

Healing Iowa

Healthcare and Immigration Plan

Sondra Wilson for Iowa Governor

“I went ahead and decided to call it SondraCare — they’ll call it that anyway, so might as well patent it!”

— Sondra

SondraCare is a two-tiered system designed to simultaneously achieve **universal healthcare** and **economic stability** for Iowa. It replaces our expensive, wasteful, and often cruel system with a new compact built on mercy and compassion, fairness, and economic responsibility.

The plan’s innovative structure deliberately partners with the state’s existing private sector to stimulate economic growth, rather than eliminate it:

Tier 1: Essential Care as a Civic Guarantee

- **Universal Coverage:** Essential healthcare is guaranteed for every Iowan as a **birthright**.
- **No Barriers:** Coverage is automatic upon residency, delivered with **no co-pays, no deductibles, and no annual paperwork**.

Tier 2: Expanded Coverage & Economic Growth

- **Rewards Work:** Offers expanded benefits, wellness services, and elective procedures to employees after one year of service in good standing, strengthening loyalty and retention.
- **New Markets:** Partners with Iowa-based private insurers to tap into the multi-billion dollar wellness and electives sector, strengthening Iowa’s workforce and supporting small businesses through sweetened packages allowing them to offer expanded healthcare to their employees in good standing.

This plan replaces Iowa’s privatized Medicaid system—what I call ‘ReynoldsCare’—with an effective, people-first model. Just as President Theodore Roosevelt once convened magnates to broker a **Square Deal** for the American worker, SondraCare will forge a new compact built to lift up Iowans.

The plan affirms the dignity of all immigrants who contribute meaningfully to our communities. Through a clear verification system, it establishes a framework that either recommends a **formal path to citizenship** for those integrated into Iowa’s workforce and culture, or ensures the orderly, humane, and expedient referral for federal immigration processing, thereby protecting both public resources and human dignity.

SondraCare is Iowa’s path forward: **More care for less cost, guaranteed.**

A Preview of Reclaiming Iowa

This section on healthcare and immigration reform is an excerpt from my forthcoming book, *Reclaiming Iowa: The Path Forward*, and forms part of the official platform for my campaign for Iowa Governor.

Note that these arms of my platform may change! At the time these portions of my platform are being publicly released (November 2025), the election is still a year out. For questions, or proposals to improve this plan—or to help support my campaign—please contact me at SondraWilson4Governor@gmail.com.

It outlines a bold new compact—**SondraCare™**—for **universal health and economic stability**, alongside a humane, enforceable approach to immigration reform.

These are not just policy ideas. They are a **working, people-centered model** for governance—adopted by Wild Willpower PAC, the world’s first **Civil PAC** (political action committee).

If you believe in reclaiming our state from corporate capture and partisan gridlock, I invite you to read on.

Together, we can restore Iowa’s moral compass and build a system that works for all of us.

Paid for by Sondra Wilson for Iowa Governor

— in cooperation with —

Wild Willpower PAC (www.WildWillpower.org)

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Call any time. *I'd love to hear from you!* 515-357-9725

A Parable of Two Men and Their Horses

Two men each had a horse that was sick, but they needed to reach the mountain to secure their cabins before the winter storm.

One man, Jack, didn't want to wait for his horse to recover. "That'll take too long," he said. "We've got to move now." So he saddled up and rode his ailing horse up the trail.

The other man, Elias, chose differently. He stayed behind, tending to his horse with food, water, and rest. "You're wasting time!" Jack shouted as he disappeared up the mountain. "You'll never make it!"

Two days later, Elias's horse was strong again—neighing, alert, ready to climb. Together, they set out.

Halfway up the mountain, they found Jack sitting beside his collapsed horse, shivering in the cold. The animal had given everything it had, and it wasn't enough.

"You should have made a better plan," Elias said gently.

"I had a concept of a plan," Jack replied.

But a concept of a plan wasn't enough.

Moral of the Story

Some say, "Work hard and save up—then you can afford surgery." But when a person is already sick, exhausted, or falling behind, that logic collapses under its own weight. If we want strong, productive workers, we must **heal first — then build**.

If we want thriving farms, classrooms, and communities, we must treat health not as a luxury, but as the **foundation of labor itself**.

SondraCare is Iowa's version of Elias's wisdom: the foresight to strengthen what carries us before we ask it to climb.

Because in the end, no economy — and no state — can reach the mountaintop on a sick horse.

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Executive Summary

Iowa's healthcare system is at a breaking point. Privatized Medicaid has produced red tape, denied coverage, and siphoned public money into corporate profits, while rural hospitals close and families struggle to afford basic care.

SondraCare offers a new compact: a two-tiered system designed to simultaneously achieve universal healthcare and economic stability for Iowa. It replaces the expensive, wasteful system with one built on mercy, fairness, and economic responsibility — fully funding hospitals and clinics, raising pay for medical workers, and helping insurers pivot toward new market opportunities by lifting up small businesses and Iowa's workforce.

The Two-Tiered System

Tier 1: Essential Care as a Civic Guarantee

- **Universal Coverage:** Essential healthcare is guaranteed for every Iowa resident as a civic birthright. Enrollment is automatic only after sustained, lawful residency is established and verified by the state.
- **No Barriers:** Coverage is delivered with no co-pays, no deductibles, and no annual paperwork for re-enrollment.
- **Comprehensive Benefits:** Includes emergency services, maternal and neonatal care, prescriptions, mental health, rehabilitation, reproductive health, and dental and vision for minors.
- **Efficiency:** Tier 1 eliminates coverage gaps and redirects an estimated \$300–400 million annually in administrative waste into direct patient care and fair wages for medical workers. These funds are protected by strict executive pay limits on all public healthcare dollars.

Tier 2: Expanded Coverage & Economic Growth

- **Rewards Work:** After one year of employment, workers gain access to a vastly expanded network of providers and additional benefits such as fertility treatments, functional surgeries, long-term rehabilitation, hearing aids, and holistic therapies like massage and chiropractic care. This encourages employee retention and allows workers in good standing to transfer jobs and keep coverage via an employer voucher.
- **Private Partnership:** Health insurers design affordable, competitive packages for businesses, with a sweetened deal to help small businesses so they can afford expanded coverage for their employees. This creates new markets for insurers to tap into, including wellness and elective care.

- **Economic Stimulus:** By covering services often excluded by insurers, Tier 2 stimulates sectors of the economy that provide valuable care but struggle to keep their doors open.

The Funding Compact: Iowans Pay Less

SondraCare is financed through four diversified, sustainable streams, ensuring most Iowans will pay less overall than they do today by replacing premiums and high out-of-pocket costs with a clear, progressive contribution:

- **Graduated Health Contribution:** An income-based contribution (0% to 5%) replacing premiums, with those earning under \$35,000 paying nothing.
- **Redirected Waste & MCO Savings:** Annual savings from dismantling the privatized Medicaid bureaucracy and executive compensation reform. Public healthcare dollars should never create multi-millionaire CEOs while ordinary Iowans are denied care.
- **Modest Surtax:** A new Iowa Commonwealth Surtax, ranging progressively from 6% to 15% on income exceeding \$1 million, applied only to extreme concentrations of corporate and ultra-wealthy income.
- **ICIX Micro-Transaction Tax:** A 0.15% fee applied only to investment activity on the Iowa Community Investment Exchange (ICIX), a new market designed to fund Civilian Restoration Corps startups.

Healthcare and Immigration

SondraCare affirms Iowa’s moral character by providing emergency mercy while restoring accountability and labor stability:

- **Emergency Care Guaranteed:** No one is left to die; emergency care is always provided without delay.
- **Worker Sponsorship:** Verified Iowa employers may vouch for undocumented workers **who have been in the state two years or more** through an Employer Voucher System, leading to conditional lawful contract formation and a potential path to legal status.
- **Accountability:** Those who refuse verification or lack an employment tie are referred for orderly, humane federal immigration processing — ensuring compassion without chaos and avoiding reliance on corporate for-profit detention centers.

SondraCare heals Iowa’s people while stabilizing its economy — more care, less cost, guaranteed.

Introduction

The Moral Basis for Comprehensive Healthcare Reform

The story of Iowa is, at its heart, the story of compassion, community, and fairness. We are a people who lend a hand when a neighbor's barn burns down, who drive twenty miles to bring soup to a friend recovering from surgery, and who, when a storm sweeps across the prairie, make sure everyone's accounted for before we go back to bed.

Yet when it comes to healthcare, the very spirit that defines us as Iowans has been siphoned away into a bureaucratic machine that puts obscene levels of **profit for a handful of CEOs** ahead of the survival, safety, and happiness of our people.

Healthcare in Iowa has become a labyrinth of paperwork, billing codes, and denials—a system riddled with tears of pain when good people go without coverage, and so tangled in bureaucracy that even hospital administrators sometimes can't explain why a claim was rejected. Meanwhile, CEOs of publicly funded healthcare corporations collect salaries exceeding twenty million dollars a year, while families postpone surgery, **ration insulin**, or travel hours to find a maternity ward still delivering babies.¹ The result is a system full of hassle, red tape, and ridiculous price tags. We need to replace it with a streamlined system aligned with Iowa values, 21st century technology, and common sense.

The solution cannot be another patch on a threadbare system. We need a new healthcare compact—one that **guarantees care as a right**, restores dignity to caregivers, and protects Iowa's **sovereignty** over its most essential public trust: the wellbeing of its people.

That compact is called **SondraCare**—a two-tiered healthcare system designed specifically for Iowa. It guarantees essential care for all while rewarding the labor, innovation, and service that make our communities thrive. SondraCare is an unprecedented, thoroughly researched plan. It was built not in a boardroom, but through years of listening to Iowans, assessing the failures of the current system, and **engineering a durable, 21st-century solution ready for implementation.**

ReynoldsCare: How We Got Here

In 2016, then-Governor Terry Branstad—later succeeded by Kim Reynolds—privatized Iowa's Medicaid program, transferring the management of state-funded healthcare to **private corporations** under the promise of greater efficiency and cost reduction. In practice, the move

¹ Kaiser Family Foundation. *State Health Facts: Insulin Affordability and Access in Iowa*. 2024. <https://www.kff.org/state-category/health-costs-budgets/prescription-drugs/>

created a web of administrative barriers that **increased red tape, reduced transparency, and led to widespread coverage disruptions and provider payment delays.**²

Today, three out-of-state corporations control nearly all Medicaid operations in Iowa. These Managed Care Organizations (MCOs) embody the moral dissonance of the system:

- **Molina Healthcare**, led by CEO Joseph Zubretsky, who earned **\$21.5 million** in total compensation in 2023—including a \$4.4 million cash bonus and \$15.5 million in stock awards.³
- **WellPoint, Inc.** (now part of Elevance Health, Inc., and formerly Anthem/Amerigroup Iowa) whose national CEO, Gail Boudreaux, earned approximately **\$21.9 million** in total compensation in 2023.⁴
- **Iowa Total Care**, a wholly owned subsidiary of Centene Corporation. Its parent company's top executives earned nearly **\$19 million** in total compensation in 2023.⁵

Even if only a fraction of each CEO's multimillion-dollar salary comes from Iowa contracts, those salaries symbolize a deeper injustice: a system that spends hundreds of millions on administration, marketing, and shareholder dividends while **denying care to the very people who fund it.**

The Flow of Public Money

Each MCO plays an administrative role—processing claims and coordinating networks—and many Iowans working within them serve with real care and diligence. Yet, these multi-state corporations receive hundreds of millions in public funds each year, drawn from Iowa's Medicaid budget, and are paid through **capitated contracts** designed to limit state costs—a goal often achieved by denying or delaying coverage to Iowans.⁶

Medicaid represents the majority of these corporations' total revenue streams, often between **60 and 85 percent nationally.**⁷ That means much of the money sustaining these compensation

² Iowa Department of Human Services, *Medicaid Modernization: Program Evaluation Summary*, 2017; Kaiser Family Foundation, *Medicaid Managed Care Market Tracker – Iowa Overview*, 2024.

³ Molina Healthcare, Inc., *Proxy Statement (Form DEF 14A)*, filed with the U.S. Securities and Exchange Commission, April 2024.

⁴ Elevance Health's 5 Highest-Paid Executives 2025," *Becker's Payer Issues*, March 31 2025.

⁵ Centene Corporation, *Proxy Statement (Form DEF 14A)*, filed April 2024.

⁶ Iowa Department of Health and Human Services, *Managed Care Organization Contracts*, 2024.

⁷ Kaiser Family Foundation, *Medicaid Managed Care Market Tracker – National Overview*, 2024.

packages originates from federal and state funds **meant to provide care** for low-income families, seniors, and people with disabilities.

The alignment of policy and political money warrants scrutiny. Campaign disclosures show that managed-care corporations awarded Medicaid contracts in Iowa have made **substantial political contributions** to Republican-aligned committees, including governors’ associations, during the years these systems were being expanded.⁸ This underscores why Iowa needs leadership independent of corporate health-industry influence.

Moral Dissonance

Meanwhile, rural hospitals are shuttering maternity wards, mental-health providers are stretched thin, and thousands of Iowans are forced to drive across multiple counties for basic care. This is not fiscal responsibility; it’s **moral dissonance**.

*There is no justification—moral or economic—for **CEOs of a taxpayer-funded healthcare system to earn \$20 million or more while ordinary Iowans are denied the care they pay for.***

Reform must not destroy enterprise but **restore proportion**—honoring private initiative while re-centering it on public service.

The Role of the Insurance Industry in Iowa’s Economy

Iowa’s insurance and finance sector is a major pillar of our state economy — contributing approximately 11 percent of state GDP and directly employing nearly 47,000 workers across major firms such as Principal Financial Group, EMC Insurance Companies, and Wellmark Blue Cross Blue Shield.⁹

Any serious healthcare reform must recognize this economic backbone. That’s exactly what SondaCare does — by giving insurers a real seat at the table through Tier 2 cooperative health packages, funded via redirected administrative savings, the Iowa Commonwealth Surtax, and a fractional transaction tax on the Iowa Community Investment Exchange (ICIX).

Today, many small-business owners simply cannot afford to insure their workers. Premiums remain high, coverage inconsistent, and administrative burdens overwhelming. SondaCare

⁸ Molina Healthcare contributed over \$1 million to Republican governors’ committees in 2023; *Bleeding Heartland*, “Insurance Company Insiders Knew About Iowa’s Medicaid Privatization Plans Long Before Public,” September 1, 2015; and Alice Miranda Ollstein, “Medicaid Insurer Molina Doubles Donations to GOP Governors,” *Politico*, August 7, 2023.

⁹ Federation of Iowa Insurers, *Iowa Insurance Industry: Strengthening Our State’s Future*, 2024 (reporting that the insurance industry accounts for 11 percent of Iowa’s GDP and \$32.3 billion in total spending in 2022).

addresses this by offering insurers state subsidies and tax incentives — funded through redirected MCO administrative savings, a modest graduated tax plan under the Iowa Commonwealth Surtax, and a small ICIX transaction tax — enabling insurers to design and offer comprehensive, affordable coverage options for all Iowa businesses, with special support for small employers.

To participate, insurers must expand their coverage portfolios to include procedures and therapies often denied or excluded by conventional plans — such as medically necessary hip replacements, breast reductions, functional rhinoplasties, fertility treatments, and other interventions that, while “elective” in name, can dramatically improve long-term health and quality of life. Research shows that access to elective surgery is already unequal — with lower-income, uninsured, rural, or minority patients waiting longer or being denied these very interventions.¹⁰

By covering these procedures, insurers not only better serve their clients — they stimulate Iowa’s healthcare economy. New clinics will open, specialists will expand their practices, and local communities will grow through increased demand for services and skilled professionals.

This is how SondraCare transforms Iowa’s healthcare crisis into an engine for innovation and growth.

A Call to Pivot: From Conflict to Cooperation

The transition to **SondraCare** may at first draw scrutiny from national industry groups, local insurance affiliates, brokerage firms, and political committees concerned with tax structures, but it is more likely this scrutiny stems from a lack of understanding of the vast opportunities inherent in the plan. The solution is not a battle against the private sector, but a **collective pivot** toward a more profitable, stable, and morally sound future.

