

Global Perspective

“A healthy person has many wishes,
but the sick person has only one.”

— Indian Proverb —



“Each time a man stands up for an ideal,
or acts to improve the lot of others,
or strikes out against injustice,
he sends forth a tiny ripple of hope.”

— Robert F. Kennedy —



A Cost-Effective Solution for the Healthcare Crisis in the United States and Around the World

by **Krishnan Suthanthiran**

I began my career in healthcare as a biomedical engineer at Howard University Hospital, Washington, DC, in 1972. I founded Best Medical International (www.bestmedical.com) in 1977 and created a family of companies collectively known as TeamBest (www.teambest.com). Since that time I have served as President and CEO. In 2007, I founded CURE Foundation, a 501(c)(3) non-profit organization committed to making quality healthcare and education affordable and accessible globally (www.cure.lu).

CURE’s goal is to launch the Total Health™ Program, a pioneering effort to focus on prevention, early detection, and effective treatment to achieve total cure. CURE-sponsored clinics will be committed to Proactive Healthcare™, a new ideology in which there is full transparency of costs, benefits, and clinical outcomes. I believe by focusing on prevention and committing ourselves to integrity, we will be able to reduce healthcare costs globally, improving the lives of billions.

Everyone deserves the best healthcare, and education is the most effective way to eliminate poverty, improve global health and understanding to promote peace.

By enacting the Total Health™ Program and focusing on prevention, we will reduce the frequency of hospitalization, emergency medical attention, intensive care, and acute care services, thereby lowering the cost of healthcare. In the U.S., by establishing Proactive Healthcare™ and introducing the Total Health™ Program, we could save as much as \$500 billion a year from our current estimated \$2.5 trillion annual healthcare expenditures.

CURE is initiating the USA 2020 and Global 2020 ten-year healthcare plans to focus on the Total Health™ Program and Proactive Healthcare™. The Foundation will help establish express and mobile

CURE Total Health™ Program

Prevention • Early Detection • Effective Treatment • Total Cure

clinics and medical centers as non-profit, non-governmental, private, self-sustaining entities to provide cancer, cardiac and vascular, diabetic, dental, orthopedic and other treatments. CURE clinics will focus on providing vaccines for contagious diseases and cervical cancer and education for the prevention of diabetes, obesity, alcohol and drug abuse, and other diseases. These medical facilities will be established starting in 2010. CURE clinics and medical centers, with their global purchasing power, will be able to lower the cost of technology by 50 percent and operate 16 hours or more per day, 7 days a week, based on demand, to reduce the cost of healthcare by 30 percent or more. Furthermore, the use of optimal technology such as electronic medical records and digital technology will reduce costs and ensure the best clinical outcome

The CURE Foundation plans to set up more than 1000 cancer centers worldwide during the next ten years, starting in 2010, to significantly reduce the cost of cancer diagnosis and treatment. We will be partnering with existing hospitals, international agencies, public and private institutions and government.

Insurance Company Practices

How is it possible for insurance companies to provide the best healthcare program for the insured and still maximize company profits and minimize expenses? Their approach seems to be a tactic of delay and deny until the insured goes away or the problem gets worse and the insured ends up hospitalized in emergency or intensive care units. In many cases, 90 percent of the healthcare cost is spent during the last 30-60 days of an individual's life. Insurance companies want to spend no more than 70 percent of the premiums on the insured's benefits. When they do spend less than 70 percent, the premiums for the following year will increase an average 10-15 percent. However, if they spend significantly more than 70 percent, they will substantially increase the premiums the following year.

TeamBest companies pay more than a million dollars a year for health insurance; in spite of this, I was still unable to get approval from our insurance carrier for an MRI, though they were willing to approve numer-

ous visits to a physical therapist. When I got all of the diagnostics carried out in India, which cost \$1,800 (the same tests would cost more than \$10,000 in the U.S.), the insurance company refused to reimburse me. Based on the MRI diagnosis, I was able to solve my problem with an exercise regimen without the need for physical therapy.

