

# What Government Controlled Health Care Means:

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**1) The End to Private Health Insurance.** President Obama has made it abundantly clear over the last few years – the evidence is easy to find if you want to on the internet – that his goal is a “single payer” system. The single payer would be the Federal Government, or some sort of “Co-op” controlled by the Fed. **Regulations in the various bills now before the House and Senate would make it cheaper for many businesses to simply pay the tax penalty rather than continue with private health insurers for their employees.** Private health insurance would wither on the vine for those who are not rich. It might even be made illegal eventually, simply because the government would not want there to be resources that would not be at their disposal. This means that many of those reading this article would lose their company-provided health insurance within a few years of the adoption of a GCHC – whether you want to or not.

**2) More Abortions.** Government Controlled Health Care (GCHC) means that all resources will be controlled and regulated through the single-payer principle. What the government will not pay for will not be able to be carried out. For those with problem pregnancies you might be told that care for a handicapped child would not be paid for. This would drive many towards abortion, even if the government didn’t pay for that. But the reality is that those in control in Washington are so pro-abortion that GCHC will not be passed unless it covers abortion. This means that many will be pressured to have abortions and that your money will be used to pay for them.

What do you think that a couple will do if they are told that the tests show that they might have a Downs Syndrome child and that the GCHC will not pay for the care of such a child because it was preventable? And if they are told that the GCHC will *pay for the abortion*, what will they be pressured to do?

**3) The End to the Catholic Hospital System.** GCHC will want access to all resources so that they can be fairly distributed amongst all citizens – doesn’t that sound good? This means that Catholic Hospitals have to do their fair share. Doesn’t that also sound good? But that means that they are going to have to follow GCHC regulations. Notice what happened in Massachusetts with our new state health insurance mandate (the state *makes* us get insurance – because, apparently, we are their children): the Catholic hospitals, in order to participate in the program, are required to offer “full reproductive services”. This is the code for killing babies in womb, among other things. This inevitably will become the national standard if GCHC is adopted. The argument will be made that if a Catholic hospital is unwilling to do abortions then it is not serving all of the population (because in the culture of death you “serve” the population by *killing* some of them). Catholic hospitals will not be allowed to “benefit” from the national system – which will be the only system – unless they are willing to do all of the work that is presented to them. Not doing abortions will be seen as “imposing Catholic morality” on others.

**4) The End to Conscientious Objection.** Why would the government hire you for the GCHC system if you are unwilling to do abortions and sterilizations, or give granny the exit pill she “needs” (see the article next week)? Why would McDonalds hire someone who was unwilling to work the fryolator? Catholic physicians and nurses would be a drag on the system. Even if you were tolerated for a while, the medical education system would only train those willing to give a full range of “services” (which means of course, killing people).

**5) Rationing by a Federal Panel of “Experts”.** One of the silliest questions in the GCHC debate is over whether there would be rationing or not. Everything that is bought or sold or traded in the world is rationed, hence GCHC will also be rationed. The only real question is the methodology of rationing.

Rationing for most things bought and sold in the world is through a free market, or a quasi free market. In the free market hundreds of millions of Americans every day make decisions as to what car to buy, clothes to buy, computers to buy, food to buy, etc. Sometimes the government interferes with the free market. For example, taxes interfere with the free market, making some things artificially expensive. In health care, state mandates, various government regulations, generous compensatory and punitive court awards in court cases, and the actions of HMOs and insurance companies alter the cost of insurance, usually making it much more expensive. GCHC would take the free market out of health care completely, simply because a “single payer” system means that the one who pays (the government) is the one who makes the decisions. No other non-governmental persons would have any decision-making power regarding the distribution of health care resources. This means you and me. The experts in the government panel(s) set up for this purpose would tell us what would be covered for whom, as well as when and where. You would have no recourse other than to sue the government. How many people do you know who have successfully sued the government?

**If the government takes over health care it will have to limit the cost of the GCHC system because the Federal government is deeply in dept.** Our deficit this year is 1.6 Trillion dollars, and the unfunded liabilities of Social Security, Medicare and Medicaid are estimated to be close to 100 Trillion dollars. There is no money to spare.

