

# Primary Care Cures

## Episode 133: Marion Mass

Ron Barshop:

Welcome to the only show dedicated to a new way of delivering healthcare. This new model has no name, but let's go ahead and call it direct contracting or digital first care. The new way centers on opting out of the games bigs play with their rigged dice, their crooked game board and their purchased referees. And if you're looking for a future where everyone wins, that's the doc, the consumer, the employer, and with assured amazing outcomes and measurably lower costs that are ranging up to 60%, you're in the right place. I'm Ron Barshop, your host. I'm glad you're here. Welcome to the new healthcare economy.

Ron Barshop:

Hong Kong's leading Free Press newspaper found its editors arrested in June and 50 million in assets frozen by the communist party. The paper is closing, of course. It took 21 years to shut up the pro-democracy press after Britain returned Hong Kong in '98 with promises that this would never happen. China lied about one country, two systems, never intended to. The leftists never intended to protect the liberty or the free press, and there's no leftist in history who ever have. So who are we to blame?

Ron Barshop:

When big hospitals muzzle doctors, nurses, and frontline workers, how is that any different? Ask any resident what happens if they were to complain to the leadership. Watch them left you out of the room. It's simply not tolerated, even at the finest hospitals, especially vulnerable are our 21,000 foreign medical graduate residents who once fired as a resident, can kiss goodbye their citizenship, their career in America as a healthcare doc and a seven-year wait at best. Usually, it's lot more than seven years. The pressure to button your lips is way more intense for our FMGs. This is a gagging, a muzzling. Let's call it what it is. It's an essential tool of leftist in China and every communist regime ever.

Ron Barshop:

Let's forget residents and talk about the larger medical physician population. 70% of docs work for the bigs now. Corporate interests have taken over. Now, that outcomes are dropping, and life expectancy dropping as well the last three years, the only advanced country to have that happen and constantly rise. Let's just say in a nice way, this hasn't worked out so well for us. Ask any doc or nurse what happens when you complain about working conditions or pay or basic safety, or this year, PPE, and they'll say that their career could be ruined if they went public on social media at most hospital systems. They'll be labeled a disruptive doctor. It's free speech, lovely sentiment, but it's a fatal career move. That's a gagging.

Ron Barshop:

Let's talk about sham peer reviews. Again, a disruptive physician is last label you want to have named on you. I had one of my guests talk to me about how she worked as an ER physician. This city that she lived in had a policy of dumping alcohol, laden and high people off the streets into the ER, because they didn't want to put them in their jails. So, she was physically assaulted and called for security. There was none in this ER, so that the orderlies had to help her out. It was very scary. She went to the leadership, sent an email, and was told, "Don't you ever freaking do that again," and they didn't say the word fricking. She called her mentor. The mentor says, "You're about to be labeled a disruptive physician. Have you heard of sham peer reviews?" She basically left the hospital as soon as she possibly could.

Ron Barshop:

A sham peer review is basically asking the nurses that worked with her that night, did she seem a little flirty? Was she wearing perfume? Was she ever on Adderall that you know of? Has she ever used drugs? So it's any way they can to drum out people that they deem a problem. Dr. Marty Makary is one of the guests on this show, who is a fearless surgeon who calls out predatory practices of hospitals. He asked doctors and nurses to do the same at their hospitals, and it's making a difference. He is rare. Today's guest is another rare one, but the list is short of physicians [inaudible 00:03:19], willing to take on the bigs publicly and embarrass them with some of their lousy behavior because they are the last bastion of America that ignores the consumer experience and gouges and has hit for decades until this year their pricing.

Ron Barshop:

70% of our hospitals are non-profits, but a lot of them don't act like one. How many nonprofits have the finest lobby in American? I'm talking about the American Hospital Association was this year had \$175 billion of no strings attached money and what they call their Marshall Plan handed to the bigs. We know that they never needed the money from their balance sheets and that the actual Marshall Plan, which gave us trading partners, allies of former enemies and world peace costs us less. That's the nonprofit lobby. How many nonprofits have soccer stadiums, like the Methodist in Houston, where I'm from, or Dignity Health Sports Park in Carson, California, \$150 million soccer stadium and park? These two are not alone. There are several others. Imagine Salvation Army field or the Goodwill Stadium.

