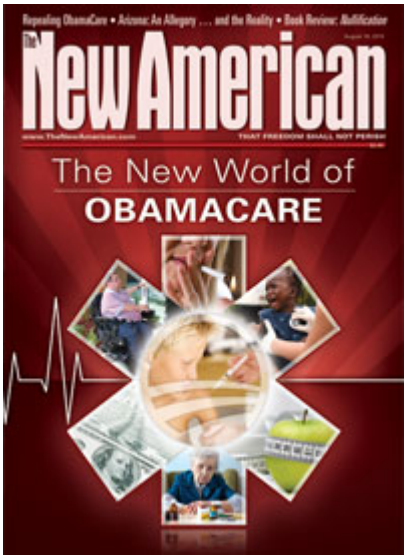
Written by **Michael Tennant** on August 5, 2010

The New World of ObamaCare



By now most Americans are familiar with the broad outline of ObamaCare: Everyone is required by law to purchase health insurance, with a tax penalty assessed upon those who fail to comply. Insurers may not refuse to cover those with pre-existing conditions nor charge them higher rates. The federal government is expanding its role in providing health insurance. And did I mention that all of this is supposedly going to reduce both healthcare costs and the federal deficit?

Of course, with a law that is over 900 pages long and contains hundreds of mandates, it may be months or even years before all the ramifications of the law are understood. Some of the mandates are already widely known, such as the requirement that chain restaurants post nutrition information about their menu items or the 10-percent tax on tanning salon services. However, it may very well be that the less widely known portions of the law are also the most dangerous, which may explain why they were kept out of public view in contravention of candidate Barack Obama's repeated assurances that the entire healthcare debate would be conducted in public and broadcast on C-Span.

Among the obscure but dangerous provisions in the Patient Protection and Affordable Care Act (the official — and disingenuous — name for ObamaCare) are numerous provisions that, said Art Thompson, CEO of The John Birch Society, "will intrude on every aspect of life in America, from cradle to grave." They include everything from a national healthcare strategy to home visitations by government agents, possibly including forced immunizations, to "Community Transformation Grants" — all designed to alter Americans' lifestyles to conform to the whims of bureaucrats in Washington.

The law itself is (probably intentionally) vague about how all these mandates are to be carried out; the details are left mostly to federal agencies that are much less accountable to the voters than Congress. Therefore, many of the suggestions in the following paragraphs as to how these mandates will play out are based not on explicit language in the legislation itself, or (obviously) the yet-to-be-issued regulations, but on an informed understanding of how governments can turn seemingly beneficent laws into tools of oppression. If anything, much of what is suggested in this article is actually *less* radical

than what President Obama and fellow Democrats have said they wish to accomplish, namely a single-payer* health insurance scheme at the federal level.

Obama himself, in a 2003 speech, said that he'd "like to see" the United States adopt a "single-payer health care plan, a universal health care plan."

His Secretary of State, Hillary Clinton, of course, attempted to foist a single-payer government healthcare system on Americans back in 1993 and '94. Many other Clinton administration figures are prominent members of the Obama -administration.

Revolutionary Appointee

Obama's recently appointed head of the Centers for Medicare and Medicaid Services, Donald Berwick, has openly praised the British National Health Service for not leaving healthcare to "play out in the darkness of private enterprise." Berwick added that "any healthcare that is just, equitable, civilized, and humane must, *must* redistribute wealth from the richer among us to the poorer and the less fortunate. Excellent healthcare is by definition redistributional." Berwick is also a proponent of government rationing† of healthcare, saying, "The decision is not whether or not we will ration care. The decision is whether we will ration with our eyes open." Tellingly, Obama took the occasion of a Senate recess to appoint Berwick, bypassing Senate confirmation hearings that would surely have publicized Berwick's socialized-medicine *bona fides* and possibly have sunk his nomination.

