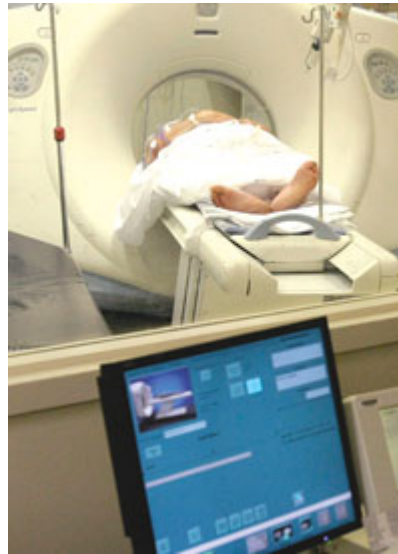




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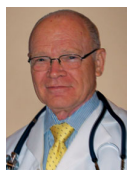
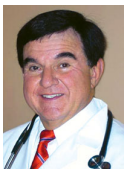
Doctors for Freedom

The Choose Freedom — Stop ObamaCare tour is a nationwide speaking tour/media tour of physicians sponsored by The John Birch Society. It is an important part of the Society's comprehensive Choose Freedom — Stop ObamaCare campaign that includes billboards, radio and newspaper ads, videos and DVDs, flyers, bumper stickers, ObamaCare repeal and nullification petitions, Internet social network sites, and YouTube, as well as print and online articles. The campaign aims to educate and enlist more Americans in the efforts to push Congress to repeal ObamaCare (officially, and disingenuously, named the Patient Protection and Affordable Care Act), while at the same time urging state legislatures to stop the federal takeover of medicine and healthcare through the constitutional process of nullification.



The four distinguished physicians on the speaking tour were interviewed recently for *The New American* by Senior Editor William F. Jasper. (We have combined excerpts from their interviews here; all four of the unabridged interviews will soon be available at thenewamerican.com.)

[Dr. Mike Ritze](#) is a physician and surgeon in private practice in Broken Arrow, Oklahoma. He is also an adjunct professor, a state medical examiner, an FAA senior medical examiner, a private helicopter pilot, and a member of the Oklahoma House of Representatives. He received a 100-percent rating from the *Oklahoma Constitution* this year and was named the top freshman conservative by the publication. Dr. Ritze authored legislation to enable Oklahomans to opt out of the federal ObamaCare. His bill passed both houses with comfortable margins, but was vetoed by Oklahoma's Democratic governor. Dr. Ritze then sponsored an initiative that will be on the state ballot in November to permit Oklahomans to exercise the individual choice to opt out of ObamaCare.



[Dr. Fredrick Pierce](#) graduated from medical school in 1955 and spent stints in the military services at the Navy Aviation Medical School and as an Army flight surgeon before beginning a long career in industrial medicine in the environmental and occupational health fields. He served 27 years with General Motors and then at clinics in Michigan and Indiana before retiring. He is a longtime active member of the Association of American Physicians and Surgeons.



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Dr. Mark E. Baxter is a former urgent-care and emergency-room physician and a Senior Airman Medical Examiner for the Federal Aviation Administration. He works in family medicine. He received his medical degree from the University of Utah and served his residency at the Hinsdale Family Practice in Hinsdale, Illinois. He has long had an interest in the effect on medicine that would accompany government control of medical care. He wrote a paper on the subject in 1992 entitled "Basic Problems in Recent Proposals to Nationalize (Socialize) Medicine."



Dr. Mal Mauney is a former professor of optometry and director of clinics at the Southern College of Optometry. He was the president and CEO of the Vision Education Foundation, where he developed eye-care centers that render high-tech diagnostic and/or surgical procedures by doctors of optometry and ophthalmologists. The centers also provide educational seminars for doctors to maintain skills needed to render secondary and tertiary eye and vision care. He received his optometry degree from the Southern College of Optometry in Memphis, Tennessee, in 1960. Dr. Mauney is also very active in community, civic, and political affairs, serving 16 years as commissioner of the Board of Education of the Memphis City Schools (four years as either president or vice president). He has been honored as Citizen of the Year by the Memphis Civitan Club, and as Lion of the Year by the Lions Club of Memphis.

