happened Jeanine?

Jeanine Thomas:

I contacted my state representative and my state senator and I told them my story. And they're like, "What? Oh my gosh." So they contacted the Department of Health director. So they were like, "We've got to do something about this." And so that started legislation in Illinois in 2006. We introduced universal screening and reporting, public reporting. We were the first in the country. And I went around to 40 different districts and talked personally to state reps and state senators and told them, they didn't, nobody knew this disease. We don't know what you're talking about.

Jeanine Thomas:

And I got kicked out of a couple of offices because they said I was lying about it. And then all of a sudden the legislation was there and we were the first in the country to pass it and to implement it. And then other States followed and now, 50% of hospitals are screening and reporting, 30 states. There's public reporting. My legislature said we would have done something sooner if we would've known about it, but it was a secret and silent killer. Nobody was talking about it. Nobody was tracking it. And the hospitals knew that this was going on. The doctors knew this was going on.

Ron Barshop:

So we are at COVID right now at about 220,000, which is exactly how many we think the minimum is from hospital acquired infection. So COVID is actually going to pass. We're going to have a vaccine or it's going to peter out because it basically lessens itself to the mean, if you will, it becomes less and less. And that's why we don't have vaccines for most of the potential pandemics we've had before. We only have one for swine flu. So, this too will pass, but MRSA is only getting worse. It's a bacteria, it's not a virus. Can you speak to that?

Jeanine Thomas:

Right, it's a bacteria and the thing is that nobody has been able to get a vaccine because it's transient and it's a staph aureus. Staph is the cockroach of bacteria, it's going to find a way to survive. It was one of the first bacteria species on this planet, so it's virulent. It finds a way to mutate. So when they have been working, companies have been working on vaccines and they find it's in second or third phase trial, it doesn't work. So, I don't think there's ever going to be really a vaccine for MRSA. So that's why prevention is key because you're not going to have a vaccine for this.

Ron Barshop:

Let's talk about C-diff too. I know you know a lot about that. C-diff is a fungi, so it's a spore that can sit on a surface for seven to nine years and not die.

Jeanine Thomas:

Right. We have C-diff in our gut and in our intestines and we live with it. We live with staph, 30% of us have staph on our skin and we live with it. MRSA 5%, most people are asymptomatic, never have a problem. But if you've had a lot of antibiotics, especially if you've had MRSA, then

it changes the flora in your gut and then this activates, C diff is activated and many people die from C-diff and with MRSA. Or they just get it in the hospital and they get C-diff. So these are things that are brought on by the overuse of antibiotics.

Ron Barshop:

So this is why we're told when you get a cut, whether it's an abrasion when you're shaving, or if you get a cut that's for real, you are supposed to wash the surface really nicely because you could have MRSA or some other bad boy on your skin that could infect you and cause much more severe damage.

Jeanine Thomas:

85% of MRSA infection come from hospitals. So the problem is it's gone on for decades and all they said, "Oh, well, if somebody gets an infection, we'll just give them antibiotics." And so that created this anti-microbial resistance and continually getting new antibiotics and you just continue to use them, there'll be nothing. There'll be nothing to treat this.

Ron Barshop:

There's another problem. A lot of primary care physicians like to listen to this show. And if you're a PCP and you're prescribing antibiotics when somebody has flu like symptoms, unless you've swabbed and you know, or you've tested and you know with a blood test whether the flu comes from a bacteria, or a virus, or fungal. If you don't know what kind of flu it is and you're just bombing them with everything under the sun, that's only helping these viruses mutate in their body and develop anti resistance basically. Right?

Jeanine Thomas:

Well, 50 to 60% of skin infections are MRSA staph. But you have to get a swab and you have to find out, what is the pathogen? Because otherwise you're just throwing antibiotics at it and that's happened to me, and you get resistant to antibiotics that you may need.

Ron Barshop:

So let's talk about the [inaudible 00:15:40] incentives of hospitals. We talked in the opening about the self-reporting and about the coding issues. Let's talk about the financials. How much does the hospital make on you, Jeanine Thomas, if you check in for a day with MRSA?

Jeanine Thomas:

It depends on your insurance, I think on your insurance. But I think just a regular little infection can be $30,000, if not more. It just depends if you need other surgeries, it can go all the way up to millions of dollars.

Ron Barshop:

So in an ER, you can spend $8,000 with the blink of an eye. You can spend $80,000 in 10 days and no problem whatsoever.

Jeanine Thomas:

And the antibiotics, or some of the antibiotics, are extremely expensive, the new ones. And then it should be used as a last resort because you want to keep those. So, most hospitals have good stewardship programs, antibiotic stewardship programs. And that's key too.

