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You'd think the central planners at the White House would go outside their small group of relatives for some top-notch expertise when they're trying to revamp something as big and complex as one-sixth of the American economy. When Bill Clinton sought to radically overhaul American healthcare, he made the mistake of putting Hillary in charge.



This time around, Ezekiel Emanuel, brother of White House chief of staff Rahm Emanuel, is on the Obama team as a special adviser on health policy to the director of the White House Office of Management and a member of the Federal Council on Comparative Effectiveness Research.

What Hillary's months of closed-door meetings produced was a top-down, command-and-control plan that put federal bureaucrats in charge of the decision-making and conduct of doctors, patients, employers, hospitals, pharmaceutical companies, and state governments.

To fund her Rube Goldberg scheme, Mrs. Clinton, with no experience in business or medicine, advocated a federal mandate that required employers to pick up the health insurance tab for all their employees. Asked about the jobs and small businesses that the mandate would destroy, she said, "I can't go out and save every undercapitalized entrepreneur in America." She didn't acknowledge that it was precisely her mandate that would cause the undercapitalization.

Her verdict for the small businesses that couldn't afford to give full healthcare coverage to 100 percent of their employees? "Where I come from, free loaders and free riders get no respect." The message was loud and clear: go out of business if you can't pay for my vision.

The result was a defeat for HillaryCare, and Republicans picking up 52 House seats and eight Senate seats in the 1994 election, plus five more seats in the House and two in the Senate due to party-switching, giving Republicans control of both the House and Senate for the first time in 40 years.

The promise from today's White House is that ObamaCare will somehow provide universal coverage while simultaneously increasing quality, decreasing costs, and reducing federal deficits.

The writings of Obama health advisor Ezekiel Emanuel provide some insight into how our current crop of central planners might well be intending to accomplish these seemingly conflicting goals.

Last year in *Health Affairs: The Policy Journal of the Health Sphere*, Emanuel wrote, "Vague promises of savings from cutting waste, enhancing prevention and wellness, installing electronic medical records and improving quality are merely 'lipsick' cost controls, more for show and public relations than for true change."

In other words, the billions in the House and Senate health reform bills for "infrastructure" pork, i.e.,



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“wellness” by way of jungle gyms and walking paths, are just so much “lipstick.”

In her recent “Deadly Doctors: Obama Advisors Want to Ration Care” article, former New York lieutenant governor Betsy McCaughey, founder of the Committee to Reduce Infection Deaths, reports on where Emanuel sees the real savings, citing an article he wrote last year in the *Journal of the American Medical Association*: “Savings, he writes, will require changing how doctors think about their patients: Doctors take the Hippocratic Oath too seriously, ‘as an imperative to do everything for the patient regardless of the cost or effects on others.’”

The “effects on others” is the key. He’s saying we’ve got to think more collectively and less about ourselves. “Emanuel,” writes McCaughey, “wants doctors to look beyond the needs of their patients and consider social justice, such as whether the money could be better spent on somebody else.”

If “social justice” demands more spending on the young and less on the old, Emanuel explains why this isn’t a case of discrimination: “Unlike allocation by sex or race, allocation by age is not invidious discrimination; every person lives through different life stages rather than being a single age. Even if 25-year-olds receive priority over 65-year-olds, everyone who is 65 years now was previously 25 years.”

Granny, in short, should move on because she’s had her chance. “Social justice” requires that a costly individual be sacrificed for the collective.

An essay co-authored by Emanuel on the “just allocation of health care resources” in the Hasting Center Report, November-December 1996, provides some detail regarding who should be rationed out of the system, i.e., “services provided to individuals who are irreversibly prevented from being or becoming participating citizens are not basic and should not be guaranteed. An obvious example is not guaranteeing health services to patients with dementia.”

We should die, in short, if we’re deemed by the authorities to be insufficiently participating.

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