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Where Are Obama's New Jobs?

Feminists Demand and Receive

President Obama has repeatedly expressed his concern about our rising unemployment. The worst loss of jobs is in manufacturing, because building autos has gone overseas, and in construction, because the housing industry has tanked.

When Obama announced his Stimulus appropriation, he promised millions of "shovel-ready" jobs. His proposal was attractive because it conjured up visions of crews in hard hats repairing our nation's infrastructure, roads, bridges and electrical grids, and building long-needed highways and schools.

We were told that the purpose of this extraordinary deficit spending in the Stimulus package was to jolt the economy. We expected the money to be concentrated on the areas that have suffered the steepest decline during this recession such as the auto industry and housing construction.

But the feminists then demonstrated the death grip they hold over Obama and the leaders of the Democratic Party. The feminists swung into action with noisy accusations that the Stimulus discriminated against women because its jobs would go mostly to men.

The feminists had no sympathy with the fact that men were victims of most of the lost jobs; the majority of manufacturing and construction jobs are men's jobs. The segments of our economy dominated by women, social services, education, health, child care, and welfare, actually gained jobs during this recession.

Nevertheless, the feminists demanded that half the Stimulus jobs be given to women. The feminists worked to achieve this result by directing the Stimulus funds into the types of jobs where women predominate and by allocating at least a third of the spending in manufacturing and construction industries to training women for those men's jobs.

All the feminist organizations joined in the political clatter. They called for a meeting so they could lecture Obama's economic advisers and hurl their demands that the Stimulus package create jobs that women like, such as workplace-comfortable inside jobs with air-conditioned offices and carpeted floors.

As one tactic to intimidate Obama Administration officials, the feminists successfully insisted that participants in the meeting

be seated in a circle without a table between them, a format that enabled the feminists to be confrontational. The feminists created their own vocabulary to shout at the men, demanding jobs for "human infrastructure" and "human bridges," which were euphemisms for social service, health-care, child care, and librarian jobs.

The feminists were well aware that Obama's chief economist is Larry Summers, the former president of Harvard University, who had already proved himself a pushover for pushy feminists. His embarrassing confrontation with hysterical feminist faculty over academic math and science professorships proved that there is no way to appease the feminists and that apologizing to them only makes matters worse; they still demanded their pound of flesh and saw to it that he resign.

After working over the Administration representatives assigned to get their orders from the feminists, they moved on to lobby Congress to write their demands into the text of the Stimulus bill. They succeeded with the compliance of Nancy Pelosi and Harry Reid after face-to-face meetings, and Obama signed the revised Stimulus bill.

A member of Pelosi's staff dared to offer the suggestion that "apron ready" could be the female equivalent of the term "shovel ready." The feminists didn't think that was funny.

Unemployment figures show that men are continuing to lose jobs and that women are getting jobs created by the Stimulus bill. The *Associated Press* reported in June that "Social programs get bulk of Stimulus cash; 'shovel-ready' jobs take back seat to spending on health care, welfare."

Obama gave two of his economists the task of calculating the gender ratio of jobs to be created by the Stimulus legislation. They reported that women had only 20% of jobs lost in the recession, but would get 42% of Stimulus-created jobs. In Georgia, for example, two-thirds of the \$3.9 billion Stimulus money is going to existing social programs.

When are the American people going to wake up to the fact that the feminists are not for equal opportunity or for fairness? The feminist movement is for reverse discrimination to give jobs to women and make men, husbands and fathers irrelevant as family providers.

Stimulus Jobs for Illegal Aliens?

Will taxpayer-financed Stimulus jobs be given to illegal aliens? Contrary to the liberals' no-can-do approach toward our wide-open borders, at least three "shovel-ready" solutions are readily available to close dangerous gaps in our border security. The three solutions are E-Verify, No-Match Letters, and US-VISIT.

E-Verify is a real-time, internet-based, voluntary verification system run by the Department of Homeland Security and the Social Security Administration. E-Verify can determine with great accuracy the authenticity of the personal information and credentials offered by employees and new hires.