Ron Barshop:

What was your total bill for top to bottom for that? Was it a year of hell? Two years? How much hell did you have?

Jeanine Thomas:

Well, I had eight surgeries.

Ron Barshop:

Eight surgeries. How much was your total for all eight surgeries?

Jeanine Thomas:

I had eight surgeries. I can't even tell you what, because I raised holy hell and they wiped it all out. So I don't even know.

Ron Barshop:

It's very feasible it could have been, not six figures, but seven figures in the millions.

Jeanine Thomas:

Yes. Yes, because I had to have eight surgeries, it was off and on for a year to save my leg.

Ron Barshop:

What is my legal recourse if I get an ankle surgery in a hospital tomorrow, not in Chicago, but here in Texas, what is my legal recourse to go after the company that gave me the infection because they have poor cleanliness?

Jeanine Thomas:

Well, it's lapse in infection control is what it is. It's pretty much zero because you will not find an attorney that will take that because it's a microbe and you can't prove that it wasn't on your skin when you came in, even though you're swabbed with chlorhexidine and betadine and everything, it's just that you cannot prove that. And that's the problem is there's no recourse for victims. And so you're infected and there's only been some cases where it had happened with maternity, with women having babies and there were four or five that got infected right at the same time. So they proved that there was something wrong there, that there was laps in infection control, but you have no recourse. And nobody's going to take your case because it's too hard to prove and devastating for families. Devastating for families.

Ron Barshop:

Of course, they're not going to report to the press. Yeah, they're not going to self-report to the press because they don't want to get inspection as a dirty hospital. They want to get publicity of that. They're not going to [crosstalk 00:18:40].

Jeanine Thomas:

And they don't settle. And they don't settle. So, you really have no recourse. They infect you. You're a complete victim. You are a complete victim. You're infected. You have no recourse. It can destroy you financially. You'll never be able to work again. You're hard to get disability, how can you live on that? It does wreak havoc in your life. And then for many people they have a chronic infection. So they're walking around with an IV pole.

Ron Barshop:

This is a shocking interview today for most people listening to this. But the thing that's most shocking for me is what you told me yesterday, which is that not only is this prevalent in hospitals, it's prevalent in nursing homes, it's universal in the good hospitals, the bad hospitals, the famous ones, the not famous ones. This is a universal problem that is really across the board. So here's my question, is it possible that now Xenex has sold literally thousands more robots, whatever they're selling a month, they might be selling it every day now. So the fact that these robots are now disinfecting rooms, disinfecting surgical centers, and that with COVID, we are now washing our hands more. Not only we are, but obviously the hospital employees are, is this all a good thing potentially for MRSA and for C-diff infections, is that the procedures are getting tighter?

Jeanine Thomas:

Yes, definitely. I am hopeful that this will, after COVID hopefully disappears, to an extent that they will continue to spend the money and resources to disinfect. And to continue with all of the hand hygiene and all of the masks and everything that they didn't do before. They didn't wash their hands between patients. And there was just lapses in infection control. There was just complacency there wasn't a will to really be tight in everything and the patients pay for that. But still, there's not enough screening. That is key. Active detection and isolation is key to getting this under control too. It's a bundled approach with this, you have to do all those things.

Ron Barshop:

So the bundle looks like number one, when you are treating the surgical tools, there should be protocols, number one, that everybody follows and that they're supervised when they're getting trained on how they should clean these [crosstalk 00:21:17].

Jeanine Thomas:

Exactly. Yes.

Ron Barshop:

Okay.

Jeanine Thomas:

Because 90% of HA, healthcare acquired MRSA is surgical site. So there's something definitely wrong that you're getting all of these infections in an OR and afterwards, so there is a huge, huge problem there [crosstalk 00:21:40].

Ron Barshop:

We're not talking about serious surgery, we're talking about labor and delivery. The vast majority of babies are born today with an incision.

Jeanine Thomas:

Yes, yes. The colonization rate for infants, they don't have the immune system. So it's so dangerous, that everyone definitely needs to be screened and swabbed. Always patients.

Ron Barshop:

So, they screen with a nose swab. The same kind of nose swab that you get for COVID and then you make sure the surgical tools are cleaned properly. These are not things that every hospital administrator doesn't know. The hand washing has to be, somehow if not monitored, self-reported that, I did wash my hands several times during the surgery.

Jeanine Thomas:

Well, they need to continue training. They'll do a hand hygiene training, and then they won't do it for six months to a year. It should be every three months and there should be monitoring. And there should be retraining because it's easy to get back into bad habits because they said, "Oh, we're rushed" or "I don't have time," but that pathogen could be on there and that can kill somebody.

