



Written by [Selwyn Duke](#) on December 31, 2014

Obama Advisor Gruber in 2009: ObamaCare Unaffordable, Rationing (a.k.a. Death Panels) Inevitable

ObamaCare is technically known as the Affordable Care Act, but it has now been revealed that legislation architect Jonathan Gruber admitted in 2009 that the bill would be anything but affordable. In fact, he said it lacked cost controls and that, inevitably, certain individuals would have to be denied care — all while Barack Obama was telling voters just the opposite.



Gruber, a Massachusetts Institute of Technology economics professor, instantly became one of America's most disliked elitists early last month when a 2013 video clip was uncovered in which he [said](#) that "a lack of transparency" and the "stupidity of the American voter" had enabled ObamaCare to pass. Now an October 2009 [policy brief](#), presented by the *Daily Caller*, provides more details of the deception. As the website's Patrick Howley [writes](#), by Oct. 2009:

Gruber had already [personally counseled](#) Obama in the Oval Office and served on Obama's presidential transition team. Obama, meanwhile, [told the American people](#) that their premiums would go down dramatically.

"The problem is it starts to go hand in hand with the mandate; you can't mandate insurance that's not affordable. This is going to be a major issue," Gruber admitted in an October 2, 2009 lecture, the transcript of which comprised the policy brief.

The MIT professor then tacitly acknowledged that what critics were saying — that ObamaCare was just an unworkable first step toward more complete government control of healthcare — was correct, despite its supporters' protestations to the contrary. As Gruber also stated:

So what's different this time? Why are we closer than we've ever been before? Because there are no cost controls in these proposals. Because this bill's about coverage. Which is good! Why should we hold 48 million uninsured people hostage to the fact that we don't yet know how to control costs in a politically acceptable way? Let's get the people covered and then let's do cost control.

And in keeping with the economic principle that price caps *always* lead to shortages (which will translate into rationing in this case), Gruber also acknowledged in his brief:

The real substance of cost control is all about a single thing: *telling patients they can't have something they want....* It's about telling patients, "That surgery doesn't do any good, so if you want



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it you have to pay the full cost.”

... There’s no reason the American health care system can’t be, “You can have whatever you want, you just have to pay for it.” That’s what we do in other walks of life. We don’t say everyone has to have a large screen TV. If you want a large screen TV, you have to pay for it. Basically the notion would be to move to a level where everyone has a solid basic insurance level of coverage. Above that people pay on their own, without tax-subsidized dollars, to buy a higher level of coverage.”

And Gruber and his socialized medicine bills have a history of deception. The professor, whose bio informs that he was “a key architect of Massachusetts’ ambitious health reform effort,” also stated in his brief, “How specific should this [ObamaCare] legislation be? In Massachusetts our legislation was deliberately quite vague. It said things like, ‘We should have a mandate if it’s affordable but we’re not going to define affordable. We’re going to have subsidies but we’re not going to specify what they are. There should be a minimum benefit package but we’re not going to tell you what it is.’”

And the more we find out who Gruber really is, the more odious he appears. As Howley [reported](#) earlier this month, referring to a January 2012 San Francisco podcast appearance the professor made, “Infamous Obamacare architect Jonathan Gruber told people not to read Obamacare ... and said he designed it by ‘throwing stuff at the wall’ in one of his most characteristic public speeches. In between taking personal shots at conservatives, he actually thanked congressional Democrats for voting against their constituents.” Gruber also outlined Obama’s deception in that podcast, [saying](#):

I wish that President Obama could have stood up and said, ‘You know, I don’t know if this bill is going to control costs. It might, it might not. We’re doing our best. But let me tell you what it’s going to do....

If he could make that speech? Instead, he says “I’m going to pass a bill that will lower your health care costs.” That sells. Now, I wish the world was different. I wish people cared about the 50 million uninsured in America.... But, you know, they don’t. And I think, once again, I’m amazed politically that we got this bill through.

And that getting a bill through — any bill — was the priority explains what at the time seemed inexplicable: Nancy Pelosi’s infamous March 2010 [comment](#), “[W]e have to pass the [ObamaCare] bill so you can find out what is in it.” It didn’t matter what was in it and how unworkable it was as long as that first step toward government-controlled healthcare was taken. As Gruber also admitted in the podcast:

Even if we *knew* how to control health care costs, we couldn’t do it politically. So what do you do? You’re President Obama and the Congress, you promised you’re going to control health care costs.... Your pollsters have told you that the American public doesn’t actually care about insurance coverage; all they care about is health care cost.... What do you do? Well, you do what I like to think of as sort of a “spaghetti approach.” Throw a bunch of stuff against the wall and see what sticks.

They did, and now Americans are stuck with a government boondoggle and the bills.

As for rationing, Gruber may be well situated, along with being well disposed, to take on that role. His bio also tells us that in 2006 he “became an inaugural member of the Health Connector Board, the main implementing body for that [Massachusetts healthcare law] effort.” And some may wonder if, like left-wing “bioethicist” [Ezekiel Emanuel](#), he wants to die at 75 and thinks others should as well or if, when the time comes, he will cling to life — and to every life-extending procedure available to the connected.



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And it is hard to imagine that the Gruberesque Death Panels won't be occupied by those equality-preaching elitists who, somehow, always end up being more equal than others.

Photo of Jonathan Gruber: AP Images



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