To assume that we have a choice in insurance carriers is a fallacy. The insurance companies work in tandem to create a monopoly. My company cannot get a comparative quote from another insurance carrier unless I provide them with a copy of the quote I received from my current carrier. Is this freedom of choice or a monopoly?

Insurance companies and Medicare negotiate reasonable rates with healthcare providers for services. However, individuals without insurance, paying for care themselves, pay significantly higher amounts directly to healthcare providers. This could be four to five times the amount of the charges paid by the insurance carrier, and the rates are not standardized across the country among all healthcare providers.

CURE USA 2020 Plan

Under our CURE USA 2020 plan, a private, non-profit, non-governmental insurance company, CURE Global Insurance, can be set up to cover the uninsured, underinsured, and those who are unable to purchase plans through commercial insurance providers, or everyone in the country. This entity will be mandated to spend no more than 5 percent for administrative costs, maintain 5-10 percent as a reserve fund, and use the remaining 85-90 percent of the premium to provide Total Health™ Program benefits. Annual increases will be limited to those of cost of living. Proactive Healthcare™ will call for the costs for procedures to be standardized and publicized, which will allow the consumer to pay a fair price. Our commitment to Proactive Healthcare™, combined with our efforts under the Total Health™ Program, will open doors to a new era of affordable and accessible healthcare.

CURE Global 2020 Plan

The CURE Global 2020 plan incorporates all of the programs present under the CURE USA 2020 plan and, depending upon regional needs, will also address issues including:

- Access to purified drinking water
- The lack of proper sewage systems
- Malnutrition
- Contagious disease
- Need for improved clinician training and education

A Century of Hope and Disappointment

For almost 100 years, several U.S. presidents have tried to introduce a sensible healthcare plan to cover every American, and each of them met with disappointment. Why have so many presidents failed in enacting solutions for the healthcare crisis? Healthcare providers, industry leaders, and insurance carriers are biased to promote their own future, which often is not consistent with the needs of the public, and it is difficult for everyone to be objective. Our elected officials' divided loyalty does not help to bring all parties together for a common agenda, thereby causing the lack of a united front to address the serious problem of healthcare in America. Furthermore, any solution is often misinterpreted by mass media smear campaigns that distort the truth. This year is no different than other years when presidents tried to solve this problem. Will Americans come together to reduce the spiraling cost of healthcare, which is affecting job creation, preservation and growth, to compete in a global economy? For more information, refer to Addendum A titled "A Century of Hope and Disappointment."

In 1997, Congress took action to provide coverage for more children. Under the State Children's Health Insurance Program (SCHIP), the federal government allocated money to the states so they could insure low-income children, either by expanding Medicaid or launching a separate initiative. SCHIP sharply reduced the number of uninsured children. It also encouraged governors to expand coverage more broadly and has been widely considered a success. This proves that there is hope. Our great nation is capable of creating a solution and implementing it. A private, non-profit, non-governmental organization will ease the burden on the government to implement and execute a simpler, efficient, and effective health care solution.

In 2007, a coalition of doctors, hospitals, insurers and large employers signed a 'principles document' that

Our Global Perspective

"If at first, the idea is not absurd, then there is no hope for it."

— Albert Einstein —

"If you want to walk fast, walk alone. If you want to walk far, walk together."

— African proverb —

stated, "America's health care system is broken. The traditional employer-based model of coverage in its current form is endangered without substantial reform to our health care system. It is being crushed by out of control costs, the pressures of the global economy, and the large and growing number of the uninsured. Soaring health costs threaten workers' livelihoods and companies' competitiveness, and undermine the security that individuals of a prosperous nation should enjoy. We can only solve these problems – and deliver health care that is high quality, affordable, accessible, and secure – if business, government, labor, the health care delivery system and the nonprofit sector work together." They recognized the potential of a coalition between the non-profit sector, business, and government. Business needs healthy human capital and is dramatically affected by soaring healthcare costs. If we can recognize our common need for quality, affordable, accessible healthcare, it will set the stage for change.