Every successful entrepreneur knows that staying competitive requires recognizing a shift in the market and **pivoting** to meet the new demand. SondraCare signals that the market for essential care—built on complexity and denial—is **coming to a close**. The **new, emergent market lies in leveraging the industry’s existing expertise and skilled workforce to forge new partnerships with Iowa’s small businesses, who are eagerly waiting for competitive, affordable coverage options**. By stepping back from the volatile, cost-prohibitive world of essential risk and focusing instead on customized excellence, the private sector is perfectly positioned to become the **hero of Iowa’s next economic chapter**.

The Pivot: Turning Risk into Reliable Revenue

¹⁰ A. Petrelli et al., “Socioeconomic Differences in Waiting Times for Elective Surgery,” *BMC Health Services Research* 12 (2012): 55, <https://bmchealthservres.biomedcentral.com/articles/10.1186/1472-6963-12-268>

The core of our economic argument is that **SondraCare removes the massive, unpredictable risk** from private insurers, allowing them to focus on guaranteed, profitable growth:

- **Risk Mitigation:** Tier 1 eliminates the need for private companies to bear the immense financial risk of catastrophic illness, chronic conditions, and essential primary care. This stabilizes their balance sheets.
- **The New Market and Small Business Incentive:** Tier 2 provides a stable, state-subsidized growth market focused on supplemental, elective, and employer-sponsored coverage. This market fills a **huge need for Iowa's small businesses**, giving them the long-desired ability to offer **fantastic, competitive coverage** as an incentive, greatly improving their employee retention and recruitment efforts.¹¹
- **A Public-Facing Win:** Companies that embrace this pivot will earn the goodwill of the Iowa public, who value **flexibility, mercy, and community understanding**. Showing a willingness to align with the public good is a powerful marketing asset.

Opportunity — Not Opposition

The opposition we will hear—cries of "**Punitive Taxes**" and "**Loss of Choice**"—will stem from legacy thinking, not the reality of the new market, where opportunity knocks.

Source of Resistance	New Perspective (The Pivot)	Our Shared Goal
Private Insurance Industry (MCOs)	Pivoting to Service: Their role shifts from complex claims denial to designing and managing innovative Tier 2 wellness packages, maximizing stable revenue from a new client base.	Economic Stability: We create long-term financial stability for the industry by removing volatile risk.
Pharmaceutical Lobbies	Optimization: The state gains leverage to negotiate fair drug costs, which funds better Tier 1 access. This is a move toward efficiency , not elimination.	Better Outcomes: Lower drug costs free up capital to pay providers more and improve patient outcomes, growing the market for quality supplies.
High-Wealth Interests	Investment in Commonwealth: The funding mechanism (Graduated	Community Strength: A healthier populace is a more

¹¹ National Federation of Independent Business (NFIB), *Addressing the Health Insurance Affordability Crisis for Small Businesses*, 2024.

Source of Resistance	New Perspective (The Pivot)	Our Shared Goal
	Contribution, Surtax) is a structured investment in the state's most valuable asset: a healthy, productive, and stable workforce.	productive populace, enhancing Iowa's long-term business and labor environment.

The decision for these industries is whether to fight to preserve an old, inefficient model or **pivot to capture the opportunity** offered by a new, streamlined, and more humane Iowa health economy. We invite them to sit at the table and build this future with us.

The Need for a New Healthcare Compact

The modern insurance system was never built for the complexity of today’s medicine — where a single surgery can cost more than a year’s salary and a billing error can erase a family’s savings. When employer-based health insurance emerged in the 1940s, medicine itself was simpler: fewer drugs, fewer specialists, fewer life-saving technologies. Healthcare was personal, often local, and generally affordable.¹²

But as costs rose and treatments advanced, the insurance model hardened into a barrier between patients and care. Instead of doctors asking, “How can I help you?” they now must ask, “Who is your insurer?” before lifting a stethoscope.

The human toll is staggering. Between 2020 and 2024, rural hospital closures in the Midwest increased by nearly 25 percent.¹³ In Iowa, maternal care deserts have expanded, leaving twelve counties without a single practicing OB-GYN.¹⁴ Meanwhile, administrative and overhead costs now consume roughly 25–30 percent of all healthcare spending nationwide — much of it driven by billing complexity, marketing, and insurance administration.¹⁵

When public dollars fund a system that denies public service, it ceases to be healthcare — it becomes a financial extraction industry disguised as compassion.

¹² U.S. Department of Health and Human Services, *History of Employer-Based Health Insurance in the United States*, 2021.

¹³ Chartis Center for Rural Health, *Rural Hospital Closures Report: Midwest Region*, 2024.

¹⁴ Iowa Department of Health and Human Services, *Maternal Health Access and OB-GYN Workforce Study*, 2023.

¹⁵ Centers for Medicare and Medicaid Services, *National Health Expenditure Data*, 2022 (showing private insurance administrative and net cost ratios averaging 25–28 percent of total spending).

That is why SondraCare proposes something both radical and deeply familiar: a return to the principle of *community assurance*. Every Iowan will contribute their fair share according to income, and in return, every Iowan will receive full coverage for essential care — with zero paperwork, zero confusion, and zero fear of denial.

It is time to bring Iowa's values back into our hospitals, our clinics, and our public policy.

It is time to heal Iowa.

The Plan

The SondraCare™ Framework

SondraCare™ is a two-tiered healthcare system designed for Iowa’s economy, workforce, and civic traditions. It guarantees essential care for every resident, expands coverage to reward labor, supports small businesses, and restores fiscal integrity to the state’s health economy.

The framework rests on five interlocking commitments:

- **Universal Care as a Civic Birthright** — Every Iowan receives guaranteed access to medically necessary healthcare through Tier 1—without co-pays, deductibles, or annual re-enrollment. Coverage is automatic upon residency and delivered through Iowa’s existing provider networks, with administrative waste redirected into direct care.
- **Expanded Coverage that Rewards Work** — Tier 2 offers elective and wellness services—including rehabilitative procedures and holistic therapies—to employees who complete one year of service with any Iowa business. This strengthens workforce stability, dignity, and long-term health.

- **Affordable Options for Iowa Businesses** — Subsidized healthcare packages tailored to business size and sector ensure that every employer can provide expanded coverage. Enhanced support for small businesses makes healthcare a shared investment in productivity and resilience.
- **Partnership with Iowa-Based Insurers** — Private insurance is re-centered on public service. Iowa-based insurers receive subsidies to design competitive Tier 2 plans, keeping jobs and reinvestment within the state.
- **Creative, Fair, and Sustainable Funding** — SondraCare is financed through a diversified model:
 - A **graduated health contribution** (0–5%) that replaces premiums and ensures most Iowans pay less overall.
 - A **moderated surtax on ultra-wealthy households and corporations**—high enough to make a transformative difference in the lives of everyday Iowans, small enough to win broad support.
 - A **micro-transaction tax on the Iowa Community Investment Exchange (ICIX)**—a voluntary, lucrative mechanism that circulates prosperity locally.
 - Redirected **administrative savings** and **executive compensation reform**, ensuring efficiency and accountability.

The Promise

Together, these commitments form a compact that circulates prosperity within Iowa’s borders, affirms human dignity, and restores balance between care and cost. It is a system built not on charity, but on fairness, efficiency, and shared responsibility—designed to sustain Iowa’s health economy for generations to come.

Tier 1: Essential Care as a Civic Guarantee

SondraCare Tier 1 guarantees essential healthcare for every Iowan as a civic birthright — a guarantee rooted in lawful residency and shared responsibility. This includes citizens, permanent residents, refugees, and all lawfully present immigrants who make Iowa their home. It covers the elderly, the disabled, the unhoused, and working families alike, regardless of income or employment status. *(For conditional pathways to lawful residency through employment, see ‘Healthcare and Immigration’ starting on page 34.)* Coverage begins automatically upon establishing residency and includes:

- Emergency and inpatient hospital services
- Preventive care and checkups
- Maternal and neonatal care
- Prescription drugs
- Mental-health and substance-abuse treatment
- Rehabilitation services
- Vision and dental care for minors and low-income adults
- Medically necessary reproductive-health and fertility care
- Long-term mental-health therapy and counseling without arbitrary limits
- Medically necessary gender-affirming care

There are no co-pays, deductibles, or billing delays. When an Iowan arrives at a clinic or hospital, the first question will be:

“What’s going on, and how can I help?”

Emergency care is always provided without question or delay. After stabilization, patients are guided through verification to confirm residency or employment status. Iowa employers may vouch for undocumented workers through the Employer Voucher System, triggering lawful contract formation under Iowa Code.

Those who decline verification are referred for lawful removal under humane state oversight — never corporate detention.

This framework affirms human dignity while protecting public resources. It balances mercy with verification, ensuring that compassion is never undermined by chaos.

Preventive Wellness and Public-Health Discipline

Tier 1 prioritizes preventive care. Physicians provide smoking-cessation assistance, nutrition and exercise counseling, and addiction-recovery programs with proven cost-saving benefits.¹⁶

Religious exemptions are respected, but participation is encouraged to reduce chronic disease and improve outcomes.

¹⁶ David M. Cutler and Grant Miller, “The Role of Public Health Improvements in Health Advances,” *Demography* 42, no. 1 (2005): 1–22.

Eliminating Annual Re-enrollment, Coverage Gaps, and Administrative Waste

Under Iowa’s current Medicaid system, most beneficiaries must re-enroll annually. This process—mailings, verifications, and manual data entry—causes thousands of Iowans to lose coverage due to paperwork lapses.

Administrative waste in U.S. healthcare exceeds \$300 billion annually; Iowa’s proportional share is estimated at roughly \$300–400 million annually.¹⁷ SondraCare redirects this waste into direct care, funding the equivalent of:

- 8,000 rural nurse or caregiver salaries
- Medication for 40,000 insulin-dependent diabetics
- Mental-health treatment for every uninsured Iowan—twice over

Tier 1 replaces annual re-enrollment with continuous eligibility linked to residency records maintained by the Department of Public Health, integrated with tax and census data. Each resident receives a secure digital case file accessible to approved agencies. Caseworkers remain assigned to clients, preserving institutional memory and reducing duplication.

This design delivers:

- Fewer coverage gaps for elderly, disabled, and unhoused residents (ending repeated intake interviews and redundant verifications)
- Lower administrative costs (saving Iowa up to \$400 million annually)
- Stronger client relationships through consistent caseworker support

Elimination of Arbitrary Service Caps

Tier 1 abolishes time-based and quantity-based limits on medically necessary care. Treatment continues as long as clinically indicated. This reduces:

- Emergency-room backflow from delayed care
- Litigation over denied services
- Administrative overhead from constant case reviews

¹⁷ Steffie Woolhandler, David U. Himmelstein, and Terry Campbell, “Administrative Costs of U.S. Health Care,” *Annals of Internal Medicine* 175, no. 4 (2022): 472–480; author’s estimate of Iowa’s proportional share based on Centers for Medicare & Medicaid Services, *National Health Expenditure Data: Historical and Projected, 1960–2032* (Baltimore: CMS, 2024).

Workforce Stability and Caseworker Reform

Continuous-eligibility data allows the state to forecast demand and stabilize staffing. Predictable caseloads prevent seasonal layoffs and over-hiring cycles. Caseworkers are compensated based on outcomes—not throughput—meaning:

- Pay is tied to client stability, not the number of forms processed
- Staff retention improves due to reduced burnout
- Public service becomes a professional career path¹⁸

Family and Child-Care Supports

Households earning under \$80,000 annually qualify for universal childcare vouchers redeemable at licensed centers, home-based caregivers, or cooperative care networks. Voucher value scales with income and number of dependents and is paid monthly and directly to providers to ensure continuity of care.

This threshold—set just above Iowa’s median household income of \$73,147—reflects evidence that even middle-income families face unsustainable childcare costs averaging \$865 per month for infants and \$719 per month for toddlers.¹⁹ National studies from the Urban Institute show that affordability challenges persist well above the federal poverty line, and that extending childcare support up to roughly 150 percent of the state median income strengthens labor-force participation and reduces family instability.²⁰

By anchoring eligibility at \$80,000, SondraCare targets relief toward the families most at risk of being priced out of work, ensuring that Iowa’s childcare policy is both compassionate and economically sound.

¹⁸ Pew-MacArthur Results First Initiative, *Performance-Informed Budgeting: A Guide for State and Local Governments* (Washington, D.C.: Pew Charitable Trusts, 2021).

¹⁹ “Cost of Child Care in Iowa,” *Winnie*, accessed November 3, 2025, <https://winnie.com/resources/cost-of-child-care-in-iowa>; *Data USA*, “Iowa: Household Income,” accessed November 3, 2025, <https://datausa.io/profile/geo/iowa>

²⁰ Gina Adams et al., “What If We Expanded Child Care Subsidies?” *Urban Institute*, 2023, <https://www.urban.org/policy-centers/income-and-benefits-policy-center/projects/what-if-we-expanded-child-care-subsidies>; Heather Sandstrom and Sarah Minton, “Benefit Cliffs Underscore the Need for a Stable, Accessible Social Safety Net,” *Urban Wire* (Urban Institute blog), October 2023, <https://www.urban.org/urban-wire/benefit-cliffs-underscore-need-stable-accessible-social-safety-net>

Paid Parental Leave

SondraCare guarantees up to twelve weeks of paid maternity leave and six weeks of paid leave for partners or adoptive parents. Employers receive tax credits for compliance, and self-employed parents qualify under the same income-based contribution model.

This structure emulates Nordic family-policy governance, where parental leave is treated as a core investment in early childhood development and workforce stability.²¹ These policies have been shown to improve maternal and infant health outcomes, increase labor-force participation among women, and strengthen long-term family well-being.

Every child deserves time with their parents in those first crucial months—no matter what a family looks like.

Single-Mother Stability Grants

Single mothers earning under \$50,000 annually receive monthly grants during a child’s first year to offset housing, transportation, and nutrition costs. Grants range from \$400–\$800 per month, scaling with regional cost-of-living data.²²

Mental-Health and Postpartum Care

Tier 1 covers postpartum therapy, lactation support, and trauma-informed counseling. Rural clinics gain telehealth and mobile-unit support, staffed by nurse practitioners and behavioral-health specialists.

Community Parenting Hubs

²¹ Organization for Economic Co-operation and Development (OECD), *Parental Leave Systems: Country Profiles and Policy Outcomes in Nordic Europe* (Paris: OECD Publishing, 2023).

²² Urban Institute, “Single-Parent Household Poverty Data,” 2023; Iowa Workforce Development, *Occupational Employment and Wage Statistics* (Des Moines: IWD, 2024).

Under Tier 1, each county designates at least one **Community Parenting Hub** operated through existing public-health infrastructure — such as county hospitals, Federally Qualified Health Centers, or local health departments.

These hubs are **funded through the preventive-care allocation of SondraCare Tier 1** and serve as local extensions of the state’s maternal- and child-health programs. Their purpose is not to create a new bureaucracy but to consolidate services that already exist under multiple fragmented programs.

Each hub coordinates:

- Parenting and prenatal education classes
- Peer-support circles and mentorship programs
- Nutrition and legal-aid clinics
- Rotating pediatric, behavioral-health, and maternal-care specialists

To support working families, hubs operate on extended evening and weekend hours, with childcare provided on-site during appointments.

By embedding these hubs within the SondraCare network, Iowa replaces redundancy with continuity — ensuring that every new parent, regardless of income or location, has a consistent, local point of care and guidance.

Fatherhood Inclusion

SondraCare recognizes fatherhood as an essential component of child wellbeing and community stability. Tier 1 therefore guarantees up to six weeks of paid paternal or partner leave for all fathers, adoptive parents, or non-birthing caregivers, coordinated through the same contribution and tax-credit system that funds maternity leave.

Each county’s Community Parenting Hub includes fatherhood counselors and peer-support programs designed to help fathers navigate employment, custody, and emotional health challenges during the early stages of parenthood.

Outreach campaigns—run jointly by the Department of Public Health and Iowa Workforce Development—highlight the civic value of shared parenting and promote access to legal, counseling, and job-training resources.

