

Obamacare in Action: Sacrificing Millions to Imperial Finance

by Nancy Spannaus

Oct. 5—The intent of Obamacare, which the LaRouche Political Action Committee appropriately named “Hitler health,” was never in doubt. As President Obama, along with his chief cost-cutting accountants Peter Orszag and Ezekiel Emanuel, repeatedly stated, the purpose was to “bend the cost curve” of health-care expenses—i.e., eliminate “ineffective,” “inefficient,” “futile,” “unnecessary utilization” of the health-care system. While claiming to expand the potential for care to the uninsured, the system would in fact serve precisely the same function as Hitler’s T-4 program, by identifying categories of people too old and sick to provide with health care, and cutting them off—de facto declaring them to have “lives unworthy of life,” as Hitler’s infamous 1939 order to Dr. Karl Brandt called for.

To carry out this policy, however, all Americans had to be made subject to the system.

The other aspect of the bill was also modelled on fascist policies, specifically, the corporatist model of using the Federal government as an enforcement arm for paying trillions of dollars to huge financial/insurance cartels. Hence, the individual mandate.

Lies and Cuts

Over the first three and a half years, the implementation of Obamacare (Affordable Care Act, or ACA) has been slow, but steady, in accomplishing its first objectives. Whole categories of previously standard preventive care, such as prostate exams, have been declared “ineffective.” Hospitals have been penalized for readmitting their oldest and sickest patients too often within a certain time span. Experiments in Accountable Care Organizations, which result in providing a lump sum payment for a patient, depending upon the diagnosis—in effect, a cap—have been expanded. While the most blatant fascist element of Obama’s Hitler health, the Independent Payment Advisory

Board (IPAB), an “independent” panel of experts charged with overseeing the cost-cutting process, is still stalled (no appointments, although it’s scheduled to go into effect in 2014), the process of triage has begun, including accelerating the shutdown of medical facilities by squeezing hospitals and other providers.

One by one, many of the promises made by supporters of the ACA have been proven to be false. For example:

- ACA means care for all: More than 9 million of the estimated 30 million uninsured will still not receive coverage. For this atrocity to occur, of course, certain Republican governors had to do their part (see below).
- ACA is affordable: While this varies by state, people shopping online for insurance were shocked by the cost of the premiums, which were much higher than promised. Rates for large and small companies have gone up an average of over 20% a year the last three years, and now will go up by as much as 40% the first year (2014). These costs will be passed on to their workers.
- Keeping existing insurance: Many companies and government entities are cutting hours of employees to below 30 hours per week, to avoid the ACA mandate for providing coverage for all “full-time” employees.
- Trade union members covered by multi-employer plans—referred to as the Taft-Harley plans—are considered by the ACA as high-end insurance-policy holders, and as a class, ineligible for usage and benefit from the new exchanges. An estimated 26 million U.S. workers fall into this group, according to the National Coordinating Committee for Multiemployer Plans.
- Controlling exorbitant costs: The only controls are through reducing care, with medical procedures being denied, and payment for some medications elim-



White House/Pete Souza

Already, as a result of Obamacare, the number of hospital beds is being reduced; hospitals are closing, and programs, such as the Cleveland Clinic, are laying off thousands of employees. Here, Obama, in a PR stunt, plays at operating equipment at the Cleveland Clinic, July 2009.

inated. The number of hospital beds is being reduced drastically, and hospitals are being closed, with major programs, such as the Cleveland (Ohio) Clinic, laying off 3,000 employees. In 2009, while promoting his plans for the ACA, Obama praised this company as an example of what works well.

Who Gets Left Behind?

On Oct. 1, with much fanfare, the next phase of the process began—paying off the insurance companies, by starting the process of enrollment through health-care exchanges, a complicated process aimed at starting the increased flow into the insurance coffers in January 2014 through a Rube-Goldberg-machine-type system of incentives (promises of subsidies) and penalties also set to go into effect at that time.

According to the Administration, the silver lining in this complex process is that everyone will get “affordable” health-care insurance. That’s an outright lie.

The way the bill was crafted—by the insurance companies, by the way—millions of Americans, most low-wage workers and minorities, will be denied insurance. According to a *New York Times* analysis of census data, published Oct. 3, two-thirds of poor blacks and single mothers, and more than half of the low-wage workers currently without health insurance, will be *denied* any Federal support for their health-care in-

surance, even if its cost rises dramatically.

The *Times* came up with this figure following the Oct. 2 release of the official list of those states which have either definitely decided against expanding Medicaid (the state-Federal program for the poor), or haven’t yet decided. Twenty-six states are in this category, and they happen to comprise many of the Southern states, where an estimated 68% of the nation’s poor, uninsured blacks, and single mothers live. Looking at the complex calculus which defines eligibility for a Federal subsidy, the *Times* calculated that 8 million Americans would be ineligible for help, because they fall between being poor enough for Medicaid, and the bottom-line for federally subsidized insurance.