Richard A. Deyo and Donald L. Patrick in their book Hope or Hype observed, "We're a "technoconsumptive" culture. We're pulled irresistibly to new technology, often without recognizing the risks. We seem to assume that high-tech medicine can only be better

than low-tech medicine, that more medical care is better, that newer is better, and that more aggressive is better. Yet sometimes it isn't so. In a study of more aggressive care versus more conservative care for certain patients with heart disease, the more aggressive strategy – with more cardiac catheterization and balloon angioplasty – was associated with a higher death rate. The implication was that sometimes the more aggressive strategy is followed without a clear reason." Advancement in medical technology is important, but even more important is the concept of when it should be applied and when it should not. Glory and education in the medical world should not stem from the means but rather the end, total cure. Professionals need to be discouraged from using elaborate, expensive procedures when simpler methods are published and documented as successful.

The time to act is now because "rising health care costs are affecting America's workers, consumers, employers and government; inhibiting job creation; and hurting our ability to compete in global markets. Health care costs are straining the household incomes of many Americans, leaving them without insurance and adequate healthcare. Congress must address the issue of the uninsured."—Business Roundtable Health and Retirement Task Force, "Health Care Costs in America: A Call to Action for Covering the Uninsured," June 2007.

CURE Foundation will focus on providing:

- **Preventive Care Specialists (PCS).** These individuals will have the qualifications comparable to a nurse; and their occupations could be that of a dietician, social worker, physical therapist, physical trainer, or dental assistant. By training preventive care specialists, we will focus on prevention of alcohol and drug abuse, obesity, diabetes and other disorders.
- **Elderly Care Specialists (ECS).** These individuals will help maintain the health of elderly individuals by preventing accidents, over-medication, improper use of medications, and other problems. The aim here is to reduce the number of unwarranted deaths due to medical mismanagement of elderly individuals.
- **CURE U.S. Health Corps (CUSHC)** — will enroll as many as one million Healthcare Volunteers in the U.S.

- **CURE International Health Corps (CIHC)** — will enroll as many as five million Healthcare Volunteers globally.
- Vaccines for immunizations.
- Vaccines for teenage girls and young women to prevent cervical cancer.
- Diagnostic procedures to promote early detection.
- Annual physical exams to encourage early detection.
- Access to low cost prescription drugs.
- Comprehensive dental care.
- Preventive programs such as diet management, exercise, physical therapy, and healthy lifestyle education, through workshops and one-on-one sessions with individuals. These programs will help prevent obesity, alcohol and drug addiction, diabetes and other diseases.
- Medical and mental health treatments.
- Digital technology, electronic medical records and telemedicine.
- Optimal technology at a low cost for the best clinical outcome.
- Incentives and bonuses to healthcare professionals based on clinical outcome and patient satisfaction.

CURE aims to:

Establish Medical Centers/Express & Mobile Clinics. We will deliver a Total Health™ Program by establishing Total Health™ medical centers, express and mobile clinics over 10 years domestically and around the world. Each medical center will support express and mobile clinics as well. The CURE centers will focus on asthma, cancer, diabetes, vascular, cardiac and other diseases; and immunizations for contagious diseases and cervical cancer; dental; hygiene; and healthy lifestyle. The CURE clinics will be staffed by doctors, nurses, social workers, dieticians, dentists, dental assistants, and other support staff. Our goal is to lower operating costs by keeping these clinics and medical centers open 16 hours or more a day, 7 days a week, and operating them as non-profit charitable trusts. Cutting-edge, optimal technology, electronic data systems, and digital technology will be used for

the best clinical outcome. By reducing technical and infrastructure costs by 50 percent or more, we can reduce financing costs with low interest rates (such as a 30-year loan at 4-6 percent).