Ron Barshop:

Is MRSA and C-diff treated universally? I know that we learned, I had a friend that got COVID just a month ago in Oklahoma city and a [inaudible 00:23:00] said, "Had you come in three months earlier, you would have died because you're oxygenation levels dropped so low that we would have put you on a ventilator. And we know what happens to people on ventilators." Is MRSA and C-diff treated universally the same way so that we know how to bomb it, or is it everybody's still experimenting all these decades later?

Jeanine Thomas:

I think the problem is you don't have enough infectious disease specialists, especially at a small hospital. So they have to call someone in. The surgeon tries to treat it and he's not an infectious disease specialist. So, that is the problem. And he's giving out antibiotics, he's doing treatment and the patient doesn't know that they need an ID specialist. This is huge problem that it's not being treated and serious cases not being treated, many times by not calling an ID consultant because obviously they want to keep the revenue for themselves. That's what I see.

Ron Barshop:

Let's talk about the survivors network. How are you financed and what are your efforts today? I know you've been on NPR and National Press, and I know the CDC is tired of your name, tired of you going to meetings. They're not inviting you anymore because they're sick of your complaining. How are you getting the word out about this other than shows like this?

Jeanine Thomas:

Well, we have Facebook, a website, I do press releases. It is that we just have a big following on Facebook. I'm the only one with the crisis hotline and so people find that because they're not getting help from anybody. The CDC's not going to give you help if you call in. And so it's been really word of mouth that we're helping patients and giving them the information. We try to even find them a doctor sometimes or where they should go to, the best place in their state or town that we think is the best hospital, it's very basic. I have self-funded for many, many years. We do have some sponsors for [inaudible 00:25:01]. We get donations, but really we are very thin and I'm dedicated to this because this is something that's really needed. This is so important because this is what people need to know, the facts.

Ron Barshop:

Let's also agree that Superman is not going to come from the CDC. The Center for Disease Control essentially, let's put it nicely and say that they're not interested in solutions that-

Jeanine Thomas:

What I will say, excuse me, what I would say is they've turned their back on this disease. They completely have turned their back on this disease. And they just threw up their hands, "Well, it's out of control now. We can't do anything about it. It's just endemic and it's always been there." That's been their statement and not publicly, but you've controlled other diseases, why did you let this one go epidemic?

Ron Barshop:

The CDC has really fallen. Their reputation has fallen hard in the last nine months from what [crosstalk 00:26:05].

Jeanine Thomas:

Well, the truth is coming out. I think a lot of the truths of certain things have been coming out and it's just disappointing that so many people have to be needless pain and suffering and their lives cut short, families destroyed because they haven't wanted to get serious about controlling this.

Ron Barshop:

Well, it's interesting to me that, we have conspiracy theorists that listen to the show and we are not talking conspiracy theory when we say MRSA is great for pharma, big pharma, and it's great for big hospital systems. Isn't it, financially?

Jeanine Thomas:

Well, it's been very good to them. Yes. It's an ongoing epidemic and it's never going away. It's not like COVID or a virus. This is here to stay. We just have to get it, and we'll never get rid of it completely, but we can get it down. The Netherlands has less than 1% prevalence and so it's almost non-existent. So we can do that, but it has to be everybody together working hard to do that, to get down, zero tolerance.

Ron Barshop:

Yes. So, let's agree that the largest funding lobby in Washington and across every state capitol is the healthcare industry. And you're not going to get anybody that's going to buck them because they can buy tech, wall street, big defense. They can buy all of the big four behind them with their budget alone. So, you're not going to get any superheroes on the political side who are going to espouse the MRSA epidemic and solve it because big healthcare likes the epidemic. Let's call it what it is.

Jeanine Thomas:

Yeah. It is an ongoing epidemic. This is the hardest work I've ever done, to try to raise our awareness, educate and just get zero help from health departments, state health departments, federal agencies. There is nothing for MRSA victims. I mean, HIV, you were able to get housing. There would be food. There would be treatment, drugs. There's nothing, nothing for victims, for MRSA victims. And you are truly a victim because that happened to you and it's a never event. It's a preventable event and there's nothing for them.

Ron Barshop:

Morris says by 2050 that we're going to have 10 million deaths a year in America alone if we don't get ahold of this epidemic.

Jeanine Thomas:

Well, yes. It's anti-microbial resistance, AMR. We've been raising the alarm, I've been a patient safety champion with the World Health Organization since 2008 and I've been raising the alarm. And so I've been working with them on trying to get a system for reporting MRSA for all the countries. We know how many HIV and AIDS cases there are around the globe. We have no idea how many MRSA colonizations there are or MRSA infections there are.