The New American: *ObamaCare was rammed through Congress before the final text was available for members to even read, let alone study as something this complex deserves to be studied. What are some of the more alarming provisions of the legislation that have been revealed since its passage?*

Dr. Mauney: One of the provisions that has caused quite an uproar is the requirement that every business (which would include private physicians) file a 1099 Form with the IRS for every transaction of \$600 or more. You know, today \$600 is practically nothing, so you can imagine the imposition that this is going to make on small businesses. Thousands of new bookkeeping headaches. And we find out that in order to enforce the 19 or more new taxes under ObamaCare, the IRS will be adding 16,500 new IRS agents.

Of course, there is the incredible statement by House Speaker Nancy Pelosi that you can watch on YouTube, in which she says they had to pass the ObamaCare bill so they could find out what's in it! But then you may have seen the more recent statement by Senator Max Baucus at his town hall meeting [in Libby, Montana, on August 23]. A constituent asked him if he'd read the bill. Baucus came back with this comment, and I quote: "I know you don't want me to waste my time reading every page of that bill, it's statutory. We hire experts for that."

However, one thing that is even worse than what was hidden in the bill is what's *not* in the bill. By that I'm referring to the still unwritten, to-be-decided policies and mandates. There are over 150 agencies, boards, commissions, or panels that it has created, and each one of these bureaucracies will now write their own rules and regulations. Can you imagine what a nightmare that will be?

Dr. Baxter: The American College of Physicians (ACP) is complaining about an independent payment advisory panel, which is 15 so-called experts appointed by the President to make decisions about cutting costs and improving quality.... There is a major constitutional problem here, in that even a majority vote of Congress supposedly can't undo something that this advisory body recommends. Of course, the constitutional question is how can the legislative branch give up the power to do that? These people will be appointed by the President — and Congress has no control in changing them or their edicts? That's certainly unconstitutional. And that's just one little part of the massive legislation;



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every week something like this comes out because no one had a chance to look at it earlier.

So we don't really know what ObamaCare is because everything is so carefully hidden. The details are not in the bill, except for setting up these committees that will decide everything at a later time. We can't look up the bill and find out what age they will cut off dialysis, for example; that will be decided by a committee at a later time, so how can we oppose that when there's nothing specific to oppose? And that, of course, is the intent of those who wrote it.

The New American: *The British National Health Service (NHS), the Canadian Health Service, RomneyCare in Massachusetts — all of these continue to be held up as models that we should be emulating. What does your experience and study tell you about these systems?*

Dr. Ritze: A friend of mine is a radiologist up in Alberta, Canada. In the whole province they have one MRI scanner that is 12 years old, and it breaks down regularly. He can't rely on it. In the city of Tulsa we have more MRI and CT scanners than the whole country of Canada has. That's what the free market does.

Another friend of mine is an internist up in Toronto, Canada. He had a lady, 50 years old, come in with urinary bladder cancer. She could have been cured easily, and they put her off for five years and she died because of the rationing up there. The same week at the same clinic, a man came in wanting a sex change and got it done in a week under the Canadian socialized medicine. It was politically expedient because he was homosexual. Most physicians can relate similar personal stories because it is so common.

In the Canadian system, you can go outside the system and where do they come? There's a term, they call it Fargoing, Buffaloing, or Seattling; they come to border states in the United States to get their healthcare.... Many thousands of Canadians come down and pay cash to get good healthcare they can't get up there. Under ObamaCare it will be against the law if you seek care outside ObamaCare. You'll be fined and taxed and sentenced to prison; that's the ultimate plan everybody knows they have up their sleeve.

Dr. Baxter: My parents were legal citizens of Canada and were able to get all the benefits of citizens including healthcare. My mother broke her ankle and needed surgery. She went to the hospital, and they transferred her to one about 300 miles away, for a very simple pinning of a bone. The orthopedic floor, due to budget cuts, had only one wheelchair for the entire floor, and this is the orthopedics ward where people can't walk and get around. They would schedule tests based on the available wheelchair, not the availability of the tests. She went on a Friday to get some x-rays, the weekend shift had been cut because they had already reached their budget, so they left her lying on the x-ray table and closed down that wing of the hospital. My dad found her the next day, she wasn't able to get off of it. That kind of thing, which would be unimaginable here, and which would result in huge scandal and lawsuits, is not uncommon there. And that's what we are going to have here if ObamaCare is implemented.