Thus, it is almost impossible to be too alarmist about the intentions of Obama-Care and its proponents. When government controls the healthcare system from top to bottom, it is naturally going to attempt to manipulate every aspect of people's lives in order to keep costs down; and for those who become ill despite the state's best efforts to force them to be healthy, care can — and will — be denied. This is already happening in Berwick's beloved British healthcare system, where, for example, life-saving drugs are withheld from patients because the government deems them too costly — and then threatens patients who try to purchase the drugs out of their own pockets with the loss of all their healthcare benefits (see "Paying Patients Test British Health Care System," the *New York Times*, Feb. 21, 2008).

Massive New Bureaucracy

Perhaps the most ominous of the obscure-but-dangerous provisions in Obama-Care is found in Sections 3011 through 3015. This portion of the law instructs the Secretary of Health and Human Services to "establish a national strategy to improve the delivery of health care services, patient health outcomes, and population health." Along with the strategy, the law requires "a comprehensive strategic plan to achieve the priorities" established by Congress. The strategic plan includes "agency-specific strategic plans to achieve national priorities," "annual benchmarks for each relevant agency," and "strategies to align public and private payers with regard to quality and patient safety efforts." In short, the federal government is going to micromanage the healthcare sector in an effort to achieve its desired outcomes, and it is going to force private insurers to participate in this micromanagement — part of the price they will pay for having Uncle Sam hand them a captive market.

In order to implement the national strategy, the law instructs the President to "convene a working group to be known as the Interagency Working Group on Health Care Quality." This new bureaucracy includes senior-level representatives from 23 named federal agencies "and any other Federal agencies and departments … as determined by the President." Among the agencies included in the working group are the Department of Commerce, the Coast Guard, the Federal Bureau of Prisons, the National Highway Traffic Safety Administration, the Federal Trade Commission, the Department of Labor, the

Department of Defense, and the Department of Education — a strong indication that this is concerned with far more than simply ensuring that patients are treated well.

Likewise, Section 4001 of the act instructs the President to "establish, within the Department of Health and Human Services, a council to be known as the 'National Prevention, Health Promotion and Public Health Council.'" President Obama issued an executive order to carry out this provision on June 10.

The council is chaired by the Surgeon General and consists of senior-level representatives from 12 named federal agencies and "the head of any other Federal agency that the chairperson determines is appropriate."

The purposes of the council include: (1) to coordinate "prevention, wellness and health promotion practices"; (2) to "develop a national prevention, health promotion, public health, and integrative health care strategy"; (3) to "provide recommendations to the President and Congress concerning … changes in Federal policy to achieve national wellness, health promotion, and public health goals, including the reduction of tobacco use, sedentary behavior, and poor nutrition"; and (4) to propose policies "for the promotion of transformative models of prevention, integrative health, and public health on individual and community levels across the United States." There will be "a list of national priorities" and "specific science-based initiatives" to "address lifestyle behavior modification" with regard to "smoking cessation, proper nutrition, appropriate exercise, mental health, behavioral health, substance use disorder, and domestic violence screenings."

"It's a horror even to think that they would put that in there, that they are going to start regulating personal behavior," Rep. Ron Paul (R-Texas), himself a physician, told The New American. "But these people believe in it, and this is why it's so bad to allow government to get inside the door…. They get their foot in the door, and then they say, 'Oh, we're paying for it, so we're going to tell you how to live.'"

In other words, ObamaCare has just turned the United States into one giant psychiatric laboratory, and Americans are the rats stuck inside and subjected to "behavior modification" until we stop smoking (wonder if this applies to the President, who still hasn't kicked the habit), take our vaccines and stop eating Twinkies, take up jogging, quit ingesting substances that the big pharmaceutical companies can't patent, and tell Uncle Sam when we stopped beating our wives. Is this really what all those folks clamoring for healthcare reform wanted? If so, it serves as further proof of H.L. Mencken's maxim that "democracy is the theory that the common people know what they want, and deserve to get it good and hard."

Section 4101 provides for grants for school-based health centers, which will offer "comprehensive health assessments, diagnosis, and treatment of minor, acute, and chronic medical conditions" and "mental health and substance use disorder assessments, crisis intervention, counseling, treatment, and referral to a continuum of services including emergency psychiatric care, community support programs, inpatient care, and outpatient programs."