Ron Barshop:

Okay. Back to gagging corporate-owned docs. So how has Communist China or Russia or Cuba, who's in the news lately, any different from American hospitals who put the fear God and their so-called heroes by muzzling staffs? They both operate very happily in darkness and fear. Hospitals are the biggest player in the one-sixth of our economy we call healthcare. They're the largest local employers, and they've never paid a dime in taxes of any kind that the rest of us pay. Is your favorite local charity hospital or teaching hospital doing this? I don't know. I know some of the best do. Ask your local doctors. They all know. he brave soul who does speak up risks everything.

Ron Barshop:

So, what's the answer? There are tens of thousands of PCPs opting out of this overbearing regimes by working for great companies and direct contracting. It's starting to scale. We've had

on the show CEOs that represent at least 30 million patients, and I'm certain that there's a lot more that we haven't counted yet in this new healthcare 3.0 subscription model. It takes tens of thousands of providers to serve 30 million people. We don't have a head count because we don't have an association. We don't know. So join this movement with no name, don't live in fear, opt out of the new administrative class squeezing between the doc-patient's sacred relationship.

Ron Barshop:

Today, we gladly welcome back Dr. Marion Mass. She's a mom. She's a PD in Philly, and she co-founded a movement called Practicing Physicians of America with eight million members. Here's what they advocate for, that physicians should practice medicine that is in the best interest of their patients and not for the benefit of a special interest groups that have taken over medicine. Marion boldly speaks the truth. She's back again for a second time. She has a new cartoon strip that was just created this week, and she's now known as the Healthcare Healer. Do you like that name, Marion?

Marion Mass:

I guess I'll have to take it.

Ron Barshop:

I think we should go... J.Lo has her nickname. We should call you Ma-Mo or Ma-Ma. Okay. So let's talk about what I brought up here. Anything you want to comment on?

Marion Mass:

Yeah. First, I have to say, yes, I am the co-founder of Practicing Physicians of America. We have several thousand physician members. We're part of a greater coalition called Free2Care. That's eight million members. So I don't want to misrepresent. It's confusing because there's a lot of people doing things behind the scenes. So, I hope it's okay that I brought it up that way.

Ron Barshop:

But there's a lot to talk about. Thank you for clearing that up. We have a transparency initiative that we now are requiring 300 different procedures of hospitals to be publicly announced in readable files. About half of them are doing it. More are not publishing their pricing. Let's talk about that for a second. What are your thoughts on what's going on with that initiative?

Marion Mass:

Well, isn't it common sense to America? They've all been paying more and getting less. The first way you figure out why you're paying more is you see what you're paying. So, transparency? Yes, please. I will give a shout out to our current president of the United States, Joe Biden. Joe Biden, I want to credit that he is backing up transparency, but even more so I was very impressed this week to see in the newspaper that Joe Biden did not stop the press from crediting President Trump's original executive order. So in other words, Biden was stating in the press, "Yes, I'm backing up President Trump's order." I think this is smart of him. It's very strategic to say, "Yeah, President Trump did something good there." It's a beautiful reach across the aisle. Politicians often say, "We'll take a good idea from any place. It doesn't matter who it's coming

from." Well, this guy is actually doing it. He is taking a good idea, but I have to point out that there's a little fly in the ointment with the Biden transparency.

Ron Barshop:

Let's talk about the Medicare Advantage carve out.

Marion Mass:

Yes. In April, the Biden administration put out an executive order announcing that they were going to carve the prices of Medicare Advantage negotiated rates in hospitals. I mean, I think everyone in America knows that Medicare was created so that our patients over 65 could achieve coverage, but what most Americans don't realize is that only 10% of Americans use traditional Medicare. 90% have to go to a premium plan, and the premium plans are run by the private insurers. The bulk participate, Medicare Advantage or what do they call it? Medigap. The bulk of those plans are sold by UnitedHealthcare and they're sold through UnitedHealthcare's partner, the AARP, the premier 33 million member senior group in America.