Dr. Pierce: The major media here have been glorifying the Canadian and British health systems for decades and covering up their well-known deficiencies and notorious horror stories. There are many medical and economic studies exposing the problems with those systems: horrendous waiting lists, huge cost overruns, corruption, unavailability of common procedures and tests we take for granted, doctors leaving for foreign countries or leaving the profession, rationing by bureaucrats, scandalous conditions in hospitals, etc. But in addition to scholarly studies, anyone with access to the Internet can quickly do a Google search and come up with many published British and Canadian news stories showing the



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deplorable state of their healthcare systems. They're not anything we should copy. But that's not what you hear from the Big Media here; they've been telling us story after story about this person and that person in Canada and Britain who had an operation or treatment for "free," whereas, their counterparts here in the United States would have been hit with an enormous, crushing bill.

President Obama's appointee to head Medicare and Medicaid, Dr. Donald Berwick, is an ecstatic proponent of British socialized medicine. The British NHS is a "global treasure," he says. He even says he's "romantic about it" and "loves it." So that's where he'd like to lead us.

Dr. Mauney: The Fraser Institute, a Canadian think tank, has done a series of studies on the Canadian healthcare system, and in one of their studies estimated that in 2009 over 40,000 Canadians left Canada for non-emergency care. And that is likely an *underestimate*. They also said on average Canadians would be better with coronary bypass surgery in the States than in Canada. They also indicated in their report, that Canada is spending 41 percent more per person than they spent back in 1993, while their waiting periods are about 73 percent longer than 1993 — but it's all equal care, and it's *free*! You just might have trouble getting to it. And this *free* system turns out not to be so "free" after all; the Canadian national and provincial governments are now admitting their healthcare spending is not sustainable and will end up bankrupting them.

A number of years ago, I had the opportunity to spend a number of weeks in Canada, and about six weeks in England. I read everything, so I read all their papers — they were waiting almost two years for cataract surgery. Also in a UK paper just recently, there were 3,000 deaths due to medical mistakes. An interesting editorial in the London Daily Mail, a major newspaper, detailed some of the terrible scandals at supposedly model hospitals and commented: "The dead hand of central government control is ruining the national health service and the patients are paying with their lives."

The New American: One of the things that has tilted many supporters toward ObamaCare is the spiraling cost of American medicine and healthcare. But how much of those skyrocketing costs are the result of previous federal mandates, taxes, and regulations?

Dr. Baxter: Government's impact is huge; government is the problem not the solution. Take one minor bill, a clinical laboratory mandate that was passed about 20 years ago. I was working in a small clinic at the time; I had my own lab, my own microscope, and did my own tests. People could come in, and I could do the urine tests, spin the specimen down, look at it under the microscope, perform simple laboratory tests at much less cost, and certainly quicker — I was able to diagnose on the spot. But they passed a law that you had to have some kind of certificate to do lab work, which basically meant only a large hospital lab that had some bureaucrat hired could qualify for it. In my particular case, I have a background in microbiology, I have a master's degree in aquatic ecology, and my thesis was on microbiology along a stream continuum. I'm much more qualified than most of the people they have running the tests now, but under the government plan, I wasn't qualified. It's estimated that just that one bill raised the cost of medicine 10 percent, which would be one-third of all the salaries of all the doctors. That's just one bill, then you add on all the others. Yes, the costs go up dramatically because of government intervention.

Dr. Pierce: I think government is responsible for almost all of it.... The government has stepped in with first-dollar coverage, so to speak. This medical care stuff is not insurance — it's not health insurance, which is risk-related. An insurance product is supposed to be shared-risk/actuarially sound, where the premium bears some relationship to the use and to the group experience. The trouble is medicine doesn't do that now because that's considered "discriminatory." And so it's not health insurance, it's



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prepaid medical care. There are two kinds of so-called health insurance, one is defined benefit, and the other is defined premium, with the “defined” being contractual. Socialized medicine gives you a defined premium; you have so much to pay, but there’s no connection between that and the benefit. The government steps in and says you pay this much and you can have all you want. So it creates infinite demand for very finite resources.... It works as a reverse incentive, actually. If the consumer (patient) doesn’t use it, he loses it. I heard that a lot when I was in corporate practice. “It’s mine and if I don’t use it, I’ll lose it.”

Dr. Ritze: As just one example, take the federal Occupational Safety and Health Administration (OSHA). Under Bush 41 (George Bush, Sr.) OSHA began an invasion of medical offices, putting tremendous burdens on us. Our group practice figured it was going to cost us \$5,000 extra per year to tag on the extra costs to abide by OSHA, which included stupid things like double-gloving, and they wanted us to do “safety” things like two-way dooring out of our laboratory, just crazy things. At the small local hospital with just 100 beds, the administrator told me he stopped counting at \$75,000 per year it was adding on to their costs.