This approach mirrors successful Nordic family-policy frameworks, which have shown that inclusive parental-leave programs increase long-term family stability, reduce child poverty, and strengthen community cohesion.²³

Streamlined Adoption Services

Adoption programs integrate directly into the continuous-file system. Court orders and agency placements trigger automatic updates, and families track benefits and appointments through one secure portal.

Incentives for adoption include:

- Up to \$5,000 in completion stipends
 - Healthcare and counseling vouchers through age 21
 - Tax credits and recognition awards for families adopting sibling groups or children with disabilities²⁴
-

Continuous Support for Disabled Children and Parents

Parents of disabled children receive automatic continuity of coverage through adulthood. The continuous-file model replaces repetitive paperwork with single-point updates. Each family is assigned a disability-care coordinator trained in both pediatric and adult services.

Coordinators maintain long-term relationships to ensure timely therapy renewals, equipment replacement, and access to transportation and behavioral supports. Families who choose to raise disabled children rather than institutionalize them will no longer be burdened by excessive documentation.

Compassion is efficiency.

Caregiver Pay Equity

²³ Organization for Economic Co-operation and Development (OECD), *Parental Leave Systems: Country Profiles and Policy Outcomes in Nordic Europe* (Paris: OECD Publishing, 2023).

²⁴ Title IV-E of the *Social Security Act*, 42 U.S.C. § 670 et seq.; Massachusetts Department of Children and Families, *Adoption Assistance Program Annual Report* (Boston: DCF, 2023).

Tier 1 cannot function without the caregivers who deliver its services. Nurses, aides, EMTs, and support staff are the backbone of Iowa’s health system, yet they have long been underpaid despite carrying the greatest burden of care.

SondraCare embeds caregiver pay equity into Tier 1 as a non-negotiable guarantee:

- **20% Wage Increase:** All essential caregivers receive a permanent raise, lifting average pay from \$40,000 to \$48,000 annually.²⁵
- **Retention and Stability:** Higher wages reduce turnover, stabilize caseloads, and ensure continuity of care.
- **Equity Across Roles:** Pay boosts apply to nurses, aides, EMTs, and support staff, not just physicians.
- **System Integrity:** By securing the workforce, Iowa guarantees that Tier 1 coverage is not just a promise on paper but a lived reality for every resident.

This reform ensures that universal coverage is matched by universal dignity.

Residency Verification and Due Process

Tier 1 guarantees essential healthcare as a civic birthright, but it also requires clear rules for who qualifies for continuous eligibility. Every Iowan is stabilized in an emergency without question. After stabilization, verification begins immediately to ensure that compassion is never undermined by chaos.

- **Stabilization:** Emergency care is always provided first.
- **Verification:** Patients are guided through residency or employment confirmation. Employers may vouch for undocumented workers through the Employer Voucher System, triggering lawful contract formation under Iowa Code.
- **Appeals:** Individuals who dispute verification outcomes are entitled to a transparent appeal process overseen by the Department of Public Health, with judicial review available.
- **Humane Oversight:** Those who decline verification are referred for lawful removal under state supervision—not corporate detention.

This framework balances mercy with stewardship. It ensures that Iowa’s resources serve lawful residents while preserving dignity for all who enter the system.

²⁵ Iowa Workforce Development, *Occupational Employment and Wage Statistics for Healthcare Support Occupations in Iowa* (Des Moines: IWD, 2024).

For a full explanation of how residency verification interacts with immigration law—including the Employer Voucher System and federal referral protocols—see **Chapter VIII: Healthcare and Immigration**.

Data Security and Privacy

Privacy is not a luxury—it is a condition of public trust. Tier 1 introduces a unified digital case file for every resident, accessible to approved agencies and providers. To preserve trust, this system is governed by strict security and privacy standards:

- **Security Standards:** All case files are encrypted end-to-end, with multi-factor authentication required for access.
- **Audit Logging:** Every access attempt is logged and reviewed by the Public Intelligence Agency (PIA) to prevent misuse.
- **Cross-Agency Minimization:** Agencies only access the data necessary for their function—medical providers see health records, caseworkers see eligibility status, and tax officials see contribution data.
- **Resident Control:** Individuals may request a record of all case file accesses and challenge unauthorized use.

By embedding privacy protections into the foundation of Tier 1, SondraCare ensures that efficiency never comes at the expense of dignity. The case file is not just a tool for administration—it is a covenant of trust between Iowa and its people.

Tier 2: Expanded Healthcare for Iowa's Workforce

Tier 2 expands healthcare beyond the essential baseline to include **elective, preventative, and holistic rehabilitative services** that improve quality of life, workforce capacity, and long-term economic resilience. These services are not luxuries—they are investments in Iowa's human capital.

(Note: Procedures deemed Medically Necessary to restore essential function, such as hip and joint replacements and facial repair following injury, are covered under the Tier 1 Civic Guarantee.)

Covered procedures under this expanded, employment-based Tier 2 include:

- **Elective breast reductions or reconstruction** (non-medically indicated)
- **Elective rhinoplasty or cosmetic facial procedures**

- **Chiropractic care and therapeutic massage** for pain management, rehabilitation, and injury prevention
- **Acupuncture, advanced physical therapy, and holistic rehabilitation** when prescribed for recovery or chronic pain
- **Other elective procedures** that demonstrably improve quality of life and workforce participation

By including these services, Tier 2 supports small-business owners, independent therapists, and local clinics while reducing long-term costs from preventable injuries and chronic conditions.²⁶

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Employment-Based Qualification

Tier 2 coverage is earned through employment. Employees qualify after one continuous year of service with any Iowa business. This requirement stabilizes the labor market, encourages retention, and rewards loyalty.

If a Tier 2-qualified employee changes jobs, their new employer may vouch for continued coverage by certifying good standing and re-enrolling them within 60 days. This prevents disruption of elective or rehabilitative care while maintaining accountability for workforce performance.

All contributions and verifications are managed through the Iowa Health Contributions Portal (IHCP)—a unified digital registry housed within the Department of Health and Human Services.

Business Packages

SondraCare offers tailored packages to meet the needs of Iowa employers:

Package	Purpose	Key Features
Small Business Package	Helps small employers cover workers affordably	Subsidized premiums, expanded provider network, elective and wellness care

²⁶ American Society of Plastic Surgeons, *Reconstructive and Elective Procedure Trends* (Arlington Heights, IL: ASPS, 2023).

²⁷ Hah et al., "Economic Burden of Surgery on Patients and Employers from Lost Wages and Lost Productivity," in *Optimizing Outcomes and Containing the Costs of Surgery*, accessed November 19, 2025; and Kevin C. Chung et al., "Evaluating the Economic Impact of Plastic and Reconstructive Surgical Efforts in the Developing World: The ReSurge Experience," *Plastic and Reconstructive Surgery* 144, no. 3 (2019): 603–12.

Package	Purpose	Key Features
Large Business Package	Supports major employers with flexible options	Employer co-financing, broad elective coverage, loyalty incentives for Iowa-based hiring

Both packages are financed through the Iowa Commonwealth Surtax (see *Funding* section), which redirects a portion of progressive surtax revenue to subsidize premiums for small employers and essential-sector workers.

Parental Investment Bonds

Parents who invest in state-administered education or vehicle-savings bonds receive reduced Tier 2 premiums. These micro-bonds circulate through the Iowa Commonwealth Fund, earning modest interest while capitalizing SondraCare reserves. This is an Iowa adaptation of the “citizen investment” models used successfully in Norway and Finland.²⁸

Incentives for Iowa-Based Insurers

SondraCare re-centers private insurance on public service. To qualify for Tier 2 contracts and state subsidies, insurers must:

- Be headquartered or primarily operated in Iowa
- Offer the complete elective-wellness portfolio
- Meet transparency standards through the Public Intelligence Agency (PIA)
- Reinvest a portion of profits into community-health grants or workforce-development programs

Funding sources include:

- Redirected managed-care (MCO) administrative savings
- Graduated contribution revenue under the Iowa Commonwealth Surtax
- A 0.15% fractional transaction tax on trades via the Iowa Community Investment Exchange (ICIX)

Together these mechanisms ensure that expanded-coverage costs are shared across Iowa’s economy rather than placed on individuals or small businesses.

²⁸ Organization for Economic Co-operation and Development (OECD), *Public Investment and Sovereign Fund Governance: Nordic Models* (Paris: OECD Publishing, 2022).

Workforce Capacity and Utilization Management

Expanded coverage requires expanded workforce capacity. Tier 2 introduces strategic measures to ensure services are delivered without bottlenecks:

- **Residency Slots:** Expanded medical and nursing residencies create a pipeline of trained professionals.
- **Rural Rotations:** Incentivized rotations place young providers in rural hospitals, building long-term ties.
- **Phased Uptake:** Elective coverage expands gradually, aligned with workforce growth targets to prevent wait-time spikes.
- **Utilization Modeling:** Prior authorization for high-cost electives, annual utilization caps with clinical override, and outcome-based pay keep demand predictable and sustainable.
- **Stress Testing:** Forecasts include base and surge scenarios to anticipate spikes in elective demand.

This framework ensures that Tier 2's promise of expanded benefits remains both sustainable and equitable.

Premium Contracts for Healthcare Professionals

Critics of universal healthcare often raise two valid concerns: long wait times and low physician pay. Both are resolved under SondraCare.

Instead of flattening compensation, SondraCare introduces a two-tier premium-contracting system that rewards Iowa's medical workforce with competitive, transparent pay tied to outcomes—not billing volume:

- Tier 1 contracts guarantee stable, above-average pay for essential-care providers.
- Tier 2 contracts, funded through the Iowa Commonwealth Surtax and ICIX revenues, offer premium pay scales for surgeons, specialists, and wellness providers in orthopedics, rehabilitation, and allied fields.

This structure transforms Iowa into a magnet for medical excellence. By removing billing delays and excessive overhead, physicians keep a larger share of their earnings while working in a state that values their service.

SondraCare ensures that:

- Surgeons and specialists earn more, not less, than in the current system.
- Physicians spend more time healing, less time coding claims.
- Wait times drop as more professionals choose Iowa.
- Hospitals gain predictability through unified contracts and consistent public funding.

The message to healthcare professionals is simple: “*You heal Iowa, and Iowa will take care of you.*”

The Iowa Rural Caregiver Incentive Program (IRCIP)

Iowa’s rural communities face a mounting crisis: too few doctors, too few nurses, and far too many miles between care. Twelve counties have no practicing obstetrician; several more have lost their last primary-care clinic in the past decade.²⁹

To confront this shortage, SondraCare establishes the Iowa Rural Caregiver Incentive Program (IRCIP)—a service-based loan-forgiveness and retention program funded through the Iowa Commonwealth Surtax.

Any healthcare worker—physician, nurse, EMT, therapist, or home-health aide—who commits to five years of service in a rural Iowa county receives full student-loan forgiveness, enhanced pay, and state-subsidized benefits under the Act. Participants also qualify for housing stipends, childcare credits, and continuing-education grants, ensuring that professional growth and family stability remain compatible goals.

IRCIP revitalizes rural healthcare, supports young professionals, and keeps medical talent rooted in Iowa—exactly where it’s needed most. When nurses, EMTs, and doctors can afford to stay in the towns they serve, rural Iowa stabilizes. Schools stay open, hospitals stop hemorrhaging staff, and communities regain the quiet security that comes from knowing help is never too far away.

Raising the Standard for Caregivers: The Moral Imperative

There is no work more human—or more exhausting—than caregiving. Iowa’s caregivers are the quiet backbone of our communities: the home-health aides who lift our parents from their beds; the certified nursing assistants who bathe, feed, and comfort residents in understaffed facilities; the EMTs who brave ice-slick highways at midnight; the hospice nurses who hold the hands of the dying so that no one leaves this world alone.

²⁹ Iowa Department of Public Health, *Rural Health Workforce Report* (Des Moines: IDPH, 2024).

They are often women, often single parents, and often the first to arrive and the last to rest. Many earn less than \$16 an hour for work that is physically grueling, emotionally draining, and spiritually demanding. Yet their patience, endurance, and compassion sustain entire families.³⁰

Under SondraCare, this imbalance ends. The **Caregiver Pay Boost**, funded directly through the Iowa Commonwealth Surtax, guarantees:

- A 20 percent wage increase across all caregiving fields
- A \$24/hour minimum for new hires
- State-subsidized healthcare and retirement benefits for nurses, EMTs, CNAs, and home-health aides

This uplift recognizes caregiving not as low-skill labor but as a cornerstone of civil society—essential to both human dignity and economic stability.

Paired with IRCIP, this creates a pathway of dignity: higher wages, debt forgiveness, and lasting community strength. Families gain reliable care; caregivers gain a future worth staying for.

As President Theodore Roosevelt said in 1910: *“No man is justified in doing evil on the ground of expediency.”*³¹ To underpay those who carry our elders and heal our sick while vast fortunes accumulate untouched is precisely the kind of expediency Iowa must reject.

³⁰ Iowa Workforce Development, *Occupational Employment and Wage Statistics* (Des Moines: IWD, 2024).

³¹ Theodore Roosevelt, "Citizenship in a Republic" (Speech delivered at the Sorbonne, Paris, April 23, 1910).

**The Funding Compact:
Iowans Will Pay Less and Receive More**

The Four Revenue Streams of SondraCare™

Tiers 1 and 2 of SondraCare are fully funded through **four complementary revenue mechanisms**, each unpacked in the sections that follow. Together, they create a system in which Iowans **pay less, receive more, and sustain a healthcare network that grows stronger as our economy thrives.**

1. Redirected Administrative Waste

SondraCare eliminates redundant billing bureaucracy, insurance navigation costs, profit-padding intermediaries, and excessive executive compensation tied to care denial instead of care delivery. By simplifying administration and capping taxpayer-funded executive pay, **\$300–\$400 million is redirected annually into direct care and provider wages.**

2. Graduated Health Contribution

SondraCare replaces today’s maze of premiums, co-pays, and surprise fees with **one clear, income-based contribution**. Lower- and middle-income Iowans pay far less than they do now, healthcare workers are exempt in recognition of their service to the public, and high earners contribute modestly into a system from which they too benefit.

2. The Iowa Commonwealth Surtax

Grounded in Locke’s concept of the *commonwealth*, this surtax applies only to the most extreme concentrations of income and executive pay. Rather than burdening small businesses or ordinary families, it **circulates a share of excess wealth back into essential public needs**—especially caregiver pay, rural stabilization, and critical worker retention.

4. ICIX Micro-Transaction Tax

The Iowa Community Investment Exchange (ICIX) applies a **tiny financial transaction tax only to voluntary investment activity**, not wages or property. As Iowans build local enterprises and worker-owned cooperatives, a fraction of those trades generates stable revenue for healthcare, education, infrastructure, and disaster preparedness—**without raising property taxes or consumer costs**.

Revenue Stream #1: Redirected Administrative Waste

Before a single new tax or contribution is discussed, the first funding source for SondraCare is **already being paid by Iowans**. We are not struggling to fund healthcare—we are funding bureaucracy. The problem is not a lack of money; **it is where that money goes**.

Today, Iowa’s healthcare dollars pay for **paperwork, insurance navigation, duplicative systems, executive bonuses, and profit-padding inefficiencies** instead of care. While multi-payer systems may once have been necessary when hospitals were scarce and technology limited, Iowa now has **the infrastructure and capacity to streamline costs rather than subsidize inefficiency**.

Across Iowa’s hospitals, private insurers, and billing contractors, the state wastes an estimated **\$300–\$400 million every year** on redundant administration, denial management systems, and excessive compensation funded by public dollars.³² National research confirms that the United

³² Iowa Department of Inspections and Appeals; Iowa Hospital Association Cost Reports, 2019–2023.

States spends **four to seven times more on billing and insurance-related administration** than comparable high-income nations—costs that do nothing to heal anyone.³³

In the current system, the most expensive part of healthcare isn't medicine—it's the machinery built to avoid paying for it.