Will parents' rights be respected in all this? Will their children be treated without their knowledge?

The "primary function" of existing school-based health centers "is to circumvent parental involvement in the important area of directing a child's healthcare," Gregory Hession, a Massachusetts attorney specializing in family and juvenile law, said in an e-mail. The programs "sexualize children with condom giveaways, homosexual advocacy programs, and age-inappropriate instruction to children, even very young ones, about sexual activity," said Hession. "These clinics even allow and promote statutory rape" and refer students to abortion clinics and provide transportation to the clinics, Hession added, pointing

out that all of this is done "in complete secrecy."

And what of mental health assessments? Hession stated that much of the mental health screening that already takes place in schools appears to be "fostered by psychiatrists with financial ties to large drug companies that offer psychotropic drugs which are almost invariably prescribed for any small perceived personality problem," the result being "that many children are now required, as a contingency for attending school, to take powerful psychotropic drugs for such invented maladies as attention deficit disorder."

With school-based health clinics already engaged in such unsavory practices, federal funding and mandates can only lead to even worse, and more widespread, abuses.

Government Into Almost Everything

Nothing less than the "transformation" of communities is the modest goal of Section 4201, which creates a grant program for state and local governments and nonprofit organizations "to reduce chronic disease rates, prevent the development of secondary conditions, address health disparities, and develop a stronger evidence-base of effective prevention programming." Each grantee must develop a "community transformation plan" which may include such things as:

1. creating healthier school environments, including increasing healthy food options, physical activity opportunities, promotion of healthy lifestyle, emotional wellness, and prevention curricula, and activities to prevent chronic diseases;
2. creating the infrastructure to support active living and access to nutritious foods in a safe environment;
3. developing and promoting programs targeting a variety of age levels to increase access to nutrition, physical activity and smoking cessation, improve social and emotional wellness, enhance safety in a community, or address any other chronic disease priority area identified by the grantee;
4. assessing and implementing worksite wellness programming and incentives;
5. working to highlight healthy options at restaurants and other food venues;
6. prioritizing strategies to reduce racial and ethnic disparities, including social, economic, and geographic determinants of health; and
7. addressing special populations needs, including all age groups and individuals with disabilities, and individuals in both urban and rural areas.

Imagine telling the Founding Fathers that the federal government would someday be concerning itself with restaurant menus and workplace stress! They would have laughed you right out of Philadelphia. Yet here we are, with the feds doing just that and much, much more.

Just what is "emotional wellness," and how is the government going to see to it that people attain it? Surely it isn't by cutting bureaucracy and spending, bringing the troops home, and reducing taxes, though those are the surest ways to make (almost) everyone happier.

President Obama, in a 2007 Democratic primary debate at Dartmouth College, stated his support for a national smoking ban if local bans fail to snuff out the habit. It makes sense, then, that his signature achievement would include language plainly calling for "smoking cessation." When Uncle Sam is footing the bill for Americans' healthcare, they'd better do as he says or else. Indeed, the British Health Secretary, in charge of that single-payer system that Berwick so adores, ruled in 2007 that smokers would henceforth "be denied operations unless they give up cigarettes for at least four weeks

beforehand," according to the *Daily Mail*; their doctors would be in charge of enforcing the rule by making them take blood tests to prove they've not lit up for the last month. Surely the ObamaCare administrators can come up with some similarly clever ways of coercing Americans to can their Camels.

Then there's that business about "reducing disparities." The intention, undoubtedly, is to see to it that those who do not have health insurance receive it — and that those who have too much of it, as Washington sees it, are forced to make do with less; hence the tax penalties applied to so-called Cadillac plans. Subsidizing insurance for some will only encourage them to make more use of the healthcare system, putting upward pressure on prices and hastening the day that Berwick and others of his ilk begin rationing care for them. Punishing those with the best insurance plans will ensure that some of those individuals are unable to afford the care they need, which is just rationing by other means. The result: We all end up in the mushy middle, with just as much care as the government deems necessary to keep us from being too much of a strain on the system. For those who do become too ill and therefore too expensive for the government to keep, denial of treatment is an easy fix.