Marion Mass:

Check this out. More than half of AARP's revenues come from the royalties that they get through UnitedHealthcare selling these Medicare Advantage and Medigap plans. In other words, they're not making the most money off of their membership. They're making it off of helping UnitedHealthcare sell insurance plans. They're functionally an insurance company and they can't open their mouth about healthcare without acquiescing to the fact that they have a giant conflict of interest because they're speaking for the insurers.

Ron Barshop:

Not to change the subject, but the AMA receives 10% of its revenue from membership and 90% from licensing CPT codes and other information products. This kind of co-opting of these institutions that we think are looking out for us, harp AMA looking out for doctors, it's not really that well disclosed, is it?

Marion Mass:

No, it's not. And so, people read in the newspaper, "Well, the AARP says that Congress should do X or Y or Z," and people unfortunately don't realize what the conflicts are. So they need to know about those conflicts and they need to start either questioning or leaving the AARP for greener pastures. There's other senior groups that are competing effectively with the AARP. Moreover, Congress is more than welcome to take the money they get. If you look upon the lobbying that's happened over the past 20 years, the AARP is number 11, number 11 on the list of groups that have given the most to Congress over the last 20 years. Your American Hospital Association was number four. They've almost caught up with the American Medical Association that you mentioned, but these three groups are totally, they're healthcare tied.

Marion Mass:

I think that if Congress is listening, what I call it is they're listening to convenient untruths. So the AARP comes along. Back in the days of the ACA, they finagle their way. They made sure that the ACA did no reform on the Medigap plans. There were billions of dollars wasted. There

could have been billions saved. So they were speaking against what was going to benefit their members and the grandchildren of their members, but they got away with it because people don't realize what their conflict is, because they're making all that money selling those Medigap plans, in the same way that the AARP, Trump had not only the transparency rule, but Trump had, they called it, the rebate rule.

Marion Mass:

He was trying to enforce that the money that is collected by pharmaceutical middlemen PBMs were now owned by the insurance companies. He was trying to enforce that that money was going to go to patients. The AARP went against its members. Over 75% of members said, "We support the rebate rule," but the AARP came out against its members. Why? Because it's a direct benefit to UnitedHealthcare and its PBM, Optum. So they're speaking for their coffers. They're not speaking for their members, just like the AMA, same model. I love that you brought up the AMA.

Ron Barshop:

Big Pharma was very involved in the Obamacare legislation, and one of the things they negotiated and got was no federal agency can ever negotiate drug prices for Medicare, Medicaid, or any of the other programs, defense programs, et cetera. Does that shock you?

Marion Mass:

Not at all. I mean, I bet you've read the same book that I have, America's Bitter Pill by Steven Brill. That book is one of... Every American interested in healthcare should read it because it's like the recipe for sausage-making. Essentially, Big Pharma sniffs out that, "Oh, wow, we're going to have a windfall. If the ACA passes, that means that we're going to get a lot of our drugs covered, so we're going to be making a lot of money." There was a backdoor deal that happened between senators that backed up the ACA and Big Pharma, and that was part of the deal that, "Nope, we won't push to negotiate with pharmaceutical companies in the Medicare space as long as we promote the people who are backing up the ACA." Because the ACA was a windfall for Big Pharma.

Marion Mass:

Look, I'm not here to say the ACA was the beginning of the destruction. I mean, healthcare, it's been broken for decades. It was broken before the ACA. The problem with the ACA is it relied on the model that everyone has been relying on for decades, which is the model of coverage. When you simply cover people, "Oh, give everyone insurance. Give everyone coverage," coverage is covering up the costs, and that's what we really need to do next is uncover the costs. So I'm grateful to the Biden administration and the Trump administration before them. I guess I would just say to the Biden administration, why are you doing this carve-out? Why is there a special rule for these AARP-sanctioned Medicare Advantage plans? Why are you giving special privileges to this group to not have their costs and covered? That's not fair, and it will come back to bite you with unintended consequences.

Ron Barshop:

And I'm going to throw in that the ambulance services also got a carve-out. So you don't know if you're going to get charged out-of-network fees for an ambulance or in-network, because most of them are not owned by the hospitals. Let's talk about a little about the transparency rules that are coming to insurance companies next year. What are you excited about that, and what are you disappointed in that?