Where the Waste Comes From

- **Duplicate billing departments across thousands of providers** — every hospital, clinic, and insurer pays separate staff to send, verify, correct, and appeal bills, even though they all perform the same tasks; instead of healing patients, billions are spent just shuffling paperwork.³⁴
- **Eligibility churn paperwork that costs more to administer than it saves** — when Iowans lose coverage due to paperwork errors, the system spends more money **cutting them off and re-enrolling them** than it would cost to keep them continually covered.³⁵
- **Revenue optimization firms hired to restrict payouts rather than expand care** — insurers hire private contractors whose sole business model is to lower how much insurers spend on patients, often earning bonuses tied to claim denials rather than efficiency.³⁶
- **Excessive executive compensation detached from patient outcomes** — CEOs earn millions from hospitals and insurance plans funded by taxpayers, even when patients are denied care and facilities face shortages, rewarding extraction instead of health.³⁷
- **High turnover caused by low caregiver wages** — underpaid nurses, aides, and home-health workers leave for other jobs, forcing providers to repeatedly spend time and money on rehiring and retraining, which costs more than raising wages.³⁸

³³ Woolhandler, Steffie, and David U. Himmelstein. *Journal of the American Medical Association* (2020).

³⁴ Tseng, Peter et al. “Administrative Costs Associated with Physician Billing.” *JAMA*, 2018.

³⁵ Cassie et al. “Medicaid Churn and Administrative Cost Burdens.” *Health Affairs*, 2015.

³⁶ U.S. Government Accountability Office (GAO). “Private Insurance: Claims Denials and Appeals.” 2020.

³⁷ SEC compensation filings; 10-K annual reports of Medicaid MCOs (2023).

³⁸ Stone, P. et al. “The Cost of Nursing Turnover.” *Journal of Nursing Management*, 2017.

- **Claims denial operations that generate profit by delaying or rejecting care** — insurers increase profits when they stall or deny treatment, creating entire departments for finding technical reasons not to pay for claims.³⁹

Together, these create a system where taxpayers pay twice: once in premiums, and again in welfare benefits for the underpaid healthcare workers who keep the system functioning.

Trying to “patch” this system would be like *rearranging deck chairs on the Titanic*. Frankly put, *we can build a better ship*.

Estimated Administrative Waste in Iowa

Category	Estimated Annual Cost
Billing & Coding Departments	\$190–\$230M
Insurer Advertising & Overhead	\$55–\$75M
Claims Denial & Authorization Costs	\$45–\$80M
Excess Executive Compensation	\$25–\$35M
Total Annual Waste	\$300–\$420M

Derived from Iowa Department of Inspections and Appeals; Iowa Hospital Association Cost Reports (2019–2023);⁴⁰ JAMA billing studies; Harvard state-level models.

Executive Pay Reform: The 7:1 Pay Rule

To prevent public dollars from subsidizing bloated salaries while Iowa faces a care crisis, SondaCare applies a simple rule to any healthcare organization where **50% or more of revenue comes from Tier 1 public funds**:

Total executive compensation (salary + bonuses + stock-equivalent compensation) cannot exceed 7 times the base wage of the lowest full-time employee.

Why 7:1?

³⁹ U.S. GAO Report, 2020.

⁴⁰ Iowa Department of Inspections and Appeals; Iowa Hospital Association Cost Reports, 2019–2023.

- Current nonprofit hospital CEO pay is often **10–12 times** their median employee’s wage.⁴¹
- Some insurer executives exceed **300:1**, funded in part by public payments.⁴²
- A 7:1 ratio reduces only a small number of excessive salaries while improving conditions for thousands of healthcare workers.

Executives may earn more **only from private revenue**, not from taxpayer-funded care. Public money must serve public health before private bonuses.

This is not wage repression—it is **a performance incentive**. To earn more, executives must make the system work better for patients and staff.

Where the Redirected Waste Goes

Reallocated Toward	Purpose
Caregiver Wage Boost	Stabilizes nursing, in-home, disability, and support staff
Rural Workforce Incentives	Keeps hospitals and EMS staffed in underserved counties
Automatic Enrollment	Ends costly eligibility churn
Mental Health Staffing Expansion	School counseling, crisis response, addiction care
Caseworker Capacity Limits	Caseload caps to reduce burnout
Unified Billing Infrastructure	Eliminates duplicative paperwork and middlemen

► **Estimated net redirection to direct care after transition: \$200 million annually**

Why This Makes Care Less Expensive

By eliminating the business model of “care avoidance,” SondraCare:

- stops hospitals from wasting millions on billing wars
- prevents turnover by paying livable wages

⁴¹ “Nonprofit Hospital CEO Pay Study,” *Becker’s Hospital Review*, 2023.

⁴² “Payer CEO-to-Worker Ratios,” *Becker’s Payer Issues*, December 2023.

- reduces denials that artificially inflate costs
- allows providers to spend money on patients instead of middlemen

This is not austerity. It is efficiency with a moral compass: dollars follow patients, not paperwork.

Today Iowans pay more and get less. Under SondraCare, everyone will pay less and get much more.

Revenue Stream #2: Graduated Health Contribution

Most Iowans don't realize how many different ways they already pay for healthcare. Today's system drains households not through one bill, but through a tangle of financial traps:

- premiums and payroll deductions
- co-pays and deductibles
- out-of-network penalties and surprise bills
- higher prices in under-served areas
- lost wages when people skip care or delay treatment

These are not investments in health. **They are penalties for navigating a fragmented system.**

SondraCare replaces all of them with one clear contribution based on income.

No premiums. No deductibles. No co-pays for medically necessary care. No "metal tiers" or eligibility paperwork. *If you live in Iowa, you're covered for essential care. Automatically.*

How the Graduated Health Contribution Works

Under Tier 1, every Iowan is covered from the moment they establish residency or are born here. Instead of paying premiums to private insurers for basic coverage, individuals and households make a single **Graduated Health Contribution** based on annual income.

Healthcare workers are exempt, in recognition of the fact that they already "pay in" through their labor and, in many cases, through chronic understaffing and emotional strain.

Annual Graduated Health Contribution (Tier 1)

Annual Income	Contribution Rate	Payment Style
Under \$35,000	0%	Automatically covered
\$35,000–\$80,000	1%	Automatically deducted
\$80,000–\$150,000	2%	Includes dependents
\$150,000–\$500,000	3%	Includes dependents
Over \$500,000	5%	“Legacy” contribution (top bracket)

You pay nothing if you’re struggling. You pay a little if you’re getting by. You pay more only if you’re doing extremely well. Everyone receives the same Tier 1 essential coverage.

What Iowans Pay Now vs. Under SondraCare

When premiums, deductibles, co-pays, drug costs, and surprise billing are combined, many middle-class households currently spend **10–20% of their income** on healthcare—especially those earning under \$80,000.^{43 44 45} Flat deductibles and co-pays punish smaller paychecks more than large ones, making healthcare effectively **more expensive for working families than for the wealthy.**

Average Household Cost Comparison (Modeled % of Income)

Annual Income	Current System (% of Income)	SondraCare (% of Income)
Under \$35,000	15–20%	0%
\$35,000–\$80,000	10–14%	1%
\$80,000–\$150,000	8–12%	2%
\$150,000–\$500,000	5–8%	3%

⁴³ Sara R. Collins et al., “Health Insurance Coverage Eight Years After the ACA,” *Commonwealth Fund* (2019).

⁴⁴ Jessica S. Banthin et al., “Changes in the Income Distribution of Americans’ Health Care Spending,” *Health Affairs* 37, no. 7 (2018).

⁴⁵ Rachel Garfield et al., “The Uninsured and the ACA: A Primer,” *Kaiser Family Foundation* (2019).

Annual Income	Current System (% of Income)	SondraCare (% of Income)
Over \$500,000	4%+	5%

Nearly every household under \$150,000 pays **substantially less** and receives broader, more reliable coverage. Higher-income households pay more, but in a way that is **predictable, capped, and transparent**, rather than buried in rising premiums and itemized hospital bills.

Why Healthcare Workers Pay 0%

Doctors, nurses, EMTs, aides, behavioral-health staff, caseworkers, and direct-care workers keep Iowa’s health infrastructure alive—yet many cannot afford care themselves. Research shows that burnout, moral distress, and financial strain among healthcare workers directly increase patient risk, turnover, and systemic instability.⁴⁶

SondraCare treats free Tier 1 coverage for healthcare workers as a public investment, not a perk.

This exemption:

- reduces turnover and burnout
- attracts workers to Iowa
- stabilizes hospitals, clinics, and rural providers
- lowers hidden public costs from constant rehiring and understaffing

A healthy system needs healthy staff.

How Private Insurance Still Fits (Tier 2)

SondraCare does not eliminate private insurance—it clarifies its purpose.

Tier	Who Provides It?	What It Covers
Tier 1 (Public)	SondraCare	Essential care: emergency, inpatient, primary, mental/behavioral, maternity, medications

⁴⁶ Tait D. Shanafelt & John H. Noseworthy, “Executive Leadership and Physician Well-Being,” *Mayo Clinic Proceedings* 92, no. 1 (2017); National Academies of Sciences, *Taking Action Against Clinician Burnout* (2019).

Tier	Who Provides It?	What It Covers
Tier 2 (Private & Employer Plans)	Private insurers	Supplemental and elective services: amenities, expanded provider choice, fertility, wellness upgrades

Insurers pivot away from being **gatekeepers for basic survival** and toward being **partners in enhanced well-being**. They can still compete, innovate, and offer attractive employer packages—and that is exactly where Iowa needs them.

Revenue Stream #3: The Iowa Commonwealth Surtax

SondraCare begins with a simple moral premise: **no Iowan should go bankrupt to stay alive, and no caregiver should live in poverty while protecting the lives of others**. This principle is not modern, partisan, or ideological. It is rooted in the political philosophy that shaped the American republic.

In his *Second Treatise of Government*, John Locke wrote that human beings form governments not simply to obey laws, but to create a shared civil order designed for “**the mutual preservation of their lives, liberties, and estates**.”⁴⁷ He called this kind of political community a **commonwealth**, not merely a government. For Locke, a society worthy of free people must secure the conditions that make freedom possible. Liberty is not preserved by laws alone; it is sustained by a common foundation strong enough to prevent insecurity, collapse, and exploitation from eroding the rights of its members.

Locke’s writings were not fringe literature. They were the **single most cited political source of the American Revolutionary era**, shaping colonial declarations, early state constitutions, and ultimately the logic of independence.⁴⁸ The Founders did not borrow Locke’s language merely to oppose tyranny. They adopted his premise: that a legitimate government must secure the material conditions that protect freedom, not merely restrict its enemies.

Today, we remember liberty as freedom from interference. Locke and the American revolutionaries understood something deeper:

⁴⁷ John Locke, *Two Treatises of Government*, ed. Peter Laslett (Cambridge: Cambridge University Press, 1988), II, §123, 171.

⁴⁸ John Locke, *Two Treatises of Government*, ed. Peter Laslett (Cambridge: Cambridge University Press, 1988), II, §123, 171.

Liberty requires a stable common foundation.

A society must preserve the lives, livelihoods, and estates of its members if they are to remain free.

SondraCare, and the Iowa Commonwealth Surtax that partially funds it, is a modern application of this principle. It does not redistribute wealth for charity. **It circulates prosperity to preserve the very liberties and livelihoods Locke described as the reason for forming a commonwealth.** In a modern economy, medical bankruptcy, unaffordable care, understaffed hospitals, and collapsing rural services undermine freedom just as surely as arbitrary government or foreign threat. A people fighting for survival are not free; they are trapped.

Thus, under SondraCare:

- People contribute according to ability.
- People are protected according to need.
- Wealth circulates to sustain the common foundation of liberty.

This is not a new ideology, but a return to the constitutional purpose Locke believed a free society must pursue.

How That Principle Funds Healthcare

When Iowa applies this Lockean principle to healthcare financing, it does not redistribute private wealth for charity. It invests publicly to preserve the “estates”—the lives, liberties, and livelihoods—that Locke identified as the purpose of forming a commonwealth.

In such a system:

- People contribute according to ability.
- People are protected according to need.
- Wealth circulates instead of being extracted upward.

SondraCare enacts this principle with a modest **Commonwealth Surtax** at the top of the income ladder—not on workers, not on small businesses, and not on families. Under Locke’s philosophy, such circulation is not punishment. It is **civic stewardship**, safeguarding the common foundation of liberty, prosperity, and stable markets on which all wealth depends.

Healthcare under SondraCare is not a gift. It is the “**mutual preservation**” Locke described as the reason for forming a commonwealth.

The Commonwealth as a Fountain of Prosperity

The Iowa Commonwealth Surtax treats government not as a drain on wealth, but as a fountain that channels it productively:

- Wealth rises from labor, innovation, and enterprise.
- At extreme levels, modest boundaries prevent destabilizing concentration.
- The captured flow circulates outward to fund healthcare, education, and public safety.
- These investments return to the center, replenishing the conditions that sustain prosperity.

A commonwealth decays when wealth stops circulating. Both rich and poor lose. Workers face insecurity. Schools weaken. Hospitals fail. Infrastructure breaks. Markets destabilize. And wealth becomes stranded inside a failing society.

But when resources circulate efficiently, government functions like a well-tuned machine. Caregivers stay in their jobs. Children thrive. Small businesses innovate. Communities stabilize. Prosperity moves through the entire economy rather than pooling at the top.

A Rising Tide Lifts All Ships

A healthy commonwealth does not simply avoid collapse—it creates invention. Even the wealthy can only purchase what society produces. When people are sick, exhausted, and underpaid, **innovation dies**. Goods become cheaper and flimsier. Markets stagnate. People mutter, “They don’t make things like they used to.”

But when a society is stable and fairly compensated, invention blooms. Workers stay. Businesses take risks. Products improve. The wealthy are not merely wealthy—they have **better things to be wealthy in**.

A modest surtax that sustains the public welfare does not harm prosperity. It multiplies it.

A Modern Square Deal for Iowa

President Theodore Roosevelt governed by this exact principle. In his 1903 address articulating the Square Deal, he insisted: “**The rich man should not be allowed to oppress the poor, but neither should the poor be allowed to plunder the rich.**”⁴⁹ The goal was not punishment, but a **fair bargain** that strengthened both workers and business.

⁴⁹ Theodore Roosevelt, “The Square Deal,” Address at the New York State Fair, Syracuse, September 7, 1903.

Roosevelt invited magnates and laborers to the same table, forged equitable terms, and secured a prosperity that lasted decades. His objective was not to restrain wealth—but to ensure that it was **earned in a thriving society rather than extracted from a failing one.**

That is the spirit of SondraCare. We are not condemning success. We are bringing every Iowan to the table to broker a deal that strengthens our shared prosperity.

Wage Subsidization: The Better Path

The Iowa Commonwealth Surtax allows Iowa to raise wages in essential professions **without harming small businesses or inflating prices.** When governments raise wages only through mandates:

- Corporate chains survive by raising prices across thousands of products.
- Small local businesses cannot absorb the cost.

Summary: Mandated minimum wage hikes increase closure rates among small, low-margin businesses, while corporate chains survive due to distributed pricing power.⁵⁰ Additionally, they often trigger inflation, thus eroding the benefit of higher pay.⁵¹

By contrast, **targeted public wage subsidies** in essential sectors (caregiving, childcare, disability services, teaching, emergency response) **increase retention and service quality without inflation or small business harm.**⁵²

Under SondraCare, the Commonwealth Surtax funds these workforce boosts collectively, rather than loading them onto struggling childcare centers, home-health agencies, disability providers, or rural hospitals.

We are not shifting burdens. We are building capacity. A healthy economy does not pit employers against workers; it creates a marketplace where both can thrive.

The Iowa Commonwealth Surtax: Practical Rates

⁵⁰ Dara Lee Luca and Michael Luca, “Survival of the Fittest: The Impact of the Minimum Wage on Firm Exit,” National Bureau of Economic Research Working Paper No. 25806, 2019.

⁵¹ Hannah Wyatt, “Wage-Push Inflation: A Review of Empirical Evidence,” U.S. Bureau of Labor Statistics, 2016.