This brings up the question as to why anyone in Washington would want to take over health care, considering the dire financial condition of the nation. It is not to improve health care, it couldn’t possibly be. It is to centralize power in the Federal government. But as they centralize they will have to save money on health care costs.

**The money would be saved mainly at the beginning and ending of life.** This is simply because that it is at the beginning and ending of life that most health care dollars are spent. This then means that there would be more pressure for abortion of children who have birth defects. (See # 2 above –last week.)

**Most money would be saved at the end of life.** This is because most health care dollars are spent in the weeks and months before a person dies. Most “savings” would have to be found then in limiting care at the end of life. Those who contend that this is not so are either not thinking, or they are lying to you. So you and I, under GCHC, would not be deciding whether or not to try such a treatment for grandma, rather the government would tell us what they will allow. It is quite obvious that this would mean the limiting of treatments that would lengthen the life of the elderly.

**Remember: the government has no interest in lengthening the lives of retirees.** They don’t produce anything, they simply take. (Yes, I know, they have given their all when they were working, but that was then and this is now. You have to start thinking like a government bureaucrat!) So if hospital stays are shorter, and if treatments likely to lengthen life are omitted, then the old person will die earlier and money will be saved. An extra bonus for the government is that a dead person does not take a social security check.

**6) Make euthanasia a normal part of life in the United States.** Because of the pressure of rationed health care, and because children will no longer be brought up with the idea that all important decisions in our life are theirs, an inevitable change will take place in the way in which people look at their lives. The nagging thought as we grow older will not be *“When will I get old and sick, and how will I deal with it?”*, but rather *“When will I get old and sick, how much care will be allowed, and when will it be cut off?”* With so much of the control of their lives being taken away by the government, many will grab for the control that is left to them via euthanasia. Significant numbers have already chosen the time of their own end in the socialized systems of Europe. The Netherlands is a stark example of this new reality. Many think that they are selfish to live “too long”.

Already, elders in our culture often go through periods of depression because, **a.** they find sickness too hard to deal with; or **b.** they don’t see much of their children; or **c.** they feel abandoned by their children; and usually for some period of time for all, **d.** they have lost their spouse. Now whole new reasons for depression will be added: **e.** you won’t know whether you will be able to get the procedures and operations you need; **f.** or when medical care might be limited to pain medication; and **g.** the culture around you emphasizes how many resources you are taking up and so you feel guilty about that. **Euthanasia will be seen as something that will relieve the elder citizen of emotional and psychological pain, as well as benefit society.** And of course there is no reason to think that *euthanasia* will be rationed.

**7) Lead to government control of how many children you have.** Giving birth to children obviously is a major health-related event for the child, the mother, the family, and society. What more reason does a GCHC program have for getting involved in such an important question as the number of children you have? Of course some socialized health programs have led to an increase of births *among the right type of people*. The National Socialists in Germany inherited a socialized

medical system that had been established by Bismarck. The Nazis (National Socialists) used it to encourage more births in order to strengthen the German nation. (Of course the Nazis favored *abortion* for the Jews and the other *untermenschen*.)

For the United States the situation is different. The crowd that supports GCHC is very “green” in its politics. The more extreme of them think that there are way too many people already in the United States. They think that it would be better for the *environment* if our population were much less. Many of these people live in a time warp in which overpopulation is seen as the danger, even as we are only at “replacement level” and Europe is in an irreversible population decline.

President Obama’s science advisor John Holdren, who co-authored a book in 1977 entitled, “Ecoscience: Population, Resources, Environment,” *wrote in support of “coercive fertility control” including the forced sterilization of women. He also favored the creation of a “Planetary Regime” that would oversee human population levels and control all natural resources as a means of protecting the planet.* He has since said that he does not support these things, but this author has seen the pages of the book in question. Google it if you don’t believe it.