Undoubtedly, some Democrats will argue that the problem is due to the fact that the Republican governors of these states did not sign on to the expanded Medicaid program. That was bound to happen, *because so many of the Republicans share Obamacare’s assumption that health-care expenditures must be cut back*. Not surprisingly, the grouping being cut falls into the tier of poor and elderly, who suffer from the chronic illnesses which Obama’s Hitler health program considers “futile” to treat.

The Tennessee Case

How this exclusion is working was relayed to *EIR* last week by a Tennessee health activist who was lobbying on Capitol Hill. According to this person, “an estimated 180,000 to 225,000 Tennesseans will be left without any potential for health-care coverage in this new system.” The way it works is this.

In Tennessee, for example, if you, as a single adult, make less than 100% of the Federal poverty level (\$11,490), you do not qualify for the Obamacare insurance subsidy; you also don’t qualify for Medicaid/TennCare (the state name for the Medicaid program), unless, maybe, you have children or are disabled. You are in the category of being expendable.

The Tennessee activist stressed that hospitals—especially community facilities, which still provide charity treatment—are being pushed into financial

ruin in this situation. She estimates that 32-34 community hospitals will close in Tennessee, unless the state expands health-insurance coverage for the poor, who are locked out of the Obamacare exchange markets.

This activist singled out the plight of the uninsured who are in need of mental-health treatment. Only a fraction of them are getting treated, and even that depends on year-to-year block grants being given. Her documentation stated, “Tennessee served 13,000 uninsured people in addiction treatment centers in FY2012. It is estimated that 304,000 Tennessee adults ‘needed but did not receive treatment for alcohol use in the past year’ and about 106,000 Tennessee adults ‘needed but did not receive treatment for illicit drug use in the past year,’ according to TN Department of Mental Health and Substance Abuse Service estimates.” Over the last decade, drug overdose deaths in the state have soared by 250%.

Insurance Company Gainers

One group which is sitting pretty with the implementation of the Obama plan is the group of major insurance companies, the largest of which are explicitly in the category of “too-big-to-fail.” This fact was pointed out in an Oct. 1 article by Robert Lenzner of *Forbes*, who noted that the “value of the S&P health insurance index has gained 43% this year alone.” Among the major companies, CIGNA is up 63%, Wellpoint 47%, and United Healthcare 28%. Since the passage of Obamacare in 2010, the stock values of these big firms have risen 200-300%.

The top-tier health insurers have every reason to look forward to higher profits ahead—because the vaunted Federal subsidies are scheduled to *go directly to them*.

These companies were in on the ground floor in writing the Obama health law, which they made sure would not impose any significant government controls over their profits, and many of their prices. Instead, the Affordable Care Act actually mandates, over time, the elimination of what it called “Cadillac” plans, which are alleged to offer too many benefits, and therefore allegedly lead to health “overspending.”

Particularly hard hit in that department will be that small portion of the nation’s workforce for which labor unions have won a decent health-care package. Those plans are scheduled to be taxed as of 2018, and employ-

ers are generally dropping them anyway because of disincentives from the Federal government.

The Alternative

The fact that the Supreme Court declared Obamacare constitutional is irrelevant; previous courts also upheld slavery. This law, from intent to execution, must be dumped. (Indeed, for expediency’s sake, Obama has already unilaterally made numerous exceptions and delays.) It is contrary to the very principles of the U.S. Constitution, and, if implemented, will lead to mass death among targeted sections of the U.S. population.

The Republicans, while willing to say “no” to some of the most egregious parts of the bill, have never put forward a moral or viable alternative. All too many of them agree with the premises of Obamacare—people who cost the government too much should just hurry up and die. They believe the “free market” will take care of that just fine.

At the time Obamacare was being rammed through, a group of physicians and liberal Democrats put forward a viable alternative, called Medicare for All. This bill would in fact dramatically cut costs—the 30% or so administrative markup common to private insurance (Medicare’s overhead is only 3% of its budget). It would end the “free market” extortion by the drug companies, as well. Rep. John Conyers (D-Mich.) has revived that bill in the current session of Congress (H.R. 676), and it now has 50 co-sponsors. Economist Lyndon LaRouche endorsed that bill at the time.

How could we afford it? By instituting a Glass-Steagall/credit-system-based economy, which would produce sufficient real wealth to provide for the population. Such a shift would not produce riches overnight, but it is the *only* sane alternative.

The immediate alternative, enunciated by LaRouche repeatedly, is simply cancel Obamacare, and then begin to build up the system. The aim, as LaRouche has insisted, is to dump “health care for profit,” and return to the Hill-Burton standard, put into effect in the post-war years, which, first and foremost, mandated an adequate level of medical-care facilities, and guaranteed care through community hospitals for those who could not pay, through insurance or otherwise.

In fact, the austerity drive by Obamacare and the Republican budget-cutters has already drastically reduced the existence of community hospitals. That’s “Hitler health” and it must be stopped.