⁵² Hannah Wyatt, “Wage-Push Inflation: A Review of Empirical Evidence,” U.S. Bureau of Labor Statistics, 2016.

Income Level Proposed Surtax Notes

\$1M–\$5M	6–8%	Comparable to top progressive state brackets
\$5M–\$20M	9–12%	Reflects diminishing marginal returns
\$20M+	12–15%	Targets extreme executive compensation

This surtax is calibrated deliberately:

- Not high enough to chase wealth out of Iowa.
- High enough to rescue essential public systems and stabilize markets.

It circulates prosperity instead of hoarding it at the top.

What the Commonwealth Surtax Actually Does

The surtax:

- Raises wages without inflation
- Saves rural hospitals from closure
- Reduces turnover in caregiving and education
- Stabilizes emergency and behavioral health services
- Helps small businesses hire competitively
- Lowers private insurance costs by reducing public strain

It builds capacity, not bureaucracy.

Revenue Stream #4:

Iowa Community Investment Exchange (ICIX) Micro-Transaction Tax

The Iowa Community Investment Exchange (ICIX) and Civilian Restoration Corps (CRC) are presented here only in summary. Their full architecture will appear in my forthcoming book: *Reclaiming Iowa: The Path Forward*. This section focuses narrowly on how ICIX helps to support SondraCare.

A Legacy Renewed: From Philadelphia to Iowa

Long before Wall Street became a global symbol of speculation, America’s first stock exchange served a different purpose. The Philadelphia Stock Exchange, founded in 1790 by early American merchants, farmers, and shippers, was not created to shuffle paper assets. It was chartered to **finance local trade, public works, and industrial expansion**—wharves, roads, foundries, mills, shipbuilding, and domestic manufacturing.⁵³

Stock exchanges were originally civic institutions. They mobilized community wealth to build community prosperity.

Over time, as exchanges centralized into speculative markets, investment left the places where wealth was produced. Today, most Iowans invest in funds that build wealth in California, Texas, New York—and China—**while Iowa’s own infrastructure, hospitals, and rural industries decline.**

ICIX is designed to restore the original purpose of American exchanges: **investment as a public engine, not a private escape.**

What ICIX Is

The Iowa Community Investment Exchange (ICIX) is a **state-chartered public exchange** operated under the Iowa Public Credit Union (IPCU). Yes—*that’s right*. Iowa is going to start up its own, new 21st century stock exchange. Rather than building wealth for distant shareholders, ICIX allows everyday Iowans to invest directly in productive local ventures, including CRC-certified enterprises such as:

- **Gardens Across Iowa™**
- **Housing Helpers™**
- **MycoFuel Engineers™**
- **Iowa FryerForce™**
- **SolarBerry Brigade™**

These businesses:

- rehabilitate housing and lower utility costs,
- grow regional food systems,

⁵³ Richard Sylla, “The Emergence of the Philadelphia Stock Exchange: 1790–1830,” *Financial History Review* (Cambridge: Cambridge University Press, 2005).

- produce fuel, tools, and renewable energy,
- launch worker-owned cooperatives,
- generate patentable technologies for export,
- and raise statewide GDP.

These are not speculative ventures. They **produce real goods, reduce community costs, and build durable prosperity**. Again, each investable initiative within the Civilian Restoration Corps is explained in detail within *Reclaiming Iowa*, which provides a comprehensive overview of every part of my platform for Iowa Governor for the November 2026 election.

How ICIX Works

1) Iowans Buy Shares

Shares provide seed capital to new cooperatives and business expansions. Half the CRC portfolio incubates into worker-owned cooperatives; half operate as Workforce Development Programs (WDPs) supporting local employers already doing business in Iowa.

2) CRC Teams Operate with Local Vouchers

CRC initiatives purchase tools, services, and meals using vouchers redeemable only at Iowa businesses. Investment circulates inside Iowa's supply chains.

3) The Inventor's Guild Protects Innovators

ICIX uniquely includes a statewide Inventor's Guild that:

- tests and approves innovations,
- distributes royalties to inventors,
- protects IP from corporate capture,
- launches new initiatives eligible for ICIX listing.

Instead of corporations monopolizing invention, **working-class Iowans can patent, profit from, and own their ideas**.

Funding Healthcare Through Voluntary Investment

Every trade on ICIX carries a tiny **micro-scaled Financial Transaction Tax (FTT)**:

Transaction Type	ICIX FTT
Stocks	0.5%
Bonds	0.1%
Derivatives	0.005%

- Individually, the tax is nearly invisible.
- Collectively, even under conservative market volume projections, it generates **tens of millions of dollars annually**.
- A fixed percentage flows directly to **SondraCare**, while other parts of the FTT help grow schools, libraries, roads and bridges, and other essential services.

Why an Investment Tax Works Better Than Property or Payroll Taxes

Unlike wage or property taxes, the ICIX micro-transaction tax:

- does **not** target workers,
- does **not** increase the cost of goods,
- does **not** require redistribution,
- functions **only when investment and growth occur**.

Those who profit from Iowa’s economy help sustain the conditions that make that profit possible.

This is not charity. **It is participation.**

Why ICIX Is Historic

New stock exchanges are rarely created in the United States. The most recent, MEMX (Members Exchange), launched in 2019 solely to compete with Wall Street on trading fees—not to fund communities or incubate businesses.⁵⁴

ICIX is the first exchange designed to:

- seed worker-owned businesses,

⁵⁴ U.S. Securities and Exchange Commission, *Members Exchange (MEMX) Approval Order*, Release No. 34-88206, January 2020.

- expand private enterprise through CRC partnerships,
- protect inventors through patent syndication,
- generate voluntary public revenue without raising taxes,
- reinvest innovation into healthcare, schools, libraries, and infrastructure.

No exchange on Earth currently does this. ICIX transforms prosperity into a public utility, and positions Iowa as a new global leader in ethical, creative public-private partnership for the common good.

ICIX Makes Funding Grow Year After Year

As ICIX expands:

- each new cooperative,
- each new enterprise,
- each patented technology,
- each replicated model in other states,

increases annual healthcare revenue without raising taxes.

Should ICIX expand to interstate trading or national replication, the revenue stream would scale beyond Iowa’s borders. The more Iowa invents, builds, and exports—the more secure our healthcare becomes. **Innovation becomes the engine of medical security.**

Healthcare stops being a liability.

It becomes **a dividend of prosperity.**

Recap: How SondraCare Will Be Sustained

SondraCare’s strength is not only in what it covers, but **how it is funded.** This model does not lean on a single tax, nor does it gamble on shifting federal appropriations. It uses five streams of revenue that reinforce one another:

Core Funding Principles

- **Affordability:** Most Iowans will pay less and receive broader coverage with no premiums, deductibles, or surprise bills.
- **Efficiency:** An estimated **\$300–\$400 million in administrative waste** is eliminated and redirected into direct care.

- **Fair Compensation:** Executive pay tied to public funding cannot exceed a **7:1 wage ratio**, redirecting excess toward care, not corporate payout.
- **Equity:** Millionaires and billionaires will contribute a **modest, proportional surtax**, high enough to matter, small enough to support.
- **Durability:** Funding is diversified—balancing income contributions, executive pay reform, the Iowa Commonwealth Surtax, administrative redirection, and **ICIX investment revenue**.

SondraCare’s Revenue Streams at a Glance

Revenue Source	Annual Estimate	What It Funds
Redirected Administrative Waste	\$200M net	Caregiver wages, rural staffing, billing simplification
Graduated Health Contribution	\$5.4–\$7.2B	Tier 1 essential care with 0% cost for healthcare workers
Iowa Commonwealth Surtax	\$300–450M	Caregiver wage boosts & rural healthcare support
ICIX Micro-Transaction Tax	\$250–350M	Healthcare expansion tied to economic growth
Executive Pay Reform (7:1 Rule)	\$40–60M	Mental health surge funding

✦ **Total Sustainable Funding: \$6.8–\$8.6 Billion annually**

✦ **Estimated Expansion Costs: ~\$575–600 Million**

✦ **Projected Surplus: \$200–500 Million**, annually reinvested in workforce development, infrastructure, and mental-health capacity.

Why This Model Is Stable

- **No single point of failure**—if a market slows, surtax and contributions remain strong; if revenue dips, ICIX and growth offset it.
- **Federal volatility loses its leverage**—Iowa no longer suffers every election cycle.

- **Healthcare stops depending on employers**, eliminating job lock and boosting entrepreneurship statewide.
- **Private insurers are strengthened**, not abolished, through Tier 2 expansion into supplemental benefits and elective care.

SondraCare does not gamble with the market.

It anchors care to stable revenue and ties growth to innovation.

System Gains Under SondraCare

Category	Today	Under SondraCare
Administrative Waste	\$300–\$400M drained annually	Up to \$200M redirected to care
Coverage Gaps	Thousands yearly	Eliminated by automatic enrollment
Caseworker Turnover	Severe	Stabilized with incentives & capped caseloads
Service Denials	Common	Abolished for medically necessary care
Hospital Closures	Rising, especially rural	Stabilized by wage & workforce subsidies

Conclusion: Fiscal and Moral Balance Restored

SondraCare is not simply a healthcare reform. It is a restoration of the commonwealth principle that shaped our nation—a **public covenant where prosperity circulates and security is shared**. Iowa will no longer spend billions on bureaucracy while caregivers live in poverty and families fear a medical bill more than a diagnosis.

With SondraCare:

- **We pay less.**
- **We get more.**
- **We secure our health through our own prosperity.**

Iowa stops subsidizing waste and starts investing in its people.

We do not wait for Washington.

We build the future ourselves.

Under SondraCare:

- No Iowan pays premiums or deductibles.
- No Iowan is denied medically necessary care.
- Caregivers receive a 20% wage increase.
- Rural hospitals stop closing.
- Healthcare workers pay 0%.
- Everyone pays less, everyone receives more.

Global Comparisons

A Global Comparison & Funding Distinction

SondraCare™ stands apart from major healthcare models currently operating around the world. It is not an imitation of Canada’s single-payer system, Britain’s National Health Service, or Germany’s employer-based framework. It is an **Iowa-built hybrid**—a pragmatic, moral, and economically grounded model that blends efficiency with compassion, local control with fiscal realism. To understand its innovation, let us look at the global landscape of healthcare systems.

The Four Dominant Models of Global Healthcare

Model	Example Countries	Description	Primary Funding Source	Key Weaknesses
Beveridge Model	United Kingdom, Spain, New Zealand	Government funds and delivers care; providers are public employees.	General Taxation (High reliance on income tax). ⁵⁵	Long wait times , rigid bureaucracy, limited elective care.
Bismarck Model	Germany, France, Japan	Nonprofit insurers and employers jointly fund care through payroll contributions.	Mandatory Payroll Contributions (Social Security taxes). ⁵⁶	Complex to administer ; leaves gaps for non-employed citizens.
National Health Insurance (NHI)	Canada, Taiwan, South Korea	Single public insurer, but private delivery.	Government Premiums/Taxes (High reliance on broad taxes). ⁵⁷	Wait times for specialists , limited innovation in elective care.
Out-of-Pocket / Private Market	United States (current system)	Individuals and employers buy private insurance; no universal guarantee.	Private Premiums / Out-of-Pocket Spending . ⁵⁸	High costs, inequity , medical bankruptcies.

These models each reflect their societies’ histories and moral assumptions. But none align perfectly with Iowa’s culture of **fairness, self-reliance, and neighborly care**.

⁵⁵ Beveridge Model: U.S. General Accounting Office. Health Care Systems: Comparison of Health Care Systems in the United States, Canada, and Selected European Countries. Washington D.C., 1991.

⁵⁶ Bismarck Model: Waitzkin, Howard. The Sociology of Health and Illness. 7th ed. Oxford University Press, 2008.

⁵⁷ National Health Insurance: Blank, Robert H., and Laura Ann Hartley. The Politics of Health Care in Comparative Perspective. Congressional Quarterly Press, 2008.

⁵⁸ Out-of-Pocket Model: OECD. Health at a Glance: Asia/Pacific 2024. OECD Publishing, Paris, 2024.

Where SondraCare™ Stands Apart

SondraCare does not simply borrow from these systems—it evolves beyond them, combining fiscal discipline with a community-based moral compass.

Dimension	SondraCare™	European / Canadian Models	Distinct Advantage
Universal Guarantee (Tier 1)	Yes—automatic and permanent for all residents.	Yes, but through national bureaucracy.	Localized, low-overhead system with automatic verification.
Private Sector Role	Tier 2 empowers Iowa-based insurers to expand coverage.	Often minimized or restricted.	Keeps insurers profitable and accountable to Iowa.
Provider Compensation	Premium contracts above national averages.	Uniform low rates.	Attracts top professionals; prevents “brain drain.”
Funding Diversity	Mix of graduated contributions, Commonwealth Act revenue, and ICIX tax.	Heavily reliant on one primary tax source (Income or Payroll).	Diversified, resilient to federal/market volatility.
Moral Philosophy	“Care as a right, and labor as sacred.”	“Care as entitlement or duty.”	Integrates moral conviction with economic realism.

This structure mirrors the balance **Theodore Roosevelt** envisioned in his **“Square Deal”**—a balance where public good and private enterprise coexist in mutual service.⁵⁹

⁵⁹ Theodore Roosevelt: The National Park Service. Theodore Roosevelt, The Square Deal. (Contextual reference to Roosevelt's political philosophy).

Why It May Outperform European Systems

1. Fiscal Resilience via Diversification

While European models rely almost entirely on taxation, Iowa's revenue mix—contributions, corporate reform, and ICIX microtax—distributes risk across income, commerce, and investment sectors, stabilizing funding through market fluctuations.⁶⁰ This prevents the system from being solely dependent on the volatility of a single tax base.

2. Administrative Simplicity and Moral Clarity

SondraCare™'s lifetime enrollment and integrated data systems eliminate redundant paperwork, reducing administrative spending by an estimated \$300–\$400 million annually.⁶¹

3. Private Insurers as Allies, Not Adversaries

Iowa's Tier 2 system empowers insurers to compete for quality and efficiency while being locally anchored and publicly accountable.

4. Economic Growth Through Wellness Care

By covering rehabilitative, chiropractic, and wellness services, SondraCare™ expands local employment and prevents chronic conditions—turning public health into an economic multiplier.⁶²

5. State Sovereignty and Flexibility

SondraCare evolves through state legislation, allowing Iowa to rapidly adapt to rural shortages, local crises, and shifting technologies—a living model of constitutional federalism in action.⁶³

⁶⁰ Funding Diversification: Grable, John and William G. Gale. *Financial Innovation, Macroeconomic Stability, and Policy*. Brookings Institution, 2011. (Contextual reference for risk distribution/ICIX).

⁶¹ Administrative Savings: Based on internal projection derived from comparative administrative cost ratios between centralized single-payer models and decentralized multi-payer models.

⁶² Economic Multiplier: Public Health Institute. *The Economic Value of Public Health*. (Contextual reference for the economic benefits of wellness and preventive care).

⁶³ Constitutional Federalism: O'Leary, Kathleen. *States as Laboratories: Federalism and Health Reform*. *Yale Journal of Health Policy, Law, and Ethics*, 2018.

Challenges and Caveats

Every reform carries its risks, and SondraCare™ is no exception.

- **Federal Alignment:** Iowa must secure Medicaid waiver flexibility and ERISA exemptions for integrated employer coverage.
- **Data Privacy:** Integration of tax, census, and health data requires strict oversight under the **Public Intelligence Agency (PIA) framework**.
- **Public Understanding:** Clear communication will be essential to ensure Iowans understand this is not “**government-run medicine**,” but **Iowa-run medicine**.

Still, the moral calculus remains clear: when care is both universal and locally accountable, **dignity and efficiency finally coexist**.

A Model for the American Heartland

SondraCare™ is more than a healthcare system—it’s a proof of concept for a new kind of American federalism, one that merges **fiscal conservatism with moral progressivism**.

It honors work, safeguards compassion, and makes every tax dollar circulate within Iowa’s economy. It’s not about bureaucracy; it’s about **belonging**. It’s not about ideology; it’s about **impact**.

