



Dr. Mark Baxter Speaks Out Against ObamaCare

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. Baxter is one of four distinguished physicians on speaking tours across the country as part of the [“Choose Freedom — Stop ObamaCare”](#) campaign of The John Birch Society. He was interviewed for *The New American* by Senior Editor William F. Jasper.

The New American: *How long have you been in practice, Dr. Baxter?*

Dr. Baxter: I graduated from medical school in 1989, so that’s 21 years now.

The New American: *You served in the United States Air Force early on in your career, correct?*

Dr. Baxter: I enlisted in the Air Force when I was in residency at the beginning of the First Gulf War, so I did four years of active duty. I was sent to Hill Air Force Base here in Ogden, Utah. I left there and went into private practice around 1994.

The New American: *You are active in speaking out against ObamaCare, the nationalization of our health system. Do you find that most of your medical colleagues — other physicians — support or oppose it?*

Dr. Baxter: It’s a mixed bag. The majority are opposed. Those who are hired by the government and work in universities and medical schools tend to be for it, but that’s because they have a liberal background. And their paycheck is coming from the government so they have an inherent bias in that direction. There’s no sound medical reason for them to be for it. I often challenge them, saying, “Show me statistics and data that would show your plan would work.” But they don’t have any, so it’s more of a political/ideological thing for them. These are many of the people who speak out for ObamaCare, but they certainly don’t speak for me or most of the other physicians.

Besides already benefiting from a government paycheck, they are the ones that have time to go to meetings and things. And they are the ones we always see quoted in the media. The rest of us have to work and take care of patients — they don’t.

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?*



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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. And the American College of Physicians looked through that and said, hey wait a minute, there's not even a provision to have a primary care doctor on the panel, so what kind of "expert panel" excludes the experts? 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; 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. Baxter: The Canadian healthcare system is one I know quite well. My parents had a farm in California that they sold and bought a large ranch up in northern British Columbia. My parents were legal citizens of Canada and were able to get all the benefits of citizens including healthcare.

My father had a heart attack in a hay field one day and drove in to the hospital. He needed an essential test to see what was wrong and decide on his treatment. He was given an appointment in nine months at a hospital 1,000 miles away. If he lived for those nine months, he would have been able to get that test. Since he had retired — he was a college teacher in California — he simply drove across the border into Washington State and got the care and treatment in three days, and that's the last he's ever needed.

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.

***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



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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.

The New American: *So they turn around and the solution is more government.*

Dr. Baxter: Right — another bill to control costs. If hamburgers were free at McDonald's there would be long lines. When you get all the care you could possibly want, which you can get under Medicaid and Medicare, for many of these patients they can't possibly schedule enough physicals. I have some that want to do a physical every week or every month, because Medicaid or Medicare pay for them. They are concerned that there is something that I might catch. If they paid their own bill they wouldn't do that. You wouldn't take your car into the shop every week for every little rattle, squeak, and sputter.

The New American: *But our current Big Government/Big Insurance model encourages that.*

Dr. Baxter: Yes, we've taken the responsibility away from most of the patients, so there isn't any incentive to control costs. Yes, do an MRI right away, run up a \$1,000 for an unnecessary test. It's not my problem, someone else pays for it. If you confront them, they respond that they have worked hard all their lives, paid their taxes and now they're getting "theirs."

The New American: *So this does not portend well for the claims that ObamaCare is going to cut costs and provide better cost-efficient services.*

Dr. Baxter: There's still no self-responsibility and, as a matter of fact, there will be even more people who will be on those kinds of plans, so costs invariably will go up. Show me a single government program where that hasn't been the case.

The New American: *Based on what we know of Britain, Canada, Massachusetts, and what has already been happening since the passage of ObamaCare, has there already been an exit from the medical field? Do you expect to see that increase if ObamaCare is allowed to go forward?*

Dr. Baxter: I think I see more changes than actually retiring. A lot of the doctors found that their retirement vehicle, which is usually a 401K, isn't worth anything. So many of them switch their type of practice, or they try to get hired on where they can get a retirement through a university system or government system.

For example, just this month one of our orthopedic surgeons, he's only 55, retired to Missouri because he doesn't like all the things he's required to do. He's always doing paper work; we have mandates about this new computerized medical system that adds hours to our days but doesn't add any quality or useful information, so he just retired.

Many other people change their types of practices. One of my colleagues started about five or six years ago in a small town in Utah that was under-served. When he moved in they didn't have very many doctors and he soon had a full practice. He hired two people to work for him in the billings department,



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and he hired a lawyer to do all the paperwork to set up his business, and he had an employee that he had to fire for drug use. She made complaints to all the usual agencies that disgruntled employees do and one of them sent OSHA (Occupational Safety & Health Administration), which must have lots of agents and money because most other agencies ignore these kinds of claims. OSHA came out and fined him \$10,000 for not having a drug treatment program in place for his employees. He only had two! And the other thing was that he didn't have a formal board for people to go to when they were fired! As a result, he couldn't practice anymore, closed his practice down, and left that town unserved and moved into this bigger practice where we have the resources to fight against OSHA and other agencies. We have about 70 or 75 doctors and are the largest private medical group here in my state. But now there's a small town that, because of the government, doesn't have medical care. Unfortunately, this is an all too common occurrence.

The New American: *One of the contentious areas of debate concerning ObamaCare has to do with rationing. Because the demand for healthcare is infinite but the supply of healthcare services — doctors, hospitals, clinics, MRIs' etc. — is finite. There will always be rationing. But, traditionally, the rationing has been market based, with physicians and patients making the decisions. What will happen in this regard under ObamaCare?*

Dr. Baxter: Yes. There will always be rationing, but rationing would be determined by the patient and the doctor, and not on some government agency or some committee. There will be rationing, but who should do that? Certainly the patient and the doctor should make that decision. When you give that power up to someone else, you have surrendered your care — and your freedom.

The New American: *Do you think that it could lead to prohibition against even people using their own private funds, personal funds, to pay for medical care, healthcare?*

Dr. Baxter: Yes! It has in Canada. You cannot buy an MRI machine even if you want to in Canada. I would expect the same thing here; it would be one of the ways to control costs.

The New American: *So, if you were in private practice as a physician up there and wanted to have your own practice, have your own MRI machine, you would not be allowed even to buy one?*

Dr. Baxter: You would not be able to buy one or rent one, even if there are patients waiting, even if there were a medical need for them. As a matter of fact, one of the presidents of the Canadian medical associations, just a few years ago, ran into that very problem. They were trying to open a clinic that was cash only and apparently it was illegal for them to do so. I would expect the same thing here.

The New American: *So things that are very common here in the United States, equipment and tests that are easily accessible here, have become very scarce in Canada?*

Dr. Baxter: The rate of all kinds of procedures, from pacemaker placement to MRIs, is much, much lower, an order of magnitude lower in Canada, as well in other countries with socialized medicine. That's one of the ways they control costs. But, again, its important to emphasize, that's it's rationing imposed by politicians and bureaucrats, with little or no consideration as to what is really best for the patient.

The New American: *You will be out on speaking tour for the "Choose Freedom — Stop ObamaCare" campaign in October. Where will you be speaking?*

Dr. Baxter: My tour will include Idaho, Washington, Montana, Wyoming, and Utah. Interested readers can obtain details about particular tour dates and venues at the ["Choose Freedom — Stop ObamaCare"](#)



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campaign website.

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