Train Medical Professionals. As part of CURE's mission to provide affordable healthcare and education, the foundation will initiate setting up universities, medical and technical training institutions. These institutions will train the needed medical and technical professionals to provide cutting-edge technology with their optimal use and deliver the best clinical outcome with significantly reduced costs. Furthermore, healthcare professionals will be paid salaries and receive benefits which are better than average for the industry. In addition, they will be provided low-cost or no-cost education and training to continue expanding their skills. Bonuses will be paid to the staff based on patients' clinical outcome and satisfaction.

Create a Standardized Payment System. We need to establish a standardized global payment schedule for most procedures and publicize it, which will allow consumers and insurance companies to know the cost. Should an individual choose treatments or procedures that cost more than the standardized cost, the insured will have to pay the difference. Having such a system checks the medical professional's tendency of choosing high-priced options, which often produce no better clinical outcome but sometimes worse.

Address Drug Consumption. We need to unite and negotiate with pharmaceutical companies for lower drug prices. More than 90 percent of diseases can be treated with over-the-counter and generic drugs. We can further decrease costs by encouraging the use of generic drugs and conversion of prescription drugs to over-the-counter drugs whenever possible.

Encourage Evidence-Based Medicine (EBM). Gimmicks-based medicine, what Deyo and Patrick describe as "hype," costs significantly more than EBM, and often produces no better clinical outcome but sometimes worse. Generally, the higher the reimbursement of a procedure, the greater is its utilization, increasing the demand for higher cost procedures and technologies. This results in a higher cost of products, technology and services. Often our healthcare delivery is based on gimmicks driven by reimbursement.

Our Global Perspective

Primary Funding

- The medical centers, express, and mobile clinics and educational institutions will raise money through charitable contributions.
- The naming rights of medical centers, express, and mobile clinics, and departments will be sold.
- Patients will be charged at multi-tier levels: those who cannot afford to pay the cost of the services can receive them free of charge. Those who can afford to pay a modest amount will be charged accordingly. Others who are better able to pay could provide a set fee or make a contribution exceeding the set fee. Alternatively, we can charge everyone a small fee, or either government or private insurance carriers can reimburse the centers.
- Money will be raised through low interest loans, collateralizing the medical centers, express, and mobile clinics and their assets for 10- to 30-year loans at interest rates ranging from 4-6 percent.
- Land, buildings, equipment and supplies will be obtained as donations or grants from government and non-governmental agencies and private and public foundations as much as possible.
- CURE will sponsor production of movies, videos and other programs with educational and entertainment value. Fifty percent of the ticket revenues will be used for CURE Foundation activities.

Additional Sources

Repayment of Loans. CURE Foundation will strive to seek out privileged loan opportunities. The clinics and medical centers will pay no interest or principal up to the first three years while they are being set up or constructed, before becoming fully operational. They will pay interest only during the fourth and fifth year. Starting with the sixth year, the centers will pay interest and principal for the next 25 years to pay off the loan.

Generosity of Americans and Others. Americans contribute one billion dollars a day to charity. Worldwide, the total exceeds \$1 trillion per year, including the contributions from individuals, private and public foundations, and government and non-governmental agencies. In comparison, the Global 2020 Initiative plans to spend \$500 billion a year for 10 years. Money can be raised through business activities such as entertainment, real estate, charitable contributions, payment from patients and also from contributions from government and non-governmental agencies. In the U.S., there are 1.5 million non-profit charitable institutions and 30,000 family foundations.

Cost Comparison

The total cost of this Global 2020 Initiative is about \$5 trillion over a 10-year period. As a comparison, the U.S. alone spends about \$2.5 trillion a year for healthcare services, the majority of it spent by Medicare, Medicaid, private insurance carriers, and individuals. Under this plan, we can spend significantly less and still deliver better healthcare with a superior clinical outcome. How does this compare with other government spending?

