

Obamacare: A Health Care Rationing Scheme to Enrich Insurers, Drug Companies and Large Hospital Chains

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On February 24, Barack Obama told a joint session of Congress that “we must....address the crushing cost of health care....caus(ing) a bankruptcy in America every thirty seconds. By the end of the year, it could cause 1.5 million Americans to lose their homes. In (each of) the last eight years....one million....Americans have lost their health insurance....Given these facts, we can no longer afford to put health care reform on hold....health care reform cannot wait, it must not wait, and it will not wait another year.”

Behind the facade of reform, Obama and leading Democrats ruled universal, single-payer coverage off the table before debate even began. Instead they’ve focused on taxing more, rationing care, placing profits above human need, disdaining vital change, shifting the cost burden to individuals and requiring everyone to be insured; imposing fines up to \$1000 for non-compliance, and making a broken system even worse.

On June 10, Physicians for a National Health Program advisor Walter Tsou told the House Education and Labor Committee:

“Attempting to reconcile the dual imperatives of universal coverage and cost control through alternative methods besides single payer is an exercise in futility. When some congressional leaders declare that single payer is off the table, they are in effect saying that insurers will be protected, leaving the pain to patients, taxpayers and health care providers.”

At the same hearing, the California Nurses Association and National Nurses Organizing Committee co-president Geri Jenkins said:

“The current system rations care based on an ability to pay. Right now we are the only nation on earth that barter human life for money.”

The administration and lawmakers have been unresponsive in moving ahead with House and Senate legislation to enrich health insurers, Big Pharma, and large hospital chains. It will ration care, curb expensive treatments and surgeries for those who can’t afford them, leave millions in the country uncovered, deny it altogether to undocumented immigrants even though they pay income, payroll and other taxes, and claim it’s real reform like they always do.

On May 20, S. 1099: Patients' Choice Act was introduced "to provide comprehensive solutions for the health care system of the United States, and for other purposes." It was referred to the Senate Finance and Health, Education, Labor and Pensions Committees (HELP) for consideration.

The Senate Finance Committee may craft its own version. On July 15 along party lines, HELP voted 13 - 10 to approve a \$615 billion Democrat-sponsored bill that's substantially similar to House legislation with provisions that Obama wants.

On July 14, HR 3200: America's Affordable Health Choices Act of 2009 was introduced "To provide affordable, quality health care for all Americans and reduce the growth in health care spending, and for other purposes." It was referred to the following House committees for consideration: Energy and Commerce, Ways and Means, Education and Labor, Oversight and Government Reform, and Budget.

House and Senate bills stress cost-containing "evidence-based" solutions with Obama appearing on a June 24 ABC News "Questions for the President: Prescription for America" infomercial touting his plan to carefully selected reporters and others invited to the White House East Room for a scripted Q & A.

Cutting costs and free-market solutions were emphasized, not real reform stressing human need with Obama saying "If we don't drive down costs, then we're not going to be able to achieve all of those other things." Which ones he didn't say before stressing the need for "evidence-based care," meaning less is better for those unable to pay so that millions will be sacrificed on the alter of cost containment while enriching private insurers, Big Pharma, and large hospital chains that will flourish as community and public ones shut down for lack of enough resources.

Obama was callous in saying "Loading up on additional tests or additional drugs" must be curbed. "Maybe (some would be) better off not having....surgery, but taking (a) painkiller" instead. He showed disdain and indifference in stating that "the chronically ill and those toward the end of their lives are accounting for potentially 80% of the total health care bill out there" - the inference being ration their care and let 'em die to cut costs.

At the same time, he favored big insurers by saying that "One of the incentives for (them) to get involved in this process is that potentially they're going to have a whole bunch of new customers, paying customers....insurance companies will thrive" under this plan.

As for a "public option" to fill holes, Obama was receptive to alternatives but adamantly against universal single-payer coverage in saying: "For us to completely change our system, root and branch, would be hugely disruptive." Only market-based solutions will be considered along with huge cost-containment measures, mostly affecting millions of working Americans, the poor, elderly, and chronically ill.

Over the next decade, Medicare and Medicaid may lose over \$600 billion in funding with recipients, of course, making up the difference or foregoing care. About \$317 billion is proposed for "efficiencies" with another \$313 billion in cuts for hospitals that treat the poor and uninsured. Many of them are already severely strapped as unemployment soars, charitable donations are down, expenses rise, vital services and staffs have to be cut to stay afloat, and growing numbers won't make it as economic conditions worsen.

Instead of helping to fill budget gaps, Obama plans less aid to shut them down. It will leave some areas dependent on more distant ones for treatment, and let large chains consolidate for greater dominance. Accessible quality care will be less available and affordable so, of course, patients will lose out – mostly the elderly, chronically ill, those on society’s lower rungs, and all working Americans because an uncaring administration and Congress threw them overboard for profit and “efficiencies.”