Marion Mass:

I'm concentrating on the hospitals right now, so it has to be across the board. I'm very excited that they're making sure that there's no stone uncovered and they're going after the two biggest hidden players, at least in terms of the biggest bills. I mean, if you take a look at the rise in costs in many venues all across America, the only thing rising slightly higher than college costs is hospital costs. Hospitals are mostly "covered" and they're covered by insurance companies. We actually really shouldn't call them insurance companies. I think I tweeted out recently, we should just call them third-party payers. They're not offering assurance with an A, A-S-S-U-R-A-N-C-E.

Marion Mass:

There are not offering assurance that your bill will be paid. They're not insurance in any form any more. Insurance is supposed to be what happens when you have an unanticipated problem and you take a bet that you're going to be spending money, and the bet usually turns out to pass, that most people don't need that assurance of getting coverage, but insurance companies are not even paying for these large unforeseen consequences. They're creating the rules, creating networks, and those networks themselves are one of the root cause problems of these overinflated bills. So I'm really happy that they're extending it to the insurance world.

Ron Barshop:

Yeah, me too. The employers right now have the largest block of insurance with their employees. Right now, well over half were making under \$15 an hour, according to Goldman Sachs, which means that they can't afford a deductible of 4,000 or \$5,000. They don't have the scratch. Two out of three American workers are scared to death they're one medical bill away from bankruptcy. It's the leading cause by far of personal bankruptcy. It's two to one over everything else combined. So I think the bigger problem is basically the functionally uninsured that are out there in the working class of America that are the backbone of our economy.

Marion Mass:

Absolutely. I actually want to take this opportunity to give a shout out to my friends at a group called Let's Rethink This. You mentioned the comic strip. Let's Rethink This is a new impact engine. The founders of Let's Rethink This, Jerry Ashton and Dina Magnes. Jerry Ashton is the founder of something called RIP Medical Debt. This man raised over \$4 billion to erase people's medical debt. I mean, I think he's absolutely amazing. Dina worked with him at Let's Rethink This, or sorry, at RIP Medical Debt before moving on to Let's Rethink This. They're the ones that sanctioned this cartoon. They kind of embarrassed me a little bit. A Healthcare Healer, well, whatever. I think I'm just in the right spot at the right time.

Ron Barshop:

Well, let's get to that. I mean, you speak the truth, as I talked about at the top of the show, unlike most that are afraid for their jobs. What did you do to separate yourself? You work for a big system. What did you do to separate yourself that allows you to advocate?

Marion Mass:

I do work for a big system. So I work for a major children's hospital in the Philadelphia network. I'm not naming them because I don't speak for them when I advocate. So when I was about to do my very first big event, I've called it, I put together a symposium at the library of Congress in 2017. That was the launch of PPA. I went to my boss and I said, "I need to speak to you." I spoke to another administrator at the same time, and I said to them, "This is what I'm about to do." I felt a little scared going into that meeting, but afterwards I felt very supported. I was told that, "Hey, look, we're a big tent here and you have every right to speak. You just can't say you speak for our institution. Just make sure you don't cross that line. By the way, we've read several of your pieces and we really liked them. We really found resonance." That was very meaningful to me.

Marion Mass:

I know I think a lot of people probably see me as a firebrand, but I will say that I think even though I come down hard on administration in many cases, I always try to say some administrators, some large hospitals. I think that there's certainly hospitals that tolerate those of us who speak out. I think that it's important that we start disrupting a system that begs disruption.

Ron Barshop:

I think you and I have... Marion, thank you for that, by the way. We have a common enemy, and that anything that gets between the doctor patient relationship is the enemy because that's a sacred relationship that's existed for thousands of years. Now, some of the corporate interests are squeezing their way with a crow bar right in the middle of that, squeezing meetings down to eight to 15 minutes in an exam, squeezing you into an EHR administrative secretary, squeezing the patient into this waiting forever to get to see you or getting to see any specialists. The corporate interest, what can be done other than my solution, which I believe is this direct contract movement to get them out of the exam room?

