



Written by [Michael Tennant](#) on February 25, 2011

ObamaCare Is Collectivized Healthcare

Krieger, a plastic surgeon who invests in healthcare companies, sees the primary danger in ObamaCare as “a wave of frantic consolidation in the healthcare industry.” He points out that ObamaCare’s mandates have already forced major changes in both health insurance and medical practice.



In the insurance industry, the law’s ban on the denial of insurance to persons with preexisting conditions has resulted in [rate hikes](#) and payment cuts. Some types of insurance policies, such as [those written strictly for children](#), are already being phased out. “Smaller and weaker insurers,” states Krieger, “are being forced to sell themselves to larger entities,” and some are simply [leaving the health insurance market altogether](#).

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“Doctors and hospitals, meanwhile, have decided that they cannot survive unless they achieve massive size — and fast,” Krieger writes. [The New York Times reported](#) in November that “there is a growing frenzy of mergers involving hospitals, clinics and doctor groups eager to share costs and savings, and cash in on the incentives” in the healthcare law. Krieger specifically cites the fact that more than two thirds of U.S. medical practices were owned by doctors just six years ago, yet “by next year, nearly two-thirds [of doctors] will be salaried employees of larger institutions.” A big part of the problem is that under ObamaCare, new physician-owned hospitals are prohibited from coming into existence, and existing ones cannot expand without meeting “stringent conditions,” [according to USA Today](#).

The obvious purpose of all this is to herd all doctors, hospitals, and patients into a limited number of large, easily controlled healthcare cartels — “collectivization,” as Krieger puts it. With “far fewer individual insurers, doctors, hospitals, device makers, drug manufacturers, nursing homes and other health-care players to resist” changes in healthcare policy, he avers, “government bureaucrats will be able to impose controls with much greater ease.”

Krieger has no doubt as to what kinds of controls are in store:

There is little mystery how the government will exercise its power. Choices will be limited. Pathways to expensive specialist care such as advanced radiology and surgery will decline. Cutting-edge devices and medicines will come into the system much more slowly and be used much less frequently.

This is, of course, the universal experience with socialized medicine, from Canada to Great Britain to Cuba.

Defunding the enforcement of ObamaCare is insufficient to prevent America from going down the same



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destructive path, Krieger maintains. All the consolidation in the healthcare industry — undoubtedly one of the main reasons the big insurance companies, healthcare providers, and pharmaceutical manufacturers backed the healthcare bill — means that “limits on treatment choices are already becoming hardwired into the system,” he says. “Lawmakers must take concrete steps to stop and reverse this.”

Oddly, Krieger does not recommend full-scale repeal of ObamaCare but rather a “line-by-line” review of the law “to remove all of the disincentives for medical practices, hospitals and others to remain smaller and independent.” If the law were simply repealed, however, all of these new disincentives would disappear. That would still leave in place many older policies that encourage consolidation — policies which themselves ought to be amended or repealed — but it would at least be a good start.

Krieger does make some good suggestions as to how to improve the healthcare system, many of which would apply even if ObamaCare were repealed: instituting tax policies to help smaller insurers and providers stave off consolidation; “unwinding all the rules ... designed to increase overhead to the point that only massive and easily regulated provider organizations can survive”; “limiting the power of government agencies to determine what care gets funded”; and “re-establishing [consumer] choice at all levels of the system,” including allowing the purchase of insurance across state lines and offering “tax breaks for people who purchase medical care not covered by their insurance, so there is reasonable chance of escaping government-imposed limits on treatment choices.”

Collectivization is the essence of both communism and fascism. It certainly has no place in a free, constitutional republic. Patients and doctors, not government or its collaborators in the corporate world, should be making decisions about healthcare. ObamaCare ought to be expunged, followed in short order by Medicare, Medicaid, and the rest of the federal healthcare monstrosity, lest the United States go the way of the Soviet Union and the Third Reich.



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