- **The rescue of financial institutions will cost the U.S. and the rest of the world between \$3-4 trillion.**
- **Globally, approximately \$1-2 trillion is spent every year for weapons purchases.**
- **The U.S. has already spent more than \$1 trillion in Iraq and Afghanistan to establish free and democratic societies for approximately 60 million people, when healthcare concerns over 300 million people in the United States.**
- **Currently, all countries have contributed approximately \$1.5 trillion to Iraq and Afghanistan and are likely to spend an estimated additional \$1 trillion over the next 10 years.**
- **Over the next 10 years, at the current rate, the U.S. alone will spend an additional \$1 trillion or more in Iraq and Afghanistan.**

Emergency Response Coordinators. Agencies such as World Bank, IAEA, WHO, UNICEF, UNESCO, private and public foundations provide support for activities of a charitable nature. Our large network of medical centers, express, and mobile clinics will offer a major, rapid response to emergencies during floods, earthquakes, and other disasters.

In order to advance our mission, CURE Foundation will foster the creation of the following:

The CURE Global Institute. The CURE Global Institute will evaluate various treatment options and recommend the proper treatment choice and cost by using an independent group of specialists.

CURE Global Insurance (CGI). CURE Foundation is exploring the possibility of setting up CGI as a non-profit, non-governmental private insurance company that is accessible globally to promote Proactive Healthcare™ and the Total Health™ Program.

CURE Global Purchasing Organization (CGPO). CGPO will help hospitals around the world purchase the best quality products at reasonable prices and find the means to make them affordable and accessible.

CURE Global Standard of Care. CURE initiatives are designed to establish a global standard of care.

The purpose of CURE's initiatives is to create long-term, non-profit, non-governmental, private medical institutions that are self-sustaining and funded by private and public means without increasing taxes. Such a solution can be implemented in any part of the world. With world population increasing by more than 100 million a year, this will help us meet the demands of healthcare at a cost as much as 30 percent less than the current cost, while delivering superior healthcare with better clinical outcome. By focusing on the Total Health™ Program and Proactive Healthcare™, we can increase productivity and reduce costs substantially.

I believe the power of our message can trump governments and resistance to positive change.

Please join CURE Foundation in promoting the Total Health™ Program globally and reducing the ever-increasing cost of healthcare. Check www.cure.lu often for the latest updates, and spread the good news.

Addendum A

A Century of Hope and Disappointment

The idea of National Healthcare Reform, NHR, began during President Woodrow Wilson's era after 1908 when the American Association for Labor Legislation, AALL, began work on the Standard Bill. It called for compulsory insurance for those who earned less than \$1200 annually; a payment towards insurance split by employers, employees, and the states; cash disability benefits, full medical coverage including maternity costs up to twenty-six weeks; and funeral coverage up to \$50. Although there was support for the bill, it was held down by the AMA (American Medical Association), trade unions, labor unions, and insurance companies because of their inability to compromise on the structure of the bill. President Wilson declared war on Germany in 1917, and all hope for the Standard Bill and NHR faded.

During a speech to Congress in 1945, President Harry S. Truman said, "By preventing illness, by assuring access to needed community and personal health services, by promoting medical research, and by protecting our people against the loss caused by sickness, we shall strengthen our national health, our national defense, and our economic productivity. We shall increase the professional and economic opportunities of our physicians, dentists and nurses. We shall increase the effectiveness of our hospitals and public health agencies. We shall bring new security to our people."

After President Truman retired, he made the following comment, "I have had some bitter disappointments as president, but the one that troubled me most, in a personal way, has been the failure to defeat the organized opposition to a national compulsory health insurance plan."

When President Lyndon Johnson signed the Medicare Bill in 1965 in the auditorium of the Harry S. Truman Library in Independence, Missouri, he said, "I am so proud that this has come to pass in the Johnson Administration. But it was really Harry Truman of Missouri who planted the seeds of compassion and duty which have today flowered into care of the sick, and serenity for the fearful. No longer will older Americans be denied the healing miracle of modern medicine. No longer will illness crush and destroy the savings that they have so carefully put away over a lifetime so that

they might enjoy dignity in their later years. No longer will young families see their own incomes, and their own hopes, eaten away simply because they are carrying out their deep moral obligations to their parents, and to their uncles, and their aunts."