If “Obamacare” passes, most working people, the disadvantaged, and those singled out as less important will experience large rollbacks in quality, readily accessible coverage. For them, future health problems will be more hazardous than ever because a callous nation doesn’t care.

On July 17 as expected, two of three key House committees passed HR 3200. Largely along party lines, Ways and Means voted 23 – 18. Education and Labor approved 26 – 22 with a Kucinich amendment that may not survive a floor vote or make it to the Senate.

It leaves HR 3200 intact but lets states create single-payer plans. Eight are now considering them – California, Colorado, Illinois, Maine, Pennsylvania, Minnesota, Missouri, and Washington with perhaps more to follow.

On June 11 in Pennsylvania, HealthCare4ALLPA organized over 400 people for a state capital rally, and its Executive Director Chuck Pennachio predicts pending legislation passage later in the year because bipartisan support backs it. So do most Pennsylvanians, and Governor Ed Rendell said he’ll sign what comes to his desk.

Kucinich hailed its importance in saying:

“There are many models of health care reform from which to choose around the world – the vast majority of which perform far better than ours. The one that has been the most tested here and abroad is single-payer. Under (it) everyone in the US would get a card that would allow access to any doctor at virtually any hospital. Doctors and hospitals would continue to be privately run, but the insurance payments would be in public hands. By getting rid of the for-profit insurance companies, we can save \$400 billion per year and provide coverage for all medically necessary services for everyone in the US.”

Tens of billions more annually could be saved if the government negotiated drug prices like it does for the Veterans Administration and Medicaid. The Congressional Budget Office estimated it would be \$110 billion over 10 years for Medicare recipients alone, comprising about 15% of Americans. For the entire population, it would be much greater even though over-aged 65 people use more prescription drugs than any other age group.

A Fly in Obamacare’s Ointment

One emerged on July 16 when Congressional Budget Office (CBO) Director Douglas Elmendorf told the Senate Budget Committee that health care bills under consideration will raise, not cut costs. “We do not see the sort of fundamental changes that would be necessary to reduce the trajectory of federal health spending. On the contrary, the legislation significantly expands the federal responsibility for health care costs” even though much of it is shifted to individuals.

Reversing its earlier opposition, the influential American Medical Association (AMA) endorsed the House bill after a new payments provision was added to halt scheduled 2010 cuts to doctors under Medicare.

AMA's president, Dr. James Rohack, said:

"We pledge to work with the House committees and leadership to build support for passage of health reform legislation to expand access to high quality affordable health care for all Americans." The AMA calls it "an important step, but one of many steps in the process," including income-increasing measures for their members and "individual responsibility for health insurance, including premium assistance for those who need it."

Opposing Obamacare are advocates for universal single-payer coverage like Physicians for a National Health Program (PNHP). On July 16, it said the House health reform bill is a "proven failure" and called for an amendment to overturn it and implement a Medicare-for-all system.

PNHP's Dr. Quentin Young said similar state efforts repeatedly foundered. Citing Massachusetts' experience, he explained that "The state is dumping 30,000 legal residents off insurance, and the largest safety-net hospital is suing the state for decimating the hospital's budget to shore up reform. Meanwhile 1 in 6 (state) residents (can't) pay their medical bills, and 18% (of them) with insurance skipped care last year because they couldn't afford it. The Massachusetts model is no solution." Neither are House and Senate bills that will make a broken system worse. It will backtrack from real reform and make it harder than ever to implement. The time to do it right is now.

That's what Single Payer Action believes - "1,000,000 Strong for Single Payer, everybody in, nobody out." They're activists for "Medicare for all in our lifetimes." They're "sick that 22,000 Americans die every year from lack of health insurance; (that) health insurance companies (jack) up premiums while their....CEO's make out like bandits." They deplore pre-existing condition exclusions, "high deductibles, co-pays, and in-network, out-of-network Rube Goldberg" shenanigans in today's system. They'll keep confronting government and corporate officials until single-payer is the law of the land and America treats health care coverage like all other Western nations.

Democrats on Damage Control

After CBO Director Elmendorf's cost alert, Rep. Mike Ross (D. Ark.) said "There's no way they can pass this bill (as is) on the House floor. Not even close." Other House and Senate Democrats also expressed unease. Damage control followed.

Speaker Pelosi said a bill is on track for a floor vote before the House and Senate August 10 through Labor Day weekend recess. "We're in excellent shape," she told reporters in response to questions about growing breaks in the ranks.