Individuals who use community health centers funded by the government may also be given a government-sanctioned "individualized wellness plan" under Section 4206, which establishes a demonstration project for this purpose. Undoubtedly this will be declared a success, and soon all Americans can expect a Washington-mandated plan for their lives, to control such things as alcohol and tobacco use, weight, blood pressure, nutritional supplement usage (but only those supplements "that have health claims approved by the Secretary"), stress, and exercise.

Invading Homes and Schools

One need not go to a health clinic to be subjected to federal healthcare intrusions, either. At least two portions of the act actually provide for government agents to come into individuals' homes to see to it that they are obeying Washington's directives.

The first of these is Section 2951, entitled "Maternal, Infant, and Early Childhood Home Visiting Programs." This section requires all states to perform a needs assessment that identifies at-risk communities and "the quality and capacity of existing programs or initiatives for early childhood home visitation." States can then apply for grants to establish early childhood home visitation programs.

The programs will target high-risk communities first, with "high-risk" defined as "eligible families who reside in communities in need of such services," followed by eligible families with low incomes, pregnant women under 21 years old, "a history of child abuse or neglect … or interactions with child welfare services" (not evidence of actual abuse, mind you; just a visit from government agents on an anonymous tip will suffice), "a history of substance abuse," "users of tobacco products" (light up and expect a visit from your friendly neighborhood G-man), "children with low student achievement," "children with developmental delays or disabilities," or "individuals who are serving or formerly served in the Armed Forces." That just about covers everyone.

"This section of the law is designed to circumvent the Fourth Amendment to the U.S. Constitution, and give government agents a plausible excuse to enter homes without a warrant, with the ultimate goal of reporting the family to child protective services," said Hession. The child-protection agents then have every incentive to take children from their families, as evidenced by the fact that over half a million children are now in child protection agency custody in the United States.

The law lays out specific desired outcomes for individual families, many of which sound good. Who could oppose improvements in mothers' and babies' health, children's development, parenting skills,

school readiness and academic achievement, crime and domestic violence rates, and family economic self-sufficiency? The detailed regulations established by federal and state bureaucrats to accomplish these general outcomes, however, may not be so benign.

For example, what specific "improvements in parenting skills" might government agents wish to impose on those they visit? Will spanking children or even speaking sharply to them be permitted? What if parents try to inculcate specific moral or religious precepts in their children? Hession noted that homeschoolers and parents who believe in corporal punishment are already among the most targeted by state child protection agencies.

It is already known that government programs to improve school readiness are of little benefit. Gains made in Head Start, the most famous of these programs, do not last much beyond first grade. Why, then, would anyone expect the government to be able to offer parents expert advice on how to prepare their children for school?

Worse yet, how will "school readiness" and "child academic achievement" be measured? What will happen to families whose children fail to meet the government's arbitrary standards? As the Birch Society's Art Thompson perceptively pointed out,

> The idea of school readiness and academic achievement provides the excuse for government agents to nullify parental prerogatives for private and home schooling. Since they can test the preschool children, mold the tests of how and what the children should be taught, they can use this information to try and force you to send your children to government institutions.

In fact, school readiness is one of the key reasons boosters of universal pre-kindergarten cite for their support of extending government schooling to an earlier age. Among those who favor universal pre-kindergarten are Hillary Clinton — she of "It Takes a Village to Raise a Child" and the anti-parental-rights Children's Defense Fund — and President Obama. *Prima facie* evidence that it's a bad idea.

Government has been the greatest enemy of "family economic self-sufficiency," having replaced fathers with welfare checks and having taxed Americans to the point that both parents frequently must work outside the home just to make ends meet. Government benefits from families who are dependent on it because those same people will almost always vote for even bigger government, as inner-city voting patterns demonstrate.