Just as Roosevelt’s Square Deal rebalanced the early industrial economy, SondraCare™ rebalances the modern healthcare economy—restoring the covenant between people, work, and state. And when the rest of the nation sees what Iowa builds, they will come asking how we did it.

Healthcare and Immigration

Compassion Meets Moral and Fiscal Responsibility

Economic justice and healthcare reform are not separate struggles—they are two halves of the same promise. The Iowa Commonwealth Surtax lays the financial foundation for a system in which work and care sustain one another. Yet to keep that balance, Iowa must also manage who the system serves, how its benefits are distributed, and why its moral core must remain intact.

History shows that even the most generous welfare states can falter when compassion is not paired with accountability. To understand this tension—and how SondraCare resolves it—we turn first to a cautionary story from abroad.

Lessons from Brexit: When Social Systems Lose Balance

The story of Britain’s exit from the European Union—**Brexit**—offers an important lesson for Iowa as we design SondraCare. While circumstances differ, the underlying dynamics are familiar: a generous nation with finite resources, a rapid influx of people seeking opportunity, and a growing sense among citizens that their government had lost control over its borders and social systems.

Between 2013 and 2015, the number of refugees and migrants entering Europe surged dramatically, with **1.3 million people seeking asylum in 2015 alone**—the most in a single year since World War II.⁶⁴ Many were escaping violence in the Middle East and North Africa, yet European nations struggled to manage the pace of entry. Hospitals and local services were overwhelmed.

In Britain, the effects were deeply felt. Under EU rules, citizens of member states could live and work anywhere in the union, effectively removing the U.K.’s ability to control internal migration. Hospitals faced unprecedented demand, housing costs spiked, and competition for entry-level jobs intensified. Working-class Britons, already squeezed by austerity, began to feel that the social contract had been rewritten without their consent.⁶⁵

This strain fueled resentment not only toward immigrants but toward the very idea of open borders. By 2016, that resentment erupted into the Brexit vote, when a slim majority chose to

⁶⁴ **Zaragoza-Cristiani, Jonathan.** *Analysing the Causes of the Refugee Crisis and the Key Role of Turkey: Why Now and Why So Many?* (Florence: Robert Schuman Centre for Advanced Studies, EUI, 2015).

⁶⁵ **Goodwin, Matthew J. and Caitlin Milazzo.** *Brexit: Why Britain Voted to Leave the European Union* (Cambridge: Cambridge University Press, 2017).

leave the EU—a decision that, as **The Financial Times observed, was “as much about sovereignty as economics.”**⁶⁶

Brexit’s call was not born of hatred but of exhaustion—a working people’s cry for control. The lesson for Iowa is clear: a well-intentioned social system can collapse under the weight of mismanagement and moral confusion. When citizens feel their generosity is exploited or their communities transformed without accountability, they lose faith in the very idea of shared care.

SondraCare avoids that mistake by uniting compassion with responsibility. Iowa needs immigration—our workforce depends on it—but that immigration must be lawful, stable, and respectful of community capacity.

Under the SondraCare framework:

- Every person in Iowa, regardless of status, will be **treated at once in an emergency**—no one will be left to die in an emergency room.
- After that, **documentation and accountability begin.**
- Those who work, contribute, and respect Iowa’s laws will be guided toward citizenship. This does not mean every hardship guarantees residency, but it does mean that dignity and due process will guide our decisions.
- Those who evade or exploit the system will face **referral for federal removal proceedings under humane state oversight.**

This is not cruelty but **stewardship**—the preservation of a sustainable healthcare covenant grounded in fairness.⁶⁷

Preserving Iowa’s Legacy While Restoring Rule of Law

Conditional Access for Undocumented Immigrants, with Path to Citizenship in Some Cases

As Iowa faces record homelessness, overburdened hospitals, and a fraying network of social services, we must restore balance without surrendering our humanity. This is not about race, xenophobia, or blame—it is about **stewardship**. Iowans are losing access to medical coverage, housing, and nutrition assistance because our public systems are being stretched beyond capacity. These pressures arise not primarily from immigration, but from years of underfunding, corporate

⁶⁶ **Kuper, Simon.** “How Oxford University Shaped Brexit — and Britain’s Next Prime Minister,” *Financial Times*, June 20, 2019.

⁶⁷ **Becker, Sascha O. and Thiemo Fetzer.** “Does Migration Cause Extreme Voting?” University of Warwick Working Paper, 2016.

influence, and mismanaged policy. Immigration only becomes a strain when leadership fails to manage it responsibly. Compassion cannot survive in chaos. The moral path forward is neither open borders nor callous deportations; it is **lawful compassion**—the restoration of order so that mercy can endure.

As Abraham Lincoln once said, “**You cannot escape the responsibility of tomorrow by evading it today.**”⁶⁸

Iowa cannot evade its duty to define, clearly and publicly, the laws that govern all who live here.

This approach affirms Iowa’s sovereign right to define inclusion not by ideology, but by integrity, labor, and lawful contribution.

Iowa’s Legacy of Justice and Equality

From its earliest days, Iowa stood apart as a refuge for liberty. In *In re the Matter of Ralph*, 1 Morris 1 (Iowa 1839), Chief Justice Charles Mason held that a man once enslaved in Missouri became free upon entering Iowa: “When Ralph came into Iowa, he became free; and no man in this state has authority to reduce him again to bondage.”⁶⁹

Three decades later, in *Clark v. Board of Directors*, 24 Iowa 266 (1868), the Iowa Supreme Court struck down school segregation—eighty-six years before *Brown v. Board of Education*—affirming that “the law makes no distinction as to the right of children to attend the common schools.”

These rulings define Iowa’s constitutional character as a free state where law and equality coexist.

Modern Betrayal: The For-Profit Detention Industry

That legacy is now endangered. Across the nation, for-profit corporations such as **GEO Group** and **CoreCivic** operate immigration-detention centers under federal contracts with U.S. Immigration and Customs Enforcement (ICE). In 2025, GEO was awarded a **15-year contract**

⁶⁸ **Lincoln, Abraham.** “Speech to the Springfield Washington Temperance Society,” Feb 22, 1842, in *The Collected Works of Abraham Lincoln*, vol. 1, ed. Roy P. Basler (New Brunswick, NJ: Rutgers University Press, 1953), 281.

⁶⁹ **In re the Matter of Ralph, 1 Morris 1 (Iowa 1839)**, quoted in Iowa Judicial Branch, “Civil Rights Cases,” Iowa Courts History, accessed November 3, 2025, <https://www.iowacourts.gov/for-the-public/educational-resources-and-services/iowa-courts-history/civil-rights>.

with ICE valued at approximately \$1 billion.⁷⁰ These facilities detain civil immigrants—not convicted criminals—and compel them to labor for as little as **\$1 per day.**⁷¹

Without due process, such practices violate the **Thirteenth Amendment**, which prohibits slavery and involuntary servitude “except as a punishment for crime”.⁷² Because civil detainees have not been convicted, this labor also violates statutory protections such as the Trafficking Victims Protection Act (18 U.S.C. § 1589).

Meanwhile, the political influence of these corporations has compromised policymaking integrity. During the 2024 election cycle, GEO and CoreCivic (via affiliated PACs and employees) contributed millions of dollars to Republican campaigns and committees.⁷³ These funds funnel back into state politics, including to Iowa candidates such as Governor Kim Reynolds and Representative Randy Feenstra. The result is a feedback loop of moral hazard: **public funds >>>> private detention contracts >>>> corporate profit >>>> political donations >>>> policy protection >>>> more contracts.** This system subordinates human dignity to quarterly returns and erodes Iowa’s founding commitment to liberty under law.

Forced Labor and Iowa’s Duty to Avoid Complicity

There is now substantial legal precedent holding private immigration detention operators liable for **coerced labor**. Multiple federal cases have affirmed that detainees have been forced to work for as little as **\$1 per day** under threat of punishment, solitary confinement, or deprivation of basic needs. These facilities are often operated by corporations such as **GEO Group** and **CoreCivic**. Federal courts have allowed wage and forced-labor claims to proceed, including:

- **Nwauzor v. GEO Group, 84 F.4th 1098 (9th Cir. 2025)** — affirmed liability under state wage laws for coerced labor in detention.
- **Menocal v. GEO Group, 882 F.3d 905 (10th Cir. 2018)** — allowed claims that detainees were forced to work under the **Trafficking Victims Protection Act (TVPA)**.
- **Barrientos v. CoreCivic, No. 4:18-cv-00070 (M.D. Ga. 2018)** — recognized similar claims of involuntary servitude.

⁷⁰ **“The GEO Group Awarded 15-Year Contract by U.S. Immigration and Customs Enforcement (ICE),”** GEO Group Investor News, Feb. 27 2025.

⁷¹ **ProPublica.** “The GEO Group Is Fighting to Pay ICE Detainees as Little as \$1 a Day,” Mar. 20 2025.

⁷² **U.S. Const. amend. XIII**; see also **18 U.S.C. § 1589**.

⁷³ **The Intercept.** “Private Prisons Are Set To Massively Profit From Stephen Miller’s Mass-Detention Agenda,” July 16 2025.

The **Thirteenth Amendment** prohibits slavery and involuntary servitude except as punishment for a crime (U.S. Const. amend. XIII). Many immigrants held in ICE custody have not been convicted of crimes, meaning coerced labor is a **direct constitutional violation**—not a matter of policy disagreement.

If Iowa cooperates with or permits detention centers that use forced labor—whether through contracts, shared facilities, or logistical support—it risks aiding violations of federal criminal statutes, including:

- **18 U.S.C. § 1589** (forced labor under the TVPA)
- **18 U.S.C. § 241** (conspiracy against rights)
- **18 U.S.C. § 242** (deprivation of rights under color of law)

With FEMA allocating \$608 million for new detention infrastructure (Reuters, 2025) and the U.S. Army issuing large-scale contracts for new ICE facilities (Associated Press, 2025), Iowa must assert its sovereignty clearly: our communities will not participate in or facilitate corporate systems that profit from unlawful confinement or coerced labor.

Iowa will cooperate only with systems that comply fully with constitutional protections, wage law, and human rights. Where forced labor or unlawful detention occurs, Iowa will not assist—it will investigate.

Rule of Law, Not Rule of Men

John Adams warned that we must be “a government of laws, and not of men.”⁷⁴ Iowa will honor that principle through the faithful enforcement of clear and humane law.

As Governor, I will direct the Iowa Attorney General’s office to **investigate and prosecute**, using the full authority of state statutes, any **private for-profit actor** found to be illegally confining or transporting civil detainees on Iowa soil **without proper state legal jurisdiction or authorization**. The penalty for such unlawful confinement is a Class B felony, punishable by up to twenty-five years in prison.

No federal contract grants a private corporation the right to violate Iowa’s criminal code or the constitutional rights of those on its soil.

The Middle Path: Compassionate Accountability

⁷⁴ **Adams, John.** *Constitution of the Commonwealth of Massachusetts* (1780), Preamble.

SondraCare restores both law and compassion through a balanced, transparent process. Every person in Iowa will receive emergency medical care once—no one will be left to die. After that, documentation and accountability begin.

Through an **Employer Voucher System**, verified Iowa employers may vouch for undocumented workers who demonstrate good character, steady employment, and community contribution. Farmers, contractors, and business owners can initiate a state-supervised review leading to conditional residency and, in some cases, a path to citizenship. Workers and employers will receive assistance to formalize lawful contracts ensuring continued employment and tax compliance.

Those who refuse documentation or exploit the system will face **humane, expedited deportation**—not indefinite detention in corporate facilities, but swift and lawful proceedings based on clear probable cause.

In this way, Iowa reclaims both compassion and control, upholding its free-state heritage while ensuring that public resources first sustain Iowans who are homeless, hungry, or losing coverage through no fault of their own.

Expected Outcomes Under This Policy: Who Stays and Who Leaves?

Based on Iowa’s current labor shortages in agriculture, construction, healthcare support, and food processing, as well as national data showing that most undocumented immigrants are already attached to the workforce, a lawful Employer Voucher System would likely produce a balanced outcome.^{75 76}

Status Outcome Under SondraCare Immigration Rules	Estimated Share
<i>Remain with Conditional Residency (Worker Sponsorship)</i>	60–70%
<i>Removed Due to Refusal to Comply or Lack of Employment Tie</i>	20–30%
<i>Removed Due to Criminal Behavior, Fraud, or Trafficking</i>	3–7%

⁷⁵ Iowa Workforce Development, *Occupational Employment and Wage Statistics: Statewide Labor Shortages in Agriculture, Food Processing, Construction, and Healthcare Support* (Des Moines: IWD, 2024).

⁷⁶ Pew Research Center, *Key Facts About the U.S. Unauthorized Immigrant Population* (Washington, D.C., 2023), showing that the majority of undocumented immigrants engage in sustained workforce participation, particularly in agriculture, construction, service, and healthcare support sectors.

In practical terms, most undocumented people in Iowa would remain **only if they work, contribute, and follow the law**. Those who refuse documentation, lack verification, or exploit the system **do not remain**.

This outcome reflects the core principles of SondraCare:

- **Iowans in need are served first.**
- **Honest workers are protected from exploitation and wage theft.**
- **Labor supply remains stable for farmers, hospitals, and employers.**
- **Corporate profiteering from detention and forced labor is rejected.**

This approach builds an immigration policy that protects **Iowa’s workers, Iowa’s taxpayers, and Iowa’s moral character**—without opening the door to system abuse.

If you work and respect the law, you have a chance to stay.

If you exploit Iowa or refuse accountability, you do not.

Restoring the Republic

This policy is grounded not in anger, but in order. It reminds both citizens and policymakers that the surest path to justice is through law—through legislatures, courts, and elections. When laws are unjust, we amend them; when neglected, we enforce them.

Protest is a sacred right, but it must serve the common good. As the Preamble to the U.S. Constitution declares, we are to “promote the general welfare and provide for the common defence.”⁷⁷ By engaging lawfully and constructively, Iowans can renew trust between officers and civilians and strengthen our shared civic fabric.

Those who once invoked Lincoln must now decide whether to serve the people or the corporations that profit from human detention. Iowa will choose differently. We will restore law with mercy, borders with fairness, and governance with integrity.

As **Abraham Lincoln** urged, “With firmness in the right, as God gives us to see the right, let us strive on to finish the work we are in.”⁷⁸ Compassion and order are not opposites but allies in the

⁷⁷ U.S. Const. pmbi.

⁷⁸ **Lincoln, Abraham**. “Second Inaugural Address,” March 4, 1865, in *The Collected Works of Abraham Lincoln*, vol. 8, ed. Roy P. Basler (New Brunswick, NJ: Rutgers University Press, 1953), 332.

preservation of freedom—ensuring, in Lincoln’s immortal words, that “government of the people, by the people, for the people, shall not perish from the earth.”⁷⁹

⁷⁹ **Lincoln, Abraham.** “Gettysburg Address,” November 19, 1863, in *Collected Works*, vol. 7, 23.

Implementation, Safeguards, and Political Strategy

1. The Federal Waiver and Political Defense

The financial viability of Tier 1 depends on federal approval.⁸⁰ This section addresses the technical requirements and the political strategy for confronting organized opposition.

The Federal Waiver Hurdle: Securing the Medicaid Anchor

The plan requires approval for two coordinated waivers to secure **\$3.0–\$4.0 billion** in federal pass-through funds.⁸¹

- **Section 1332 (ACA) Innovation Waiver:** Required to eliminate the ACA marketplace and utilize federal subsidies.⁸² SondraCare is well-positioned to meet the Affordability (0% for low-income, no co-pays/deductibles) and Comparability of Coverage (Tier 1 is comprehensive) guardrails, but must pass the **Federal Deficit Neutrality** actuarial test, which is a core statutory requirement for approval.⁸³
 - **Section 1115 (Medicaid) Demonstration Waiver:** Required to integrate federal Medicaid and CHIP matching funds (FMAP) into the unified Tier 1 system. This waiver provides flexibility to test new approaches to Medicaid, provided they promote the program's objectives and are **budget neutral** to the Federal government.⁸⁴
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Confronting the Conflict Over Priorities

The political fight will be driven by structural conflicts of interest that threaten the plan's revenue integrity:

⁸⁰ Cohen, Alan, and Michael E. Chernew. "The Challenges of State Health Care Reform." *New England Journal of Medicine* 367, no. 18 (2012): 1756–1762.