I talked to an ENT [ear, nose, throat] doctor the other day — he’d been in practice for 20-30 years. He started off with one office girl, one nurse, one secretary and now he has 20 of them that are drowning in regulations that he has to comply with. And all that stuff adds up. It adds to the stress of the practice, and a lot of them are just quitting. I know a neurosurgeon, 49 years old, at the peak of his career. He’s working on his MBA. He’s never been sued, but as soon as he finishes his MBA, he’s quitting his medical practice. He said, “I’m out of here.” Just couldn’t take all the government regulations, costs, and red tape anymore.

The New American: *The American Medical Association (AMA), the most well-known medical organization, endorses ObamaCare. What do you say to people who argue that it’s AMA-approved?*

Dr. Ritze: The AMA leadership sold out a long time ago, which is why their membership has plummeted; they now represent less than 20 percent of physicians, most of whom are beholden to government for paychecks, facilities, research grants, contracts, and/or benefits. But they posture as *the voice* of medicine. They have become a tool of socialism. A specific example is AMA’s partnership with the federal government in fastening the draconian coding system on us that is strangling medicine. The AMA has an exclusive contract, worth hundreds of millions of dollars, to produce the huge coding books that we all must use, and that are adding to costs and making the practice of medicine a constant, expanding headache. So, they’ve been bought off with a guaranteed revenue stream and can ignore the concerns of the vast majority of physicians who put patient care as their top priority.

Dr. Pierce: The AMA’s endorsement of ObamaCare further discredited an already-thoroughly discredited organization. It has become totally politicized. It speaks for a political agenda instead of good medical care. Members of the medical and healthcare professions, as well as members of the general public who wish to be well informed on health-related developments and policies, are better served by looking to the Association of American Physicians and Surgeons (AAPS) for reliable information and sound, principled leadership. In addition to AAPS, other doctor groups have come out against ObamaCare: Physicians Against ObamaCare, National Doctor’s Tea Party, Docs4PatientCare, Physicians for Reform, and others.

The New American: *Are you positive about the prospects for repealing ObamaCare?*

Dr. Mauney: I’m definitely encouraged by the stand that people are making. In various surveys it’s



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running from 55 to 65 to 70 percent of the people would like to see the thing repealed. The danger we have to be on guard against is those Democrats and Republicans peddling the “repeal and replace” nonsense: We’ll repeal it, then replace it with some type of ObamaLite. We don’t need any replacement; after repealing ObamaCare we need to repeal many of the other unconstitutional, costly, and onerous policies and mandates that have been driving up the cost of healthcare and destroying our freedom of choice in medicine. I know there are defeatists who say it’s futile to try, the odds are stacked against us, but I’m one of the folks who agree with that great philosopher Yogi Berra when he said, “It ain’t over ‘til it’s over.”

Dr. Pierce: There’s no question in my mind that we *can* repeal it; *if* we educate, motivate, and mobilize a significant number of our fellow citizens to take correct and timely action. Congress *can* and *will* repeal it, if they feel the heat from us in the form of letters, e-mails, town hall meetings, as well as in the form of ballots — both in the primaries and the coming midterm election in November. We really have no alternative, we *must* repeal ObamaCare before its tentacles can sprout and reach into every nook and cranny of every American’s life.

Dr. Ritze: I’m absolutely positive. I’ve been in the freedom fight for several decades and have never seen this kind of widespread awareness, concern, alarm, and involvement. As a Bircher, it could be lonely, at times, talking about the Constitution, the 10th Amendment, state nullification, the Federal Reserve, the dangers of Big Government. Now these things are commonplace in many circles. The economic crash has caused many people to sit up and wake up, as have the many alarming intrusions of government under Presidents Bush and Obama. Dr. Ron Paul’s presidential campaign, and his ongoing Campaign for Liberty, as well as the Tea Party movement, the Internet’s alternatives to the controlled, so-called mainstream news — all of these have opened things up and brought many new, motivated, constitutionally-oriented patriots into the process.

You can follow the [Choose Freedom — Stop ObamaCare](#) campaign and keep up with related issues on Facebook at <http://www.facebook.com/ChooseFreedom.Stop-ObamaCare>.

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