Ron Barshop:

To close out the show properly, and we can talk about this forever, but the proper way to do this and then what they're doing in Northern Europe, including the Netherlands is they're doing a PCR nose swab for everybody pre-surgery to make sure that they're eligible even get into surgery. Is that correct?

Jeanine Thomas:

Yes. A lot of them are doing universal screening, they're screening everybody.

Ron Barshop:

Okay. So screening everybody. And then you get those 5% that are carriers and you won't let them in until they're treated. And can you get rid of MRSA with proper treatment before the surgery?

Jeanine Thomas:

Sure. It's a five day, that's the way you want to do it, at least 10 days before your surgery, because you need a five day Mupirocin ointment in your nose and decolonize your skin. So you can be ready to go before surgery.

Ron Barshop:

Now, you're checked in and you're good to go and you're not going to be causing a problem for the system or for others that are after you and the problem [crosstalk 00:30:05].

Jeanine Thomas:

If you're colonized with MRSA, going into surgery you have a 10 to 12 fold greater chance of getting an infection. So, that's why you do not want to be colonized before surgery. That's the risk, you want to lower your risk of infection.

Ron Barshop:

And just like we know about super carriers in COVID, you can be a super carrier because they are so tightly scheduled in these surgery centers that they don't have time to clean. The housekeeping does not have time to clean the rooms or put a Xenex robot in there to bathe the room in xenon light. You literally have back-to-back surgeries and you can have [inaudible 00:30:40].

Jeanine Thomas:

Right and it's big profit centers. So, that's the problem. Yeah, the turnover rate is fast. I think that's one of the problems with getting infected during surgery. There's contamination there.

Ron Barshop:

Well, Jeanine, thank you for being on the show. It was just such a delight to talk to somebody who cares so much and is fighting the battle like a warrior like you do. And I got to tell you if I were a pandemic, I wouldn't want to get in your body because you will mess with me, man. I don't have a chance with you.

Jeanine Thomas:

Well, I've survived for a reason, to do something about this. That's how I look at it. So, I will continue to raise the alarm and that's all I can do.

Ron Barshop:

How can people reach you if they want to find you Jeanine?

Jeanine Thomas:

They can call us, it's info@mrsasurvivors.org. Our phone number is (815) 710-0526. Facebook, MRSA Survivors Network. And so they can contact us if they need help. We give help to people because they're not getting it from anybody. There's no other service.

Ron Barshop:

If you could fly a banner over America with one message, what would that message be?

Jeanine Thomas:

Okay. I think that we have lessons learned, a lot of lessons have been learned from COVID. And then now we realize that hospital acquired infections are serious. There are so many deaths and that we really need to work on this now also. It's time. People are aware of infections now. Of being infected and how they can be infected and it's all related. So we really have to hold healthcare facilities, their feet to the fire.

Ron Barshop:

So folks again, cancer and heart are number two and number one as killers in America. But we also know hospital acquired infections are number three and nobody is talking about it. It's not going to show up on any list nationally. It's not going to show up on any global lists. And so sadly, this is a quiet epidemic that's going to last way beyond COVID-19 and we're not doing anything about it. Very little about it. So thank you Jeanine for your time. We'll get you back on and get a report hopefully in about a year and see where things are. And maybe this crisis will have a lessened than the rate and solved some of these big habit problems that hospitals are having with their protocols.

Jeanine Thomas:

Well thank you for having me today.

Ron Barshop:

Thank you. So welcome to just a hospital minute. We are adding these segments for one minute. At the end of every show, to tell you some of the games that hospitals play

Speaker 3:

PODS is short for physician owned distributorships. They will, for example, put a cage on your spine to ensure your vertebrae are aligned. And surgeons will often use a no-name brand, an off-brand because the docs that work in the gray zone will invoice three to six times with their own distribution system. So an item that's supposed to be 6,000 will be built at 18,000. So the surgeon says I'm going to use my implants. I'm going to use my cages and the hospitals look the other way. So they ignore the fair market value, which is OIG approved.

Ron Barshop:
So, this is just another hospital a minute.

Ron Barshop:
Thanks again. Thanks again to our sponsor, the MediSearch Institute. I want to read you a note a CEO friend of mine sent me who used them for a rare childhood disease her daughter had. Dr. Talbot's research was thorough. He provided clear paths of treatment and he gave me access to the best physicians. I'm so grateful for his work. That's the MediSearch Institute.

Ron Barshop:

Thank you for listening. You want to shake things up? There's two things you can do for us. One, go to primarycarecures.com for show notes and links to our guests. And number two, help us spotlight what's working in primary care by listening on iTunes or wherever you get your

podcast and subscribing and leave us a review. It helps our megaphone more than you know. Until next episode.