The co-authors were Paul and Anne Ehrlich, the “Population Bomb” people. So with such advisors do you really think that a GCHC program would be favorable toward large families? If you are not allowed to make decisions about your life and death, do you really think that you will be able to make decisions about bringing a new life into this world without government “input”? The easiest method of control would be to have a “surcharge” for the third child, etc. *After all, what is the “carbon footprint” of another human being?* Of course the government doctors would be directed to inform the mothers after a birth that this would be a good time to tie her tubes and that the GCHC plan covers the whole thing.

**8) The Government will have even more control over the rearing of children.** The various levels of government already claim great influence over the rearing of children in the U.S.A. The most egregious examples are in the area of sex education. Now with a GCHC system, and with access to most children through the public school system, there will be efforts to direct parents in all areas that affect the health of children. And what doesn’t affect one’s health? Remember: *health* is interpreted by the government as including the psychological and emotional aspects of life. It is easy to see that the government will more and more tell parents how to raise their children. All sorts of things will be prohibited because they are thought by the experts to harm the psychological, physical, or emotional health of children. There is no obvious limit to this.

**9) A multi-tiered health care system that favors the rich and influential.** Some say that this is already the case, agreed. But the difference is that health care programs other than GCHC will likely become *illegal* after time. Only those who are rich and influential will be able to have the health care they need unfettered by the nation’s need to save money. Do you really think that the likes of Senator

Kerry and Congressman Frank will be willing to sit in line with residents of Dorchester and Bellingham to wait to see their doctor? *Be serious.* **Those in government will not give up their gold-plated health care.** There will be ways for other important people to join it.

A **foreign/offshore/underground** system will quickly develop. Enterprising Caribbean and Central American countries will become health havens, much as the United States is now for much of the world. (Under GCHC this will *end*.) You will be able to get whatever you want, for a price. There may even be hospital ships in international waters offering all services. **More likely, many doctors will go underground.** It will be like a “medical prohibition era”. If you have money you will be able to get what you want when you want it. The poor and old and the weak will be relegated to the GCHC system.

10) **Patients will have less time with doctors.** This is because there will be fewer doctors in the system. As it is now, many doctors don’t take Medicare, or only take a few Medicare patients because the payments are low and late. Some doctors wait for months to receive reimbursements. This is likely to be the template for GCHC. Hence, a significant number of doctors will simply retire. **Investors Business Daily reported this last September 15<sup>th</sup> that 45% of doctors polled would consider retiring if GCHC were passed.**

Doctors do not receive as much compensation as many think, especially compared with those in the business world. They also put much more time and money into preparation for their vocation. Many are paying off loans for years after they have finished medical school. In addition, they have to pay for malpractice insurance, office rent and overhead, as well as for their family’s needs. Why go through all this in order to be told by the government how to practice as a physician?

**Hence, GCHC will make medicine a much less attractive call in life and so a lesser number of young men and women will enter medicine.** (At the same time there may be a superabundance of veterinarians!) This is not just because compensation will be lowered by the GCHC, but also because the doctor will be less in control of how he runs his or her practice. It is one thing to work for yourself, even though you might have to battle from time to time with insurance companies and hospitals. It is another thing to be a government employee. The end result is that there will be fewer doctors for the GCHC system. **That means that you will spend less time with your doctor because under GCHC a fewer number of doctors will be caring for a larger number of patients.**

11) **A slowing down of medical research and advances.** The health care system in the United States, being primarily private, has been the fertile ground for truly astounding medical research and advances. The causes of this have been multiple: a. the cultural assumption that all human life is valuable and a good in itself; b. therefore the goal of medical research has been to lengthen life, to restore health, and to reduce the frequency and effect of handicaps; c. because of a mix of motives of profit and altruism, and because of a minimal amount of government

interference, money has flowed into those areas that were thought likely to bear fruit in treatments; and d. the medical health market is so extensive in the United States that it could carry many research programs at the same time with a hope that they eventually would turn a profit, despite the initial and enormous outlay of cash.