Marion Mass:

Well, I mean, if you look at my scenario, where I spoke out and I've been speaking out against large corporations that are making decisions, I call it the soup versus scrub approach, right? We have to really listen to the scrubs. I'm not out there to say there should be no suits. I mean, we need administration. We're not trained in business. I think it's when administration becomes profiteering at the expense of the patient that there's a problem. One of the common terms that I think that makes physicians quake in their shoes that are covered with a little scrub covers, one of the things that makes them quake is the term disruptive physician. And I think we ought to coin a new term. We ought to coin the term disruptor of patient care because it's about the patient, or it isn't.

Marion Mass:

And so, I think if a physician is speaking out and doing something that's benefiting a patient, well, then how can they be wrong? I mean, get back to that whole business with the AARP. The

AARP is not speaking for patients when they're trying to carve out and keep their Medicare Advantage costs secret. That's not helping patients. They're disrupting patient care. When the AMA speaks out and gives the go ahead and says, "Yes, this model of healthcare that's all about coverage is the right thing to do," well, they're not speaking for patients. And so, they ought to be called.

Ron Barshop:

Yeah, let's talk about some of those disruptors. There's a new one on the scene, a new actor on the scene called group purchasing organizations. Marty Makary talks about them in his book that there are a 98% market share of all hospital purchases. In other words, what used to be done through hospital buyers now is done through these GPOs. They have hundreds of millions of kickbacks that are exempted and carved out of any kind of legislation to disallow kickbacks, as are the PBMs insurance company. GPOs are really telling you what equipment and supplies you need to order, even though you may have a different need that may give you a better insight into your patient. Have you experienced any of that?

Marion Mass:

Well, I guess personally, one-on-one, I don't know. When I see that... I'll give you a small example. So, we glue patients or we stitch patients that come in. I work in a urgent care setting. I call it ER light. It's all pediatric run. So we see a lot of broken bones. We see a lot of fevers. We see a lot of lacerations. So we glue patients. In our setting, they tried to downgrade to a glue that was really... It was very unwieldy and it was not working well. I don't really have any say in what gets purchased. That is all done through the hospital purchasing agreement, and that's hidden for me. I mean, I'm not at the level of having to say that for my own institution. But across the board, surgeons, they don't have the right to say what type of equipment that they're allowed use. Anesthesiologists that I know that they do cut downs on patients when IVs can't be put in, they don't necessarily have the cut-down trays that they like. I know anesthesiologists that put in epidurals. They tell me the epidural trays get changed and they're terrible and they're flimsy.

Marion Mass:

There's a wonderful journalist run something called Starkman Approved. He has another site called Deadline Detroit, and he's been speaking out about these purchasing organizations as well, but I think you're right to bring them up. Because what I said about healthcare and the cost of hospitals not that long ago, that they're outpacing everything else, somewhere between 20 and 40% of a hospital's bottom line comes from the supplies. That's an awful lot of money. So if you're looking at the fastest growing cost in America and you're talking about the supplies, these purchasing organizations, there's four large ones, and even they are consolidating. These four large purchasing organizations control 90% of all hospital and nursing home supplies.

Marion Mass:

So the supply chain is corrupted by the fact that we have almost monopoly of purchasing organizations. There's been some great pieces written by some... It's not only physicians speaking out that are brave. There's a brave journalist that writes sometimes for Vanity Fair, Diana Falzone. She wrote a fantastic piece about the purchasing organizations. She laid it on the line



that these purchasing organizations were preventing donated masks from being used at the peak of the pandemic. They're preventing physicians and nurses from being protected from COVID. It was clear to everyone that supply chain was broken. We didn't have the PPE, but who do you think gets the PPE into the hospitals? It's the supply chain gurus, the group purchasing organizations, people who don't make any supplies. They don't do any research. They don't even move the supplies into hospitals. They've got the distributors to do that.