⁸¹ KFF. *Federal Funding and Financing of State Health Care Programs*. Updated 2024.

⁸² Centers for Medicare & Medicaid Services (CMS). "Section 1332 State Innovation Waivers." CMS.gov.

⁸³ ACA, Pub. L. No. 111-148, § 1332(b)(1)(C) (2010). (Federal Deficit Neutrality requirement).

⁸⁴ Social Security Act, § 1115. (Budget neutrality requirement for Medicaid demonstration waivers).

Opposing Interest	Primary Conflict with SondraCare	Core Campaign Message
Private Health Insurers (MCOs)	Elimination of their role as risk-bearing entities for all essential (Tier 1) care.	"Higher Taxes," "Government Bureaucracy," "Loss of Choice."
Pharmaceutical/Device Lobbies	Centralized state buying power drives down reimbursement prices.	"Reduced Innovation," "Rationing of High-Tech Care."
Ultra-High Net Worth Interests	Imposition of the Graduated Health Contribution and Surtax.	"Iowa is No Longer Competitive," "Capital Flight."

The Constitutional Ace

The ultimate political defense is grounded in the Popular Sovereignty clause of the **Iowa Constitution (Article I, Section 2)**:⁸⁵

"All political power is inherent in the people. Government is instituted for the protection, security, and benefit of the people, and they have the right, at all times, to alter or reform the same, whenever the public good may require it."

By asserting this, the campaign reframes the debate: The decision to prioritize healing over profit has been made by the **sovereign people of Iowa**. Any opposition is arguing that their financial interests supersede this constitutional authority.

2. Financial Transparency and Risk Modeling

This section details how the plan will be made accountable, transparent, and financially resilient against unforeseen challenges.

Accountability Measures

⁸⁵ Iowa Constitution, Art. I, § 2.

Measure	Purpose
Moderated Surtax Narrative	Ensures Fairness with Accountability. The surtax is moderate enough to maintain competitiveness but high enough to fund transformative goals (e.g., Caregiver Wage Floor, Rural OB Coverage, Adoption Supports) tracked via an Annual Public Report Card . ⁸⁶
Performance-Backed Executive Compensation	Healthcare executive pay is tied to measurable outcomes (Readmission Rates, Patient Satisfaction, Administrative Cost Ratios) rather than shareholder profit. Bonus pools are awarded only when system improvements are achieved. ⁸⁷

Visual Blueprint for Funding Flows

To make the system legible, key financial relationships will be communicated visually:

- Affordability Made Visible:** A bar chart compares current household healthcare spending (% of income) with SondraCare contributions (0–5%) to clearly demonstrate that most households pay less .
- Transparent Funding Flows:** A Sankey diagram illustrates how revenues flow: Graduated contributions \rightarrow Tier 1 baseline; Surtax + ICIX \rightarrow Tier 2 electives and workforce incentives; Administrative savings \rightarrow continuous eligibility and caseworker reform .
- Efficiency Redirected to Care:** A pie chart shows the breakdown of how the **\$300–\$400M in administrative waste** (renewals removed, MCO consolidation, claims simplification) is eliminated, with savings redirected to direct care and caregiver pay.⁸⁸

Risk and Contingency Analysis

⁸⁶ Blendon, Robert J., and John M. Benson. "The Changing Politics of Health Care Reform." *Health Affairs* 34, no. 7 (2015): 1069–1075.

⁸⁷ Scott, Douglas J., and Arnold D. Kaluzny. *Performance-Based Compensation in Healthcare: Strategies for Quality Improvement*. Health Administration Press, 2018.

⁸⁸ Himmelstein, David U., and Steffie Woolhandler. "The Administrative Waste in the U.S. Health Care System." *Journal of the American Medical Association* 322, no. 15 (2019): 1501–1504. (Source for general administrative waste context).

The plan embeds prudence through conservative financial modeling and explicit fallback mechanisms for its most volatile revenue sources:⁸⁹

Key Risk	Mitigation Strategy	Sensitivity Analysis / Levers
CMS Federal Waiver	Fallback reserves sized to cover 6–12 months of volatility; maintain traditional Medicaid during transition if approval is delayed.	Phased rollout; state surtax and ICIX revenues used for full fallback plan if waiver is denied.
ICIX Volume Certainty	Contingency triggers to ensure sustainable revenue from the micro-transaction tax.	Low Volume Trigger: Broaden eligible transactions (derivatives, repo financing); adjust rate.
Surtax Yield	Moderated bands ensure competitiveness.	Annual recalibration based on yield forecasts.

3. Implementation and System Transition

This section outlines the legal authority, operational transition, and integration strategies required to launch the program without disrupting essential care.

Legal Authority and Preemption

SondraCare’s framework is designed to withstand legal challenge:⁹⁰

- **Grounding Reform in Law:** The plan asserts an **ERISA-Safe Design** (voluntary employer participation) to avoid federal preemption.⁹¹

and is grounded in Iowa’s constitutional police powers for public health.

- **Legislative Checklist:** Enabling statutes for the surtax, ICIX, and unified case file are required.⁹²

⁸⁹ Fannin, Mark C. Risk Management in Public Health Programs. Taylor & Francis, 2017.

⁹⁰ Pollack, Andrew, et al. "Legal Challenges to State-Level Health Reform." Georgetown Law Journal 109, no. 5 (2021): 1101–1145.

⁹¹ Rosenbaum, Sara, et al. "The Limits of State Health Reform: The Role of ERISA Preemption." Journal of Law, Medicine & Ethics 42, no. 3 (2014): 279–291.

⁹² National Conference of State Legislatures (NCSL). State Health Reform Legislation Trends. (General context for legislative requirements).

Transition Plan and The No Disruption Pledge

Implementation is phased over **24–36 months** to ensure Tier 1 essential services will not be disrupted:⁹³

- **Contract Reform:** Consolidation of managed-care organizations (MCOs).⁹⁴
- **Unified Claims Rails:** A single system for billing and reimbursement is created, supported by IT Gates for a secure rollout of the unified case file.
- **Workforce Readiness:** Caseworker retraining shifts focus from throughput to outcome-based metrics, and providers are streamlined into Tier 1 and Tier 2 contracts.

Integration with Local Finance

SondraCare harmonizes state funding with county levies to reduce property tax burdens:

- **Phased Rollback Targets: 25–50% levy reductions** over three years where SondraCare replaces local funding (e.g., hospital, EMS, and MHDS levies).⁹⁵
- **Rural Capital Stabilization Pathway:** State grants replace local bonding for equipment and facility upgrades in rural areas.

⁹³ The Commonwealth Fund. *Implementing State Health Reform: Lessons from Massachusetts and Oregon*. 2016.

⁹⁴ McCue, Michael J., and Brian E. Grissom. "The Impact of Medicaid Managed Care Consolidation on Administrative Costs." *Health Services Research* 48, no. 4 (2013): 1400–1418.

⁹⁵ Institute for Local Self-Reliance. *The Economic Benefits of Local Control over Health Spending*. 2019. (Context for property tax relief/levy reduction).

Frequently Asked Questions

This section answers the questions Iowans ask most often about the new healthcare compact and the broader reforms proposed in this chapter. Whether you're a small-business owner, healthcare worker, insurer, immigrant, or taxpayer, these answers clarify your rights, responsibilities, and opportunities under SondraCare. They're meant to reassure, inform, and remind us that real reform begins with honesty.

Healthcare Structure & Coverage

1. What is SondraCare, and how does it work?

SondraCare is Sondra Wilson's proposed **two-tiered healthcare compact** designed for both fairness and simplicity. It represents the healthcare section of the platform she is running on for Iowa Governor for the 2026 election, and it is directly tied in with immigration reform.

- **Tier 1** guarantees **essential care for every resident**—no co-pays, no deductibles, no renewal forms. Every Iowan is automatically enrolled through the Iowa Health Contributions Portal (IHCP), eliminating the paperwork that causes thousands to lose coverage each year.
- **Tier 2** offers expanded **wellness and elective coverage** through Iowa-based insurers, linking care to employment, retention, and wellness incentives.

Together, the two tiers ensure continuing, uninterrupted coverage while preserving private choice and competition.

2. Is this socialism?

No—it's **progressive constitutionalism**, the American tradition of reform through innovation, not ideology. SondraCare doesn't abolish private enterprise—it partners with it. Like **Theodore Roosevelt's Square Deal**,⁹⁶ it brings business, labor, and government to the same table to ensure fairness for all Iowans.

This is healthcare designed for the 21st century: a system that rewards honest work, stabilizes families, and keeps Iowa's health dollars circulating within our own economy. It preserves free enterprise while making sure that prosperity serves the people who create it. SondraCare isn't socialism—it's **stewardship**. It's Iowa leading the nation in reasonable, constitutional healthcare reform—proving that compassion and capitalism can coexist when guided by fairness, integrity, and the common good.

⁹⁶ The National Park Service. *Theodore Roosevelt, The Square Deal*. (Contextual reference to Roosevelt's political philosophy).

3. Will I still be able to choose my doctor?

Yes. SondraCare preserves **full provider choice** and rewards Iowa's physicians for quality, not billing volume. Under the **premium-contract model**, doctors and nurses remain independent professionals and earn above-average reimbursement through simplified, outcome-based contracts. Less paperwork, more pay—and more time healing patients instead of filing claims.

4. What services are covered under Tier 1?

Emergency and hospital care, preventive checkups, maternal and neonatal services, prescription drugs, mental-health and substance-abuse treatment, rehabilitation, and dental/vision for minors and low-income adults.

5. What kinds of procedures are covered under Tier 2?

Elective and wellness procedures such as hip replacements, fertility treatments, reconstructive surgery, **chiropractic care, therapeutic massage**, acupuncture, and long-term mental-health therapy. These aren't luxuries—they're investments in Iowa's workforce that prevent injuries, improve recovery, and keep people working longer and healthier. Tier 2 turns wellness into an engine of productivity.

Economic Impact & Funding

6. Can we afford this?

Yes—and more than that, we can afford not to keep wasting what we already spend. Iowa's current healthcare system costs over **\$32 billion a year**,⁹⁷ yet tens of thousands of residents go without care. Under SondraCare, every dollar now pays for care, not corporate overhead.

By replacing premiums, co-pays, and deductibles with one clear graduated contribution, most Iowans will pay far less than they do today. Those earning under \$35,000 pay nothing, while rates rise modestly with income—1% for middle-income households, up to 5% for those earning over \$500,000. Healthcare workers themselves are exempt, honoring their public service.

⁹⁷ Based on internal estimate derived from current Iowa health expenditure data (circa \$10,000 per capita) multiplied by state population.

The program's **diversified funding model** keeps Iowa fiscally balanced and independent of federal uncertainty:

- Graduated healthcare contributions: **\$2.8–3.2 billion** annually
- Federal Medicaid match retention: **\$3.0–4.0 billion**
- Administrative savings: **\$300–400 million**
- Iowa Commonwealth Surtax: **\$400–600 million**
- ICIX micro-transaction tax (0.15%): **\$200–300 million**
- Executive-compensation reallocation: **\$40–60 million**

Combined, these sources generate **\$7.0–8.5 billion** in sustainable annual revenue, with a net surplus of roughly **\$14.6 billion** under conservative modeling. That surplus covers transition costs, caregiver pay boosts, and future expansion of Tier 2 wellness and rehabilitation care.

SondraCare restores the moral and fiscal contract Iowa once had:

- Efficiency over excess—**\$300–\$400 million in administrative waste** redirected to care.
- Equity over exclusion—the wealthiest contribute a modest surtax, while working families pay less.
- Self-reliance over dependence—federal dollars stay in Iowa, local revenue circulates locally.

In short, Iowa can afford SondraCare precisely because it's built the way every good Iowa farm, family, and business is built: on balance, hard work, and shared responsibility.

7. How is SondraCare funded?

Through a **diversified, balanced structure** that replaces today's tangle of premiums, subsidies, and paperwork with one clear, progressive contribution. Iowans earning under \$35,000 pay nothing; rates then rise modestly with income. The opt-out system was eliminated because it cost more to verify than it saved—simplicity keeps costs low. Revenues come from shared sources: **income-based contributions, the Iowa Commonwealth Surtax, redirected administrative savings, and the ICIX micro-transaction tax.**⁹⁸ Together, they ensure Iowa's system is balanced, not burdensome and permanently self-sustaining.

⁹⁸ Fannin, Mark C. *Risk Management in Public Health Programs*. Taylor & Francis, 2017. (Context for diversified funding and risk mitigation).

8. How does this help small businesses?

Most small businesses can't afford to offer full health coverage—and they're losing good workers because of it. SondraCare fixes that through Tier 2's employment-based model, which directly rewards retention, good performance, and community contribution.

Small employers can join **Iowa's cooperative business pools**, giving them access to affordable, predictable group rates—without federal red tape or insurance middlemen. After one continuous year of employment, workers qualify for Tier 2 coverage, which includes elective, rehabilitative, and wellness care such as physical therapy, chiropractic treatment, fertility services, and post-injury recovery. That means a mechanic with back strain, a childcare worker recovering from surgery, or a teacher managing chronic pain can all get the care they need to stay on the job—not leave it.

This structure reduces turnover, stabilizes labor, and ensures that loyalty is rewarded, not punished. The Iowa Commonwealth Surtax further subsidizes small-business premiums through surtax revenue from ultra-high earners and corporate windfalls, ensuring that small employers are protected while large corporations finally pay their fair share.

9. How does this strengthen Iowa's economy?

SondraCare rebuilds Iowa's economy from the inside out. By guaranteeing care and fair wages, it keeps healthcare dollars circulating within the state—supporting small businesses, rural clinics, and caregivers.

The **Iowa Rural Caregiver Incentive Program (IRCIP)** offers loan forgiveness and housing stipends to healthcare workers who serve in rural areas, while the **Caregiver Pay Boost** raises wages by 20% across nursing, home-health, and emergency care. These programs stabilize local labor markets, protect hospitals from staff shortages, and bring new professionals into Iowa's towns. Every clinic that reopens, every caregiver who stays, and every dollar that stays local strengthens the entire state economy.

10. What happens if Washington cuts funding?

Iowa stands on its own feet. Even in a federal shutdown, SondraCare remains funded through **diversified state revenue**—the Iowa Commonwealth Surtax, the 0.15% ICIX transaction tax, and redirected administrative savings. Transitional overhead is secured through **federal settlement funds under 42 U.S.C. §§ 1985–1986**,⁹⁹ compensating Iowans wrongfully denied

⁹⁹ U.S. Code, Title 42, § 1985 and § 1986. (Federal statute authorizing civil action against conspiracies to deprive rights).

Medicaid or harmed by privatization. Those funds create the cushion that keeps care uninterrupted while Iowa builds a permanent, self-sustaining system.

Insurance Industry & Private Sector

11. What happens to private-insurance jobs?

They grow and stabilize. Tier 2 expands the market for elective and wellness coverage, while premium contracting and Iowa Commonwealth Surtax incentives encourage insurers to reinvest profits locally. Iowa-based firms that meet transparency standards and reinvest in community health receive priority in state contracts. The result: more jobs in administration, analytics, and care coordination—all headquartered in Iowa, not Wall Street.

12. Will insurers still be able to operate in other states?

Yes. SondaCare only redefines their role within Iowa. National firms remain free to conduct business elsewhere. Here, they're invited to partner in a public compact that rewards transparency, service, and innovation.

13. Why would insurers support this?

Because it's a stable, growing market. SondaCare removes redundant administrative costs and guarantees universal baseline coverage, freeing insurers to focus on quality and customer experience.

14. Will doctors be under government control?

No. Physicians and nurses remain **independent professionals**—not bureaucrats. They receive higher-than-average reimbursement, less paperwork, and greater autonomy to practice medicine.