Approximately 99.4% of lawful workers receive immediate positive verification, while the other 0.6% of lawful workers receive positive verification after a brief visit to their local Social Security office. E-Verify is not expensive for employers to use, costing between \$4 and \$20 for each employee screened.

In most cases, verification occurs almost instantly. E-Verify has been proven to successfully verify employees queried through the system within five seconds. Opponents of this program, to date, have been unable to find a single instance in which legal, U.S. citizens have lost their jobs due to an E-Verify error.

The Obama Administration doesn't like E-Verify because it works. It is due to expire on September 8 and should be extended and made mandatory.

While E-Verify is meant to catch illegal aliens at the point of initial hiring, No-Match Letters are a means of identifying those who already hold jobs illegally. After tabulating wage reports, Social Security has identified employers having at least ten, a hundred, or even 1,000 or more stolen or fictitious Social Security numbers. Thousands of wage reports include such obviously fraudulent numbers as 000-00-0000 and 999-99-9999.

Soon after 9/11, federal employees sent a million No-Match Letters to employers that had reported at least 10 phony Social Security numbers on their employee wage reports. That caused a firestorm from the usual suspects, and the Bush Administration stopped the program.

With the collapse of "comprehensive" amnesty legislation in the summer of 2007, the Bush Administration again prepared to send out a batch of a half-million No-Match Letters to employers who were still submitting many false or stolen ID numbers. A federal district judge issued a nationwide injunction against mailing the letters, and then-DHS Secretary Michael Chertoff meekly obeyed.

The third important tool available to secure our borders is the long-delayed US-VISIT system for tracking the entry and exit of tourists, students, and temporary workers. It's estimated that 40% of all persons illegally present in the United States actually entered with legal documents, but simply failed to go home when they were supposed to.

US-VISIT should have caught most or all of the 9/11 hijackers before they carried out their murderous conspiracy. There is simply no way we can protect our national security unless we can reliably know who is entering and leaving our country each day.

Congress originally authorized US-VISIT in the Illegal Immigration Reform Act of 1996, but its completion was delayed by 12 years of foot-dragging by the Clinton and Bush Administrations. The Obama Administration shows no sign of using this critically important tool.

Obama's Health Care Plan Can Be Defeated

The Democrats' most recent answer to the question of how they will pay for their trillion-dollar health-care reform was just announced by Ways and Means Chairman Charles Rangel. He wants to impose a surtax on incomes over \$280,000, which would be a staggering blow to small businesses that create most jobs.

Another option floated by the Democrats is to tax employer-sponsored health coverage. Obama-supporter and union boss James P. Hoffa calls this "a bitter, bitter pill for middle-class wage-earners," and has vowed to fight it.

The real purpose of Obama's health care "reform" is to seize control of another major industry (health care) and move us rapidly into Socialism. The Democrats' plan involves mandates to force individuals to buy insurance, employers to provide insurance, and private insurance to offer an expensive list of benefits.

Instead of allowing insurance to compete by offering different benefit packages, the Democrats are considering insurance mandates to cover exotic benefits that individuals may not want to buy such as in-vitro fertilization, hair transplants, rehab services, hearing aids, sex-change operations, prescription drugs, abortions, mental health, and substance abuse programs.

The Democrats intend to prohibit low-cost policies for catastrophic care. They want to bar you from buying cheaper insurance in other states.

The Democrats intend to impose community rating on a federal level, which means all customers will be offered the same rates regardless of age, obesity, smoking or other lifestyle differences. This forces young people to subsidize older patients.

The Democrats intend to launch a "public option" to compete with private insurance. Government subsidies for the public option would soon drive private insurance out of business and become the "single-payer" (government plan) that the liberals really want.

Obama promised that if you like your current insurance, you can keep it, but that option will soon be gone under Obama's reform. Your employer could cancel his company-paid insurance (because it's cheaper to pay a fine instead), or your insurance (because it can't compete with government subsidized insurance) could cancel your company.

Obama's choice of White House Health Czar, Nancy-Ann DeParle, shows the conflicts of interests that surround many of his appointments.

In the past three years, she pocketed \$5.8 million from her work for major medical companies (\$2.3 million from serving on the boards of six firms to be affected by the health-care bill, and \$3.5 million from director's fees, stock sales and awards from health-care firms).