Marion Mass:

They're just writing the contracts for what supplies get in there. Yes, and they get paid by the producers themselves. So not just the medications that are in hospitals, not just solutions, like sterile salt water, saline you know it as, not just injectable drugs, like chemotherapeutics, drugs that are used in emergencies, but all of the gowns, all of the gloves, all of the masks, all the devices, the pacemakers. You think the doctors get to choose which ones are being used? We don't. The purchasing organizations do, and they can be paid to choose the right ones and no one knows. I mean, honestly, cabal is not a strong word here. I'm so grateful to Dr. Makary that you mentioned who's speaking out against purchasing organizations. Boy, you talk about another doctor with a lot of guts because he works for Johns Hopkins and he's putting this out there.

Ron Barshop:

I want to break up what makes for a bold doctor like you and like Dr. Makary, you disclosed on the front end, you're going to be advocating. The hospital was not only not unhappy, didn't try to muzzle you. They politely told you, "This is a good thing. We like what you're doing." That should give pause to people that think they're going to lose their jobs or get fired or get in trouble for speaking out or joining your association or others like you.

Marion Mass:

Yes. No, absolutely. I think that people should recognize that maybe if more of us tried it... I think, as well, we have to think to ourselves as physicians and the bedside nurses that have also been very brave and been putting themselves on the line. America took a look during the COVID pandemic and America realized who they needed. We showed up. We showed up and many of us kept on taking care of patients. Take some people, taking the COVID cough full on the face at a time when we didn't know how bad was it going to get, and I think that has given us a little bit of a license to be able to say more. I think the public trusts us more. There's always a poll that comes out every year, the most trusted professions in America. Physicians and nurses are at the top of the heap.

Ron Barshop:

Every year for 20 years.

Marion Mass:

Yes.

Ron Barshop:

You can go back to the 70s and back to... Y'all are at the top of... Actually, the firemen during the 9/11 jumped to the top for one year, but then doctors and nurses, every time.

Marion Mass:

We run into the fire.

Ron Barshop:

You certainly do. No question about that.

Marion Mass:

May I add one last thing?

Ron Barshop:

Sure.

Marion Mass:

I will never whitewash my entire profession because I fully recognize that there's a lot... There's physicians out there. I've written a piece. I think it was called Scrubs Gone Wrong, Scrubs Gone Rogue, something like that, Medicine Sellouts, Scrubs Gone Wrong. There's physicians that take advantage of the position and they become profiteers themselves. Those physicians need to be called out. Hopefully, they can be brought back to their Hippocratic oath, but I don't ever want to feel as though I'm saying only physicians or every physicians is doing things the right way. I mean, not even me. You shouldn't necessarily trust me. Go check me out, make sure. Look for my conflicts of interest. Make sure that I'm telling you the right things.

Ron Barshop:

Just one last subject, there's 100 we could discuss, and so you're obviously coming back again. But the medical journals, especially the four big ones that are so well-respected, have lost a lot of luster in the last 10 or 12 years as their conflicts are coming out. Do you see what I'm seeing that they're not maybe, let's call it the great white desert of indifference? They're actually getting bought out by corporate interests in some ways too.

Marion Mass:

Yeah, it's a concern. I believe someone told me at one point, not that I need to pick on the OB world, but there's a journal and they call it The Green Journal for the American College of Obstetrics and Gynecology. I may get this wrong, but they were owned by pharmaceutical companies that owned a great stake in medications that are used during the course of pregnancy and birth. And then it becomes sort of like a, "Wow. Oh, so you've been bought out by this interest." I mean, you look at the AMA and the AMA Foundation, it's a big donor circle. The AMA Foundation is a separate organization, but they're still tied with the AMA. It's big donor circle is almost every big insurance company, every big PBM and every big pharmaceutical company in America. So how are you supposed to trust what they do?

Ron Barshop:

Well, 90% of doctors don't. Only 10% of members. They won't actually, in their annual report, publish their number of members, that in fact, half of their members are residents and medical students who have to join whether they want to or not.

Marion Mass:

I actually researched this a couple years ago. The AMA has not published their members since 2011, and it's an important thing to note the year. In 2010, the AMA backed up the Affordable Care Act, and a lot of physicians were not happy with that. And so, they announced to the AMA, "We're quitting. And so, we're not rejoining." So at the beginning of 2011, the AMA still had those numbers, so they published their membership numbers and they included residents and medical students. Now, as a full-fledged doctor, I would have to spend because I'm not a member, I would have spent over \$400 a year. A medical student is \$20 a year. A resident is about \$40 a year. Very often, now we're back to the hospitals, because very often these academic hospitals that the residents and medical students are training at will just pay the membership for four years for these medical students and residents who are not fully through the training.