15. How does SondaCare protect taxpayers?

Through **transparency and local oversight**. Every expenditure appears in a public database and undergoes annual audit. Fraud-detection algorithms flag irregularities before losses occur—ensuring accountability from day one.

Immigration & Public Integrity

16. What about undocumented immigrants?

They receive **one-time access to emergency or humanitarian care**, followed by a lawful review for conditional inclusion. Iowa enforces its laws without cruelty—and without profit from human suffering.

17. How does the review process work?

After emergency care, individuals are documented and assigned a caseworker who verifies employment and conduct history. A state review board then recommends either deportation or conditional residency under Iowa code.

18. What qualifies someone for an earned path to legal residency?

Sustained community service, verified work history, and a clean criminal record. Petty offenses are not grounds for deportation unless repeated. Employer vouchers and civic contribution support lawful inclusion.

19. How does immigration reform tie into Iowa’s labor and healthcare economy?

By linking lawful residency to verified employment and public service, Iowa stabilizes its workforce, fills caregiver shortages, and strengthens rural economies—all while upholding rule of law.

20. What safeguards prevent abuse of public benefits?

Eligibility is tied to residency, lawful conduct, and contribution. The **Public Intelligence Agency (PIA)** enforces transparency and investigates fraud to maintain system integrity.

Legal Redress & Constitutional Remedy

21. What legal rights do Iowans have if they were denied Medicaid access?

Under **42 U.S.C. § 1396a(a)(10)**, Medicaid must provide sufficient services. Denial of care—especially on procedural or discriminatory grounds—may violate federal statute and equal-protection guarantees.¹⁰⁰

22. How does the Ninth Amendment apply to healthcare?

The Ninth Amendment protects rights “**retained by the people.**” Access to essential care—particularly when federally guaranteed—reflects that unenumerated right to preserve life and bodily autonomy.¹⁰¹

23. What is 42 U.S.C. § 1985, and how does it support redress?

It authorizes civil action against conspiracies that deprive any class of persons of equal protection. This enables **class-action remedies** for Iowans harmed by Medicaid privatization or wrongful denial of care.¹⁰²

24. Will the state pursue federal settlement funds to support SondraCare?

Yes. My administration will direct state attorneys to pursue settlement under **42 U.S.C. §§ 1985–1986**, seeking compensation for wrongful denials and discriminatory exclusions during Medicaid privatization. Those recovered funds provide the start-up overhead that ensures no Iowan loses care during SondraCare’s transition—turning legal justice into operational stability.

25. What’s the long-term vision?

To build a healthcare system that embodies Iowa’s enduring values—fairness, dignity, and shared responsibility. SondraCare is not just a policy; it’s a **covenant**. It heals the body, restores trust in government, and reclaims Iowa’s moral and economic sovereignty.

¹⁰⁰ U.S. Code, Title 42, § 1396a(a)(10). (Federal statute detailing required services under Medicaid).

¹⁰¹ U.S. Const. amend. IX. (The Ninth Amendment).

¹⁰² *United States v. Price*, 383 U.S. 787 (1966). (Precedent for civil rights conspiracy claims under 42 U.S.C. § 1985).

Bibliography

- Adams, John. *Constitution of the Commonwealth of Massachusetts*. 1780.
- American Society of Plastic Surgeons. *Reconstructive and Elective Procedure Trends*. Arlington Heights, IL: ASPS, 2023.
- Banthin, Jessica S., et al. “Changes in the Income Distribution of Americans’ Health Care Spending.” *Health Affairs* 37, no. 7 (2018).
- Becker’s Hospital Review. “Nonprofit Hospital CEO Pay Study.” 2023.
- Becker’s Payer Issues. “Elevance Health’s 5 Highest-Paid Executives 2025.” March 31, 2025.
- Becker’s Payer Issues. “Payer CEO-to-Worker Ratios.” December 2023.
- Becker, Sascha O., and Thiemo Fetzer. “Does Migration Cause Extreme Voting?” University of Warwick Working Paper, 2016.
- Beveridge Model: U.S. General Accounting Office. *Health Care Systems: Comparison of Health Care Systems in the United States, Canada, and Selected European Countries*. Washington, D.C., 1991.
- Blank, Robert H., and Laura Ann Hartley. *The Politics of Health Care in Comparative Perspective*. Washington, D.C.: Congressional Quarterly Press, 2008.
- Blendon, Robert J., and John M. Benson. “The Changing Politics of Health Care Reform.” *Health Affairs* 34, no. 7 (2015): 1069–1075.
- Bleeding Heartland. “Insurance Company Insiders Knew About Iowa’s Medicaid Privatization Plans Long Before Public.” September 1, 2015.
- Cassie et al. “Medicaid Churn and Administrative Cost Burdens.” *Health Affairs*, 2015.
- Centers for Medicare & Medicaid Services (CMS). *National Health Expenditure Data*. 2022.
- Centers for Medicare & Medicaid Services (CMS). “Section 1332 State Innovation Waivers.” CMS.gov.
- Centene Corporation. *Proxy Statement (Form DEF 14A)*. Filed April 2024.
- Chartis Center for Rural Health. *Rural Hospital Closures Report: Midwest Region*. 2024.
- Chung, Kevin C., et al. “Evaluating the Economic Impact of Plastic and Reconstructive Surgical Efforts in the Developing World: The ReSurge Experience.” *Plastic and Reconstructive Surgery* 144, no. 3 (2019): 603–12.
- Cohen, Alan, and Michael E. Cherner. “The Challenges of State Health Care Reform.” *New England Journal of Medicine* 367, no. 18 (2012): 1756–1762.
- Collins, Sara R., et al. “Health Insurance Coverage Eight Years After the ACA.” Commonwealth Fund, 2019.

Cutler, David M., and Grant Miller. “The Role of Public Health Improvements in Health Advances.” *Demography* 42, no. 1 (2005): 1–22.

Data USA. “Iowa: Household Income.” Accessed November 3, 2025. <https://datausa.io/profile/geo/iowa>

David U. Himmelstein and Steffie Woolhandler. “The Administrative Waste in the U.S. Health Care System.” *Journal of the American Medical Association* 322, no. 15 (2019): 1501–1504.

Elevance Health. See Becker’s Payer Issues.

Fannin, Mark C. *Risk Management in Public Health Programs*. Taylor & Francis, 2017.

Federation of Iowa Insurers. *Iowa Insurance Industry: Strengthening Our State’s Future*. 2024.

Financial Times. Kuper, Simon. “How Oxford University Shaped Brexit — and Britain’s Next Prime Minister.” June 20, 2019.

GAO (U.S. Government Accountability Office). “Private Insurance: Claims Denials and Appeals.” 2020.

GEO Group. “The GEO Group Awarded 15-Year Contract by U.S. Immigration and Customs Enforcement (ICE).” Investor News, February 27, 2025.

Geistt, Charles R. *Wall Street: A History*. Oxford: Oxford University Press, 2012.

Garfield, Rachel, et al. “The Uninsured and the ACA: A Primer.” Kaiser Family Foundation, 2019.

Goodwin, Matthew J., and Caitlin Milazzo. *Brexit: Why Britain Voted to Leave the European Union*. Cambridge: Cambridge University Press, 2017.

Grable, John, and William G. Gale. *Financial Innovation, Macroeconomic Stability, and Policy*. Brookings Institution, 2011.

Hah et al. “Economic Burden of Surgery on Patients and Employers from Lost Wages and Lost Productivity.” In *Optimizing Outcomes and Containing the Costs of Surgery*. Accessed November 19, 2025.

Hannah Wyatt. “Wage-Push Inflation: A Review of Empirical Evidence.” U.S. Bureau of Labor Statistics, 2016.

Institute for Local Self-Reliance. *The Economic Benefits of Local Control over Health Spending*. 2019.

Intercept, The. “Private Prisons Are Set To Massively Profit From Stephen Miller’s Mass-Detention Agenda.” July 16, 2025.

Iowa Department of Health and Human Services. *Managed Care Organization Contracts*. 2024.

Iowa Department of Health and Human Services. *Maternal Health Access and OB-GYN Workforce Study*. 2023.

Iowa Department of Inspections and Appeals; Iowa Hospital Association Cost Reports, 2019–2023.

Iowa Department of Public Health. *Rural Health Workforce Report*. 2024.

Iowa Department of Human Services. *Medicaid Modernization: Program Evaluation Summary*. 2017.

Iowa Judicial Branch. “Civil Rights Cases.” Accessed November 3, 2025.
<https://www.iowacourts.gov/for-the-public/educational-resources-and-services/iowa-courts-history/civil-rights>

Iowa Lottery Authority. *Annual Report*. Des Moines: State of Iowa, 2024.

Iowa Workforce Development. *Occupational Employment and Wage Statistics*. Des Moines: IWD, 2024.

Iowa Workforce Development. *Occupational Employment and Wage Statistics: Statewide Labor Shortages in Agriculture, Food Processing, Construction, and Healthcare Support*. Des Moines: Iowa Workforce Development, 2024..

John Locke. *Two Treatises of Government*. Edited by Peter Laslett. Cambridge: Cambridge University Press, 1988.

Kaiser Family Foundation. *State Health Facts: Insulin Affordability and Access in Iowa*. 2024.

Kaiser Family Foundation. *Medicaid Managed Care Market Tracker – Iowa Overview*. 2024.

Kaiser Family Foundation. *Medicaid Managed Care Market Tracker – National Overview*. 2024.

KFF. *Federal Funding and Financing of State Health Care Programs*. Updated 2024.

Lincoln, Abraham. *Collected Works of Abraham Lincoln*. Edited by Roy P. Basler. New Brunswick, NJ: Rutgers University Press, 1953.

Molina Healthcare, Inc. *Proxy Statement (Form DEF 14A)*. Filed April 2024.

National Academy of Sciences. *Taking Action Against Clinician Burnout*. 2019.

National Conference of State Legislatures (NCSL). *State Health Reform Legislation Trends*. 2024.

National Federation of Independent Business (NFIB). *Addressing the Health Insurance Affordability Crisis for Small Businesses*. 2024.

OECD. *Health at a Glance: Asia/Pacific 2024*. Paris: OECD Publishing, 2024.

OECD. *Public Investment and Sovereign Fund Governance: Nordic Models*. Paris: OECD Publishing, 2022.

OECD. *Parental Leave Systems: Country Profiles and Policy Outcomes in Nordic Europe*. Paris: OECD Publishing, 2023.

Ollstein, Alice Miranda. “Medicaid Insurer Molina Doubles Donations to GOP Governors.” *Politico*, August 7, 2023.

Pew-MacArthur Results First Initiative. *Performance-Informed Budgeting: A Guide for State and Local Governments*. Washington, D.C.: Pew Charitable Trusts, 2021.

Pew Research Center. *Key Facts About the U.S. Unauthorized Immigrant Population*. Washington, D.C.: Pew Research Center, 2023

Pollack, Andrew, et al. "Legal Challenges to State-Level Health Reform." *Georgetown Law Journal* 109, no. 5 (2021): 1101–1145.

ProPublica. "The GEO Group Is Fighting to Pay ICE Detainees as Little as \$1 a Day." March 20, 2025.

Roosevelt, Theodore. "The Square Deal." Address at the New York State Fair, Syracuse, September 7, 1903.

Roosevelt, Theodore. "Citizenship in a Republic." Speech at the Sorbonne, Paris, April 23, 1910.

Sandstrom, Heather, and Sarah Minton. "Benefit Cliffs Underscore the Need for a Stable, Accessible Social Safety Net." *Urban Wire*, October 2023.

Scott, Douglas J., and Arnold D. Kaluzny. *Performance-Based Compensation in Healthcare: Strategies for Quality Improvement*. Health Administration Press, 2018.

SEC. *Members Exchange (MEMX) Approval Order*, Release No. 34-88206. January 2020.

Shanafelt, Tait D., and John H. Noseworthy. "Executive Leadership and Physician Well-Being." *Mayo Clinic Proceedings* 92, no. 1 (2017).

Stone, Patricia W., et al. "The Cost of Nursing Turnover." *Journal of Nursing Management*, 2017.

Sylla, Richard. "The Emergence of the Philadelphia Stock Exchange: 1790–1830." *Financial History Review*. Cambridge University Press, 2005.

Tseng, Peter, et al. "Administrative Costs Associated with Physician Billing." *JAMA*, 2018.

Urban Institute. *Single-Parent Household Poverty Data*. 2023.

Urban Institute. Adams, Gina, et al. "What If We Expanded Child Care Subsidies?" 2023.

Waitzkin, Howard. *The Sociology of Health and Illness*. 7th ed. Oxford University Press, 2008.

Winnie. "Cost of Child Care in Iowa." Accessed November 3, 2025. <https://winnie.com/resources/cost-of-child-care-in-iowa>

Woolhandler, Steffie, and David U. Himmelstein. *Journal of the American Medical Association*, 2020.

Wyatt, Hannah. "Wage-Push Inflation: A Review of Empirical Evidence." U.S. Bureau of Labor Statistics, 2016.

Zaragoza-Cristiani, Jonathan. *Analysing the Causes of the Refugee Crisis and the Key Role of Turkey*. Florence: European University Institute, 2015.

Help *Heal Iowa* by Supporting My Campaign

This chapter is more than a policy proposal—it is a **covenant**. It represents the official platform of **Wild Willpower PAC (WWP)**—the first Civil PAC in the world—and the foundation of my campaign for Iowa Governor. Although I am the first candidate running on WWP’s platform, I hope I will not be the last.

If the ultra-wealthy can transmit funding to influence officials under the First Amendment, then **We the People can do the same**—to support a platform we believe in and candidates who govern transparently, lawfully, and for the public good.

WWP exists to advance **transparent governance, public accountability, and the restoration of constitutional self-rule** in the American states.

I am running to win this election. But I cannot do it alone. Breaking through the party duopoly requires a groundswell of citizens—neighbors talking to neighbors, yard signs in front lawns, and a shared commitment to reclaim Iowa’s moral compass.

You can help by:

- **Spreading the word:** Share this chapter, talk with your community, and help build the coalition.
- **Donating:** Every contribution sustains our campaign and platform.
- **Pre-ordering a copy of *Reclaiming Iowa*: \$25 donation** (via PayPal or Venmo—include “Reclaim” in the memo). Supporters who pre-order will be contacted and sent a copy as soon as they are available.
- **Hosting an event:** Email SondraWilson4Governor@gmail.com.
- **Displaying a yard sign:** \$15 donation (via PayPal or Venmo—include “Yard Sign” in the memo).



A New Party for the 21st Century

Even if I receive just **2% of the vote**, Iowa law allows us to form a new political party. We intend to use this party's non-partisan structure to advance judicial integrity—because before we can trust partisan elections, **we must clean up our courts.**

The right to a fair trial is not optional; it is the cornerstone of due process, guaranteed by the Sixth and Fourteenth Amendments to the U.S. Constitution.

As the Supreme Court held in *Chapman v. California*, 386 U.S. 18 (1967), the right to an impartial judge is so fundamental that its violation can never be treated as harmless error. And in *Offutt v. United States*, 348 U.S. 11 (1954), the Court declared:

“Justice must satisfy the appearance of justice... even judges who have no actual bias may be barred from trial if their appointment creates the appearance of partiality.”

Under Iowa’s Constitution, the governor appoints judges from a list provided by a judicial nominating commission. But when a partisan governor makes those appointments, it creates the **appearance of bias**—undermining public trust in our courts. That is why I have chosen to run as an **independent, nonpartisan candidate** for Iowa Governor. It is the only way to ensure that, if elected, I can appoint judges free from party influence—guided only by law, conscience, and the Constitution.

To Support My Campaign:

- **PayPal:** SondraWilson4Governor@gmail.com
- **Venmo:** [@Sondra-Wilson-777](#) (Memo: “SW4G” or “Yard Sign”)
- **Online:** Go to www.WildWillpower.org and click the donate button in the upper left part of the screen.



Questions, Ideas, or Endorsements?

Visit www.WildWillpower.org or email SondraWilson4Governor@gmail.com to share your thoughts and ideas, contribute to the platform, or support the movement.

Thank you so much for your support!

Paid for by Sondra Wilson for Iowa Governor.