When Congressman Harris Wofford ran in 1991, he focused his campaign on healthcare and said, "If criminals have the right to a lawyer, I think working Americans should have the right to a doctor...I'm Harris Wofford, and I believe there is nothing more fundamental than the right to see a doctor when you're sick."

In 1991, when President Bill Clinton announced his candidacy in Little Rock, Arkansas, he stated that "opportunity for all means reforming the health-care system to control costs, improve quality, expand preventive and long-term care, maintain consumer choice, and cover everybody. We don't have to bankrupt the taxpayers to do it. We do have to take on the big insurance companies and health-care bureaucracies and get some real cost-control into the system. I pledge to the American people that in the first year of a Clinton Administration we will present a plan to Congress and all the American people to provide affordable, quality health care for all Americans."

In 1994, Senator Ted Kennedy, who campaigned throughout his life for healthcare reform, said "What we have in the United States is not so much a health-care system as a disease-care system."

Addendum B

Healthcare System in Canada

The United States spends between \$2-2.5 trillion annually for healthcare. Canada spends approximately \$200 billion (U.S. dollars) annually for roughly 10 percent of the U.S. population. The Canadian healthcare system is as inefficient and wasteful as the American healthcare system. Often in Canada, for complex or diagnostic procedures and specialist appointments, one must wait for months, sometimes even one to two years. Most provinces (states) in Canada spend 40 percent or more of their annual budget for healthcare, which is in addition to the money spent by employers, employees, and private donations from citizens and grants and funding from Canada's federal government. In spite of this, provincial governments often send patients to the U.S. for medical care because the wait time in Canada is too long. Many Canadians, when they need complex or diagnostic procedures, travel south of the border to the U.S. to receive their medical care, for which they pay 100 percent out of pocket. Canadians spend as much per person as Americans in healthcare expenditures (\$5,000-\$6,000 per year – U.S. dollars). These expenditures do not include dental health insurance premiums or co-payments, since most insurers and the government-sponsored healthcare system do not cover dental. Like the U.S., Canada's healthcare costs are borne by citizens, employers, provincial and federal governments. Canadian taxes are higher. For instance, the maximum tax rate begins approximately at an income of \$100,000-\$120,000. In addition to provincial sales tax of 8 percent, they pay federal goods and services tax (GST) of 5 percent. Canadians are not allowed to deduct home mortgage interest from their income.

Unlike the rest of the world, Canada is the only country where medical doctors in most cases are not allowed to practice freely in most provinces under the Canada Health Act. No country in the world follows the Canadian healthcare system by making it illegal for medical doctors to practice their profession freely like other professionals. Is this a human rights violation? How do the medical doctors educated and trained in Canada cope with this? They simply leave the country and travel south to the U.S. and establish private

practices, or join other private practice groups or medical centers and clinics as employees.

Only in Hollywood are the Canadian and Cuban healthcare systems promoted as better than ours; in reality, this is not the case.

The following are excerpts from a letter in the November 8, 2008 National Post in 'Letters of the Day', under the title "Two MDs agree: Patients deserve better health care."

Re: [Paying The Price For Health Care, letter to the editor, Nov. 5](#)

[With many patients left on the fringe of Canadian health care without access to a family doctor or to new expensive medications, it is difficult to see the "equity, justice, and fairness."](#)

[How can the Canadian health care system be better balanced to provide more access for more patients in a more timely way? It is not a monopoly system we should be worried about, but patient well-being and individual freedoms.](#)

[Even if health care were a "religion" in Canada, I hope individuals would have the freedom to practice the one of their choosing, private or public or maybe both. Let tolerance prevail.](#)

— Dr. Merrilee Fullerton, Kanata, Ont. —

Krishnan Suthanthiran

Background

1964–1969:	Bachelor's Degree in Mechanical Engineering, Coimbatore, India
1969:	Emigrated from India to Canada
1969–1971:	Master's Degree in Mechanical Engineering, Ottawa, Canada
1972:	Emigrated from Canada to United States
1972–1978:	Employed by Howard University Hospital, Washington, DC, as a biomedical engineer
1977:	Founded Best Medical International (www.bestmedical.com)
1977-Present:	President, Best Medical International. Best Medical is a family of companies in the healthcare industry, collectively known as TeamBest (www.teambest.com). Best Medical is a vertically integrated social enterprise committed to making quality healthcare accessible and affordable globally.
2007:	Founded CURE Foundation (www.cure.lu), a 501(c)(3) non-profit organization in the Commonwealth of Virginia, USA.
Citizenship:	U.S.
Political Affiliation:	Independent

Humble Beginnings.

