



Written by [Joe Wolverton, II, J.D.](#) on April 5, 2011

HHS Secretary Says U.S. Health Care No Better Than “Developing Countries”

During an address delivered at a healthcare forum sponsored by Bloomberg Government, Secretary of Health and Human Services Secretary Kathleen Sebelius (pictured) described the services provided by the American health care system as on par with those in “a developing country.”



The event was held at the Newseum and focused on examining the interrelationship between cost, access and quality in the U.S. healthcare system. Other presenters and panelists included Congressman Charles Boustany, Chairmen of the Oversight Subcommittee of the House Ways and Means Committee, Dan Danner, President of the National Federation of Independent Business, Karen Ignagni, President of America’s Health Insurance Plans, Margaret O’Kane, President of the National Committee for Quality Assurance, and Steve Ubl, President of AdvaMed.

In her remarks, Sebelius was especially critical of the costs and delivery speed of treatment in the United States.

The delivery system changes are what will affect underlying costs, and that impacts everybody,” Sebelius said Thursday. “We pay 2 1/2 times what anybody else pays in the world, and our care outcomes look like we’re in a developing country.

As for the prognosis for these aspects of the medical care system that she finds so unacceptable, Secretary Sebelius reckons that the best prescription is the implementation of the Patient Protection and Affordable Care Act, known as ObamaCare.

The Secretary is personally vested in the success of the ObamaCare scheme. Currently, she is a named defendant in at least 11 [lawsuits](#) filed by the states and others challenging the constitutionality of the law, specifically the individual mandate portion.

The so-called “individual mandate” provision of ObamaCare requires that all Americans, regardless of personal choice, purchase a qualifying health insurance plan by 2014 or face paying a penalty based on the violator’s adjusted gross income.

With regard to the individual mandate portion of ObamaCare, the federal government argues that not doing something is the same as doing something and that if enough people don’t do something, then that inaction is linked together and exerts a cumulative effect on commerce. As it touches and concerns



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commerce, it may, therefore, be rightly regulated by Congress under the terms of the Commerce Clause.

So, by forcing someone to act (in this case, buy a qualifying health insurance policy), the federal government is usurping the force of police power which is exclusively the domain of the sovereign states.

Using this line of reasoning, the federal government can regulate all activity, as well as all inactivity, thus effectively eliminating all limits on its power.

Since the passage of ObamaCare, two federal district court judges (Vinson in Florida and Hudson in Virginia) have issued rulings supporting this line of reasoning, declaring at least portions of the law unconstitutional.

Sebelius's zeal for the implementation of all the provisions of ObamaCare apparently is not dampened by the Administration's recent court room setbacks, however. At the Newseum event, she warned those in attendance that the American people would be in a "precarious" position should the various lawsuits (or the threat of Congressional repeal) eliminate the individual mandate.

I do think it's a precarious notion of not having some kind of individual responsibility. It's like buying car insurance after you've had the accident, being able to call your insurance company and say 'by the way, I just had a multi-car collision.

During a one-on-one interview conducted by Bloomberg Government, the former Kansas Governor promoted the concept of Accountable Care Organizations (ACO), a fundamental component of ObamaCare's promise of cost-saving overhauls to the present treatment payment model.

According to an article in the *New York Times* "[Prescriptions](#)" blog:

accountable care organizations... are supposed to encourage hospitals and doctors and the like to better work together to provide more effective and less costly medical care. The organizations will be able to share the cost-savings they generate under the Medicare program if they demonstrate those savings are being produced by providing better and smarter care to patients.

Despite the dearth of reliable, verified data on just how the ACOs will reduce costs, Secretary Sebelius reports that many unnamed health care providers have contacted her office and "are excited to have this opportunity."

Exactly what this opportunity entails is unclear. In fact, there is almost no evidence of the benefits that ACOs will deliver to the nation's health care infrastructure.

Finally, the Secretary insisted that unless the myriad of changes mandated by the year-old health care law are implemented as scheduled, the United States will continue to endure the insufferably long wait from a time a procedure is recognized to the the time it is made available to patients, noting:

There are alarming statistics, I think, that tax payers should be outraged about. It takes about 17 years from the identification of a procedure, to have it fully incorporated into the medical community. But in health care, we say that's OK.

What some Americans find more alarming, however, is the disregard for the very limited and specifically enumerated powers granted to Congress and the President by the Constitution.

ObamaCare is another entry on a long roster of grossly unconstitutional laws passed by Congress and enforced by the executive branch. It is unique, however, in that for the first time in the history of our



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Republic, the federal government is mandating the purchase of a commodity.

The fear among constitutionalists is that if the federal government is permitted to enforce such a requirement, then there is no sphere of activity that will not fall within the scope of Congress's and the Executive's regulatory power.



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