Obama was just as positive in saying "Those who are betting against this happening this year are badly mistaken." In a lengthy prepared statement, he cited "unprecedented progress" so far "that will finally lower costs, guarantee coverage, and provide more choice....Let me repeat: Health insurance reform cannot add to our deficit over the next decade and I mean it....eventually this is going to happen."

Perhaps so with New York Times backing. A March 7 editorial said “President Obama has shown both courage and sound judgment pressing for quick action on comprehensive health care reform, even in the midst of the country’s deep economic crisis. He has rightly stressed the urgency of reining in skyrocketing health care costs that are straining the budgets of families, businesses, and federal and state governments.” Unmentioned was that insurance and drug company profiteers cause the problem or that universal single-payer coverage is the obvious, fairest, and only solution.

In a July 6 editorial, The Times referred to the “bloated, inefficient health care system,” but stressed cost control on the backs of recipients, not providers, and perhaps raising taxes.

“The first task is to find savings. Some respected analysts suggest that as much as 30 percent of all health care spending in this country – some \$700 billion a year – may be wasted on tests and treatments that do not improve the health of the recipients.”

Unconsidered was the right of doctors and patients to assess problems and choose treatments, not elected officials, bureaucrats, unnamed analysts, or Times editorial writers. Yet the paper stressed the importance of “reallocating hundreds of billions of dollars from projected spending on Medicare and Medicaid (and) impos(ing) additional cuts after a few years if savings are less than projected.” Again, The Times and other media sources stress market-based solutions and are mindless to the harm that Obama’s plan will cause.

Possible Intrusive Provisions in Obamacare

On July 16, CNSNews.com’s Editor-in-Chief Terence Jeffrey covered another concern that needs watching. He cited the “official summary” of the approved Senate Health, Education, Labor and Pensions Committee’s version of S. 1099 that:

“Authorizes a demonstration program to improve immunization coverage. Under this program, CDC will provide grants to states to improve immunization coverage of children, adolescents, and adults through the use of evidence-based interventions.” The word “interventions” causes concern. “States may use funds to implement interventions that are recommended (or perhaps mandated) by the Community Preventive Services Task Force, such as reminders or recalls for patients or providers, or home visits.” Including “home visits” suggests that perhaps immunization teams will intervene at personal residences to assure everyone is vaccinated if federal mandates order it.

S. 1099’s Title III is also worrisome: “Improving the Health of the American People.” Under Subtitle C: “Creating Healthier Communities,” the Health and Human Services (HHS) secretary may “establish a demonstration program to award grants to states to improve the provision of recommended immunizations for children, adolescents, and adults through the use of evidence-based, population-based interventions for high-risk populations.”

Under one of Title III’s provisions, grant money may be used for home visit immunization “interventions.” Specifically:

“Funds received under a grant under this subsection (Title III, Method E) shall be used to implement interventions that are recommended by the Task Force on Community Preventive Services (as established by the secretary, acting through the Director of the Centers for Disease Control and Prevention) or other evidence-based interventions, including:”

“(A) providing immunization reminders or recalls for target populations of clients, patients, and consumers; (B) educating target populations and health care providers concerning immunizations in combination with one or more other interventions; (C) reducing out-of-pocket costs for families for vaccines and their administration; (D) carrying out immunization-promoting strategies for participants or clients of public programs, including assessments of immunization status, referrals to health care providers, education, provision of on-site immunizations, or incentives for immunization; (E) providing for home visits that promote (or perhaps mandate) immunization through education, assessments of need, referrals, provision of immunizations, or other services; (F) providing reminders or recalls for immunization providers; (G) conducting assessments of, and providing feedback to, immunization providers; or (H) any combination of one or more interventions described in this paragraph.”

All Vaccines Are Hazardous

In three recent articles, this writer cited scientific evidence of hidden dangers in all vaccines. They contain squalene-based adjuvants that cause a host of annoying to life-threatening autoimmune diseases and must be avoided, even if mandated. It's also known that vaccines don't protect against diseases they're designed to prevent and often cause them.

Currently at issue is concern over Swine Flu and WHO's June 11 declaration of a global pandemic even though no forensic evidence links any deaths to H1N1. Yet experimental, untested, toxic and extremely dangerous vaccines are being rushed to market for potentially mandated immunizations globally as the fall flu season approaches. If enacted in time, Obamacare may provide cover, and if not, other US laws empower the HHS and Defense secretaries to declare a national emergency and compel everyone in the country to be vaccinated, even though submitting risks serious health consequences.

Staying alert is essential as Obamacare's passage will shift more of the health care burden on those who can least afford it and prepare Americans for hazardous mandatory Swine Flu vaccinations in the fall. Grassroots opposition to both schemes is vital to the health and well-being of everyone.

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