Years ago, when I finished high school in India, I was unable to go to college immediately. When the father of one of my friends learned of this, he was concerned and wanted to help me. He collected a total of 300 Indian Rupees from 15 of his friends (equal to US \$45 then) and gave me a letter of introduction to the principal at a nearby college. I was 16 years old when I joined the college. I graduated at the top of my class of 300 students in spite of the fact that I joined the college three months late. I supported myself and financed all my undergraduate and graduate studies in engineering with merit scholarships and research assistantships.

A Dream Come True.

While pursuing my undergraduate engineering studies, my father died of colon cancer. During that time, when I met with the surgeon at the hospital, he asked me what I was planning to do after graduation. I told him that I would like to work in cancer research and treatment. Little did I know then that my dream would come true.

Career in Oncology.

When I began my career in 1972 with Dr. Ulrich K. Henschke, I was excited about working in radiation oncology, particularly brachytherapy. Dr. Henschke is the father of modern brachytherapy and was the first one to focus on brachytherapy in the early 1950s and develop many new technologies that are currently being used to help millions of patients with malignant and nonmalignant diseases. I was fortunate to work with him and be part of many historical innovations.

Krishnan Suthanthiran

— continued —

Founding Best Medical International.

I established Best Medical in 1977, and my single goal was to be the best in whatever I did. I named the company Best to reflect this goal. I am proud to say that the Best family of companies, collectively known as TeamBest®, has developed a reputation for being the best and the most experienced in the business. We are committed to making quality healthcare affordable and accessible globally. The TeamBest companies have the technology needed — through our own companies or others — for cancer diagnoses and treatment, immunization and certain cardiac diseases. We are proud to be celebrating our 32nd anniversary.

Cardiology Research.

Early in the 1990s I was part of a team (sponsored by Best Medical International) involved in animal research and clinical trials using radiation to treat restenosis (relogging) in coronary arteries. This was very successful and resulted in a procedure known as vascular brachytherapy (VBT). The United States Food and Drug Administration approved this procedure in November 2000 for treatment of coronary artery in-stent restenosis. Since then, the procedure and our VBT products have been marketed globally and continue to help thousands of patients.

Goals and Commitments.

My goal in life is to contribute to the eradication of contagious disease, malnutrition and poverty globally. I believe that education is the most effective way to eliminate poverty, improve global health and understanding to promote peace. Everyone deserves the best healthcare. I have dedicated my life to revolutionizing education and healthcare. Every dollar I earn and save will help children and adults receive a better education and healthcare. Every day, with my financial support, thousands of students are getting the benefit of a healthy lifestyle and education.

Encouraging Women.

One of my goals is to help empower women and encourage them to showcase their talents as well as their contributions to society. This will help women raise their children with dignity and pride to create a more productive future generation.

Conclusion.

Having seen my father suffer and die from cancer, I knew that I wanted to devote my life to healthcare. I have worked in this field for nearly 40 years — first as a hospital employee and then as a manufacturer and supplier of products for health-care delivery. If there is one thing my life experience has taught me, it is the value of quality education and healthcare. I am committed to making both affordable and accessible globally.

krish@cure.lu



cure
FOUNDATION

“Life is a gift from our parents. Our career is the outcome of what we do with the gift. We can look at every obstacle as an opportunity or every opportunity as an obstacle. Who we are, what we are, and where we are have a lot to do with the choices we have made and the ones we did not. We are born to live, and live to enjoy and cherish our gift.”

— Krishnan Suthanthiran —