



Written by [William P. Hoar](#) on July 14, 2010

The Goal Is Rationed Care

Item: “Only a few months after the heated battles on Capitol Hill,” said Time for June 14, “it must have been quite a relief for President Obama to turn his focus to health care reform, however briefly, last week. After being pummeled by Republicans and cable talking heads over his response to the Gulf oil spill, spending a full hour talking to seniors about Medicare had to feel positively relaxing.”

This was just one small event “in a vast Administration-orchestrated campaign now ramping up to tout changes to the U.S. health care system brought on by the Affordable Care Act.”



Item: In an article entitled “GOP fosters anger on phony issues,” Democratic strategist Donna Brazile writes for CNN.com: “Democrats must also go out there and explain what the health care bill means to everyday Americans. The recent Kaiser poll indicated that the majority say they don’t know what is in the bill for them.”

Correction: There is nothing that government does that more government can’t make worse. We are relearning that painful lesson with healthcare reform.

Washington’s propaganda onslaught continues to be met with skepticism, with a majority of voters even now telling pollsters that they want ObamaCare repealed. Donna Brazile is smart enough to realize, but too disingenuous to admit, that only Democrat candidates with a death wish should actually go out and explain in person to the voters about the health bill that was rammed through the Congress. Indeed, party pashas have been telling Democratic candidates to steer very clear of public forums because the electorate is angry over government overreaching in matters such as healthcare. An article in the *New York Times* in early June (“Democrats Skip Town Halls to Avoid Voter Rage”) concluded that such forums were “teetering closer to extinction.” Said the *Times*: “With images of overheated, finger-waving crowds still seared into their minds from the discontent of last August, many Democrats heeded the advice of party leaders and tried to avoid unscripted question-and-answer sessions. The recommendations were clear: hold events in controlled settings.”

As we recall, House Speaker Nancy Pelosi told us that we should pass Obama-Care first, and then see what was in the legislation. Now, her troops are ducking the voters. Still, there was one thing we did know — because the President told us so over and over again: If we liked our health plan, we could keep it. Anyone who said otherwise was engaging in “fear-mongering,” said Obama.

Yet, lo and behold, it turns out the critics were right. When it comes to providing healthcare, as with other products and services, you can’t simultaneously drive up demand, restrict supplies, and hold down costs, at least not effectively. A test case for the United States at large has already been available in Massachusetts; it has many of the same features as the new national legislation. The country ignored



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the warning signs produced in Massachusetts. As noted in *Fortune* magazine: “The combination of heavily subsidized demand and tight, over-regulated supply is a textbook formula for perpetuating the big, chronic price increases that bedevil today’s health-care system.”

Even as the President was showing up at a seniors forum, in essence delivering the checks for \$250 that were sent out that week, internal documents about the administration’s new rules for private healthcare plans were leaking out. Unsurprisingly, it turns out you may not be able to afford those plans that the President promised you could keep, or they may not even be available because of the predictable fallout from the legislation. If a private company were responsible for a bait-and-switch scheme such as Obama-Care, the feds would be prosecuting it. *Investor’s Business Daily* notes:



Internal administration documents reveal that up to 51% of employers may have to relinquish their current health care coverage because of ObamaCare.

Small firms will be even likelier to lose existing plans.

The “midrange estimate is that 66% of small employer plans and 45% of large employer plans will relinquish their grandfathered status by the end of 2013,” according to the document.

In the worst-case scenario, 69% of employers — 80% of smaller firms — would lose that status, exposing them to far more provisions under the new health law.

The 83-page document, a joint project of the departments of Health and Human Services, Labor and the IRS, examines the effects that Obama-Care’s regulations would have on existing, or “grandfathered,” employer-based health care plans.

Other studies, after passage, have revealed more about what is to come. The Congressional Budget Office now says that as many as 10 million American workers will lose their current insurance with ObamaCare. It would have been nice to know before the vote. The bill, according to the CBO, will increase costs by \$311 billion over a decade. That is probably an underestimate. A study by a former CBO director, Douglas Holtz-Eakin, finds that ObamaCare will drive the deficit up by more than \$500 billion over a decade, and add another \$1.4 trillion during the following 10 years. Recent studies indicate, noted Michael Tanner in the *Fiscal Times*, that the “taxes in the bill will likely end up costing middle-class workers and small businesses an extra \$1,000 per year.”

Yet, when the President signed the bill designed to take over the nation’s healthcare, he assured us: “The legislation will lower costs for families and for businesses and for the federal government, reducing our deficit by over \$1 trillion in the next two decades” — which is completely true except for all the facts.

The future does not look “positively relaxing,” in *Time’s* words, for Medicare and Medicaid recipients, especially considering the President’s recent recess appointment of Dr. Donald Berwick to run those huge agencies. Dr. Berwick is a gushing advocate of the socialist National Health Service in the U.K.



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and its rationing arm known by the Orwellian moniker of NICE (National Institute for Clinical Excellence), which decides how much a Briton's life is worth to the state. A professor at Harvard Medical School, Berwick has been tapped to head the Center for Medicare and Medicaid Services — which has a budget of about \$800 billion, larger than the Pentagon's, and covers about 100 million Americans.

Berwick has excoriated healthcare in the United States as being trapped in “the darkness of private enterprise.” NICE, on the other hand, is “not just a national treasure, it is a global treasure.” And Berwick just *adores* the British National Health Service. Really. His devotion is evocative of the horrific end of George Orwell's *1984* when the protagonist comes to express his love for Big Brother. In a speech in 2008, Dr. Berwick enthused: “I am romantic about National Health Service. I love it.” Said the good doctor, it is “generous, hopeful, confident, joyous and just.” The NHS, he insisted, is “an example for the whole world — an example ... that the United States needs now.”

Love might not be the first emotion most Americans (or Brits) would express for a body that puts people on medical waiting lists until they die. Cato Institute senior fellow Michael D. Tanner writes in the *Daily Caller*:

[The NHS is a system] where 750,000 patients are awaiting admission to NHS hospitals. The government's official target for diagnostic testing was a wait of no more than 18 weeks by 2008. The reality doesn't come close. The latest estimates suggest that for most specialties, only 30 to 50 percent of patients are treated within 18 weeks. For trauma and orthopedics patients, the figure is only 20 percent.

Overall, more than half of British patients wait more than 18 weeks for care. Every year, 50,000 surgeries are canceled because patients become too sick on the waiting list to proceed.

The one thing the NHS is good at is saving money. After all, it is far cheaper to let the sick die than to provide care.

The President has said he doesn't believe in rationing and having the government run the nation's healthcare system. Believe that if you want, but the man he chose to run the government's largest healthcare programs is more forthright, saying it will take “collective action overriding some individual self-interest.”

Dr. Berwick said last year: “The decision is not whether or not we will ration care, the decision is whether we will ration with our eyes open.” Dead giveaways such as this don't happen too often: We can't say we weren't warned.



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