It is of little comfort that the law requires that states provide assurances that "the participation of each eligible family in the program is voluntary." As Hession said, existing "family visitation programs are about as voluntary as the current IRS tax system, which continues to assert that it is based on voluntary compliance."

Even if it were the case, at least for now, that families are not required to admit government agents into their homes under this program, given that the target families at the beginning (most likely single mothers, according to Hession) are likely to have less education and fewer resources to fight back, how likely are they to resist a bureaucrat who offers them a check or other assistance just for answering a few questions? Once they are caught in the state's web, how easily will they be able to extricate themselves? After all, one of the desired outcomes for individual families is that they be more easily referred to "other community resources and supports … consistent with State child welfare agency training." Then how long will it be until the program is expanded to other families and made mandatory? The dangers here are immense.

As if that weren't bad enough, Section 4204 actually provides for home visits from government

functionaries for the purpose of providing immunizations (a demonstration program for the time being but with the intent "to continue and expand such program").

The recent H1N1 hoopla demonstrates how the government, with the enthusiastic backing of vaccine manufacturers, can manufacture a health crisis and then use it to encourage or even force people to be vaccinated. The *Washington Post* reported on June 4 that two separate reports from Europe "accused the [World Health Organization] of exaggerating the threat posed by the virus and failing to disclose possible influence by the pharmaceutical industry on its recommendations for how countries should respond." That exaggeration of the so-called pandemic and the WHO's accompanying recommendations led many Americans to be vaccinated needlessly, including some who were coerced by the government, such as healthcare workers in New York.

Now imagine that same scenario playing out under a program in which the federal government gives grants to states to (1) provide "immunization reminders or recalls for target populations," (2) educate "targeted populations and health care providers concerning immunizations in combination with one or more other interventions," (3) subsidize immunizations, (4) promote immunizations, (5) provide for "home visits" that may include "provision of immunization," and (6) create an electronic database for all states to access immunization records — all provisions of the Patient Protection and Affordable Health Care Act. How easy it would be for governments to find out who hasn't volunteered to be vaccinated and to show up at the recalcitrant citizens' homes to give them their shots right then and there! How profitable it would be for vaccine manufacturers!

Indeed, Dr. Paul said that "one thing that we have found in the past is some of the strongest proponents of massive inoculations" have been funded by pharmaceutical companies. The decision to immunize or not to immunize, he said, "should be strictly a decision made by the doctor and the patient, and never by public health officials."

Paul expressed particular concern that ObamaCare will come between doctors and patients. Decisions about treatment, he said, "will be made not by other M.D.'s, but they will be made by people who are pushing a pencil.… And there will be rationing of care … by those people in Washington, the bureaucrats who are looking at a bottom line and not understanding the situation."

People Control, Not Healthcare

From page 1 to page 906, ObamaCare is chock full of expensive, intrusive, and downright scary programs such as these. The law gives the federal and state governments virtually unlimited power to interfere in Americans' lives, even within the confines of our own homes. (Hession noted that the act "is marbled with requirements that can be accomplished only by entry into private family homes.") It destroys individual self-reliance and, through a variety of provisions such as school-based health clinics and home visitation programs, the family unit. These are the foundations of the American Republic; without them the United States will become a society of helpless, dependent sheep with neither the desire nor the will to resist the state's relentless encroachments on our liberties.

These problems cannot be fixed merely by modifying a clause here and a proviso there. ObamaCare needs to be repealed in full before it can metastasize into a full-blown single-payer system. State-by-state nullification should also be undertaken. Then we can work on dismantling the rest of the federal healthcare behemoth. These are the only cures for what ails the American healthcare system.

** "Single payer" is the innocuous code for government-run, bureaucrat-controlled, nationalized, socialized medicine.*

† Although "rationing" may have a more negative connotation than "single payer," it is nonetheless

euphemistic. What it means in healthcare is that treatment will be determined not by the physician according to the needs of the patient, but according to formulas and edicts issued by the government and carried out by administrators and bureaucrats.