Marion Mass:

So, it's another conflict of interest that ties the big hospitals back to the AMA. If you dissect out those numbers of residents and medical students and fellows, the AMA is really... In 2011, it was around 15% of practicing physicians. Now, that was 2011. Remember, a lot of doctors didn't join back up. They hadn't published the numbers since then. And then in 2015, they supported a bill called MACRA that a lot of physicians didn't like. In 2017, they supported Tom Price is the first HHS secretary that was an MD. I actually liked that they finally picked an MD, but people were angry. And then the people that were angry at Tom Price left. So they've had members leaving, I believe. And then even a lot of the members are there, people that I know, there's good numbers there. They always tell me, "We're trying to fix the organization." I always say, "Well, good luck. If you can do it, have at it." But I mean, I'm trying to fix medicine. I think that's an easier job than fixing the AMA.

Ron Barshop:

So guess what the CEO of the AMA makes? As long as we're thumping them, let's just finish with one last thump. Guess how much the CEO makes?

Marion Mass:

Oh, is it 2.4 million?

Ron Barshop:

It's about \$2 million. Yeah. It's a very impressive salary for a nonprofit.

Marion Mass:

Yes, it sure is.

Ron Barshop:

Well, so thank you again for your time. It's always amazing to talk to you. Obviously, keep up the fight. Maybe this podcast will encourage a few others to jump in and join your organization and join the fight, because if physicians don't speak out, the rest of us aren't going to know about this.

Marion Mass:

Agree. So I'll just say, hey, there's those of us are doing it. If you're not ready to speak out, at least follow, at least spread the message and realize that there's brave people. I'd be remiss if I didn't give a shout out to some people who did speak out and they attempted to cancel. I don't know either of these gentlemen, but there was a Dr. Cleavon Gilman that tweeted something in the middle of a pandemic and then was removed. There was a Dr. Ming Lin who had something to say to his administration about the safety of what was going on during the height of the pandemic and was fired. I believe he's brought a lawsuit back. Another physician that's just been recently profiled by journalist Eric Starkman, a wonderful friend of mine, I'm proud to call our colleague pediatrician, fellow pediatrician and friend, Dr. Nikki Johnson. Look up Nikki Johnson's war on the healthcare cartel. We can take on this war. We can fight it. I think you'll be sorry if you don't join.

Ron Barshop:

Nice. Marion, how do folks find you if they want to reach out?

Marion Mass:

They can find me on LinkedIn, M-A-R-I-O-N Mass, M-A-S-S. They can find me on Twitter. I believe I'm Mass\_Marion. They can find me on practicingphysicians.org. We also have that eight million member organization, free2care.org. We'll be looking forward to putting out our next position paper on how to fix healthcare mid-August.

Ron Barshop:

I read them all. I read them all. They're amazing. What is the banner you'd fly over America if you could get a message out to everybody?

Marion Mass:

Oh, that's really terrible to put me in that position because there's so many. What would I say? I would say eat more vegetables.

Ron Barshop:

You got to pick one.

Marion Mass:

Eat more vegetables. Grow more vegetables. Think healthy. Prevention is better than cure. Oh, Lord.

Ron Barshop:

Go for a walk in the sun. Hold your lover's hand. Yeah, there's a lot of them.

Marion Mass:

Let the sunshine in. You know what, let the sunshine in. I'm going with that. We need sunshine. We need transparency. We need to realize not just about our medical profession, about our government. We need some sunshine for our government. We need it in our lives. We need it to

be shining down on us. We need to be getting out in the sunshine, growing things, being healthy, productive citizens. Let the sunshine in.

Ron Barshop:

Marion, we'll get you back on again real soon. Thanks again for your time. Have a great summer.

Marion Mass:

Thank you for having me. It's an honor and a pleasure.

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](http://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 podcasts and subscribing. And leave us a review. It helps our megaphone more than you know. Until next episode.