**GCHC will change many of these conditions, all stemming from the fact that the government will control most of the health care dollars.** Since a major goal is to save money, research will not be encouraged in those areas that will cause further health costs, i.e. a longer life for people means more money spent by the government in our later years. So why seek to lengthen lives? And why research treatments for birth defects if you are going to *solve* the problem by preventing such births?

Under a GCHC program money will be spent on the young and the middle aged, **and it will be politicized.** And it will be wasted. A sterling example of this is seen in the fight over embryonic stem cell research (ESCR). Many politicians, supported by the abortion lobby, sought to pour money into ESCR. The abortion lobby supported this. The reason is that since ESCR involves the intentional destruction of human embryos, such destruction during the research process underlines the abortion lobby's belief that human embryos are not really and truly human lives with value. **Research into ESCR which has cost states like California and Massachusetts billions of dollars, and has taken the lives of many tiny human beings (embryos), has resulted in no cures or treatments for any medical maladies.**

Meanwhile private money has been invested for many years in adult stem cell research (ASCR), which does not involve the harming of any human life. The private money has flowed into ASCR because there were signs years ago that this would bear fruit. And it has. **There are presently over one hundred effective treatments and cures for various medical problems that come from the use of adult stem cells. If the medical community had been dependant on the government for funding then many of these treatments would not exist today.**

The advent of GCHC will mean the politicization of medical research, which means that research money will not necessarily go towards the avenues of most medical promise, but rather towards those that have the political backing.

**12) A massive increase in the possibility of graft and corruption.** The health care system of the United States involves 16% of the nation's economy. Once this comes under the auspices of the federal government, the obvious possibilities for scamming the system will increase exponentially. Does anyone doubt this?

**13) An end to private medical records.** GCHC will require that your medical records be loaded onto government computers for all sorts of reasons: a. quick access for your doctor; b. cost control (the government needs to know what it is paying for, and especially what it has spent on you); and c. effectiveness studies. It remains to be seen what rights you will have to your own records.

Remember that one of the ways in which the government can control your medical treatment is by being the entity that holds your records.

Government agencies will then have all your medical records and all your financial records (through the IRS). This will make it very easy for the agency tasked with the job to see if you are following the government's mandates. The Senate bill under consideration will financially penalize you if you don't have health insurance. It will have to be paid when you do your taxes every April.

**14) The government is given a reason to involve itself in every aspect of your life.** Do you remember the good 'ole days when people talked about keeping the government "out of the bedroom"? Well, how about the government being in your bedroom, your bathroom, your living room, your kitchen, and *your refrigerator*? Everything you and I do affects our health. Hence, everything we do possibly affects the cost of keeping us healthy. We can already hear the argument: "*What right do you have to do x, y or z if it is going to cost the GCHC system more money to keep you healthy?*" So by living the life of a free man or woman you and I will be *bad Americans*.

**15) A permanent change in elections and politics.** The real reason by GCHC is being pushed is for political reasons. It is a power play. We already have an enormous governmental bureaucracy, both state and federal. We also have millions of people who are dependent on the government for their livelihood: employees of the bureaucracy, and those who receive welfare, Social Security, Medicare, and Medicaid payments. Our health care system is 16% of our nation's economy. When that is controlled by the government, then all those whose jobs are in the health care industry will be basically *working for the government*. Who do you know that will vote against the entity that employs them? **GCHC will mean a large and permanent electoral block for all those who favor big government.**

This is why people are calling this a "game changer". It will be almost impossible, baring a complete societal collapse, to turn the nation around after the adoption (or more likely, *imposition*) of a GCHC system. It will become another "third rail" in politics, just like social security.

This is the reason for the speed of this imposition. People, who want to be able to trust their representatives in Congress, don't want to believe that we are being tricked. More and more citizens are realizing that GCHC is not really about medical insurance coverage; rather it is about our freedom as Americans. The more people consider the implications of GCHC, the more they oppose it. That is why congress is being pushed and pushed to do this quickly. The "window of opportunity" is relatively small. The big government people have to change our nation dramatically now, or they will loose the chance.