Czar DeParle was paid \$471,000 as a member of the board of directors of Cerner, a leading developer of electronic medical records systems. Cerner has already boasted that it is well-positioned to take advantage of Obama's push to modernize medical records (for which \$19 billion was allocated in the Stimulus law).

Modernizing health-care records means putting all your health-care information on computers where it will be accessible to government bureaucrats to help them decide the comparative effectiveness of proposed tests and treatments in relation to your age and health (a.k.a. rationing). Private information can leak out and be used against you by employers, prospective employers, health and life insurance, ex-spouses, or political opponents.

The elephant in the Obama health-care room may be abortion. *Time* Magazine is asking the explosive question: Will Obama's national health care cover abortions?

The majority of Americans do not want their tax dollars to pay for abortions. Because of the Supreme Court decision in *Harris v. McRae* upholding the Hyde Amendment, federally-paid health care (such as Medicaid) does not now cover abortions.

Hillary Clinton, the National Abortion Federation, Planned Parenthood, and NARAL are already bragging that nationalized health care will include abortion. Feminists believe that abortion should be covered just like an appendectomy.

Unless abortions are excluded, they will be covered by national health care, thus making the taxpayers pay for hundreds of thousands of abortions every year. That's why 19 pro-life Democrats, organized by Rep. David Boren (D-OK), sent a letter to Speaker Nancy Pelosi warning that they "cannot support any health-care-reform proposal unless it explicitly excludes abortion from the scope of any government-defined or subsidized health-insurance plan."

The Obama plan will permanently put unaccountable bureaucrats (who have never treated a patient) in charge of decisions about if and when you can get the procedures and treatments you and your doctor believe are necessary.

Rep. Tom Price (R-GA) believes this is "a make-or-break moment for Americans" and a battle we can and must win. As a physician, he reminds us that we can't effectively treat a problem unless we get the diagnosis right, and the Democrats have misdiagnosed the problem as too little rather than too much government intervention.

Obama's Health Reform in Trouble

Just as the Senate HELP Committee (Health, Education, Labor and Pensions) was about to begin voting on Chairman Ted Kennedy's (D-MA) health care plan, the Congressional Budget Office (CBO) released a report that this plan would cost at least a trillion dollars and still leave 36 million people uninsured through 2017.

Obama promised that people with private health insurance will not be harmed by his health care reform, but the CBO says this would not be true about the Kennedy bill. The CBO report says that the number of people with coverage through their employer would decline by about 15 million and coverage from other sources would fall by about 8 million.

The Senate committee decided to pause and ponder this sticker shock over the Fourth of July recess. Obama plowed ahead, saying "The cost of inaction is greater," and accusing his critics of "fear tactics" about "socialized medicine." In passionate rhetoric to the American Medical Association, Obama warned that "If we do not fix our health care system, America may go the way of G.M."

The CBO estimates that the bill worked on by the Senate Finance Committee will cost \$1.6 trillion. A private consulting group, Health Systems Innovations Network, estimates the cost of this bill at \$4 trillion. The higher figure is explained by the assumption that more people will buy coverage after the government subsidy rises to those with incomes of 500% of the poverty level, or \$110,000 for a family of four.

After working in secret for months, House Democrats launched an 852-page bill that would establish a government plan to compete with private insurance, require all Americans to carry insurance, and require employers to provide coverage to employees or pay a fee of 8% of payroll. The Democrats didn't dare ask CBO to score the cost.

The Democrats, who customarily defeat all proposals to limit the jurisdiction of the courts, stipulate in this bill that there "shall be no administrative or judicial review."

Health care "reform" is being marketed as controlling (*i.e.*, reducing) costs, but Obama's plan certainly will not reduce costs or government spending. Anybody who believes that government takeover of an industry or project will cost the taxpayers less money must believe in the tooth fairy.

Further examination shows that the main goals of "reform" are to increase control by government bureaucrats and provide free guaranteed care to nonworking Americans and illegal aliens. But they already receive health care. The advocacy group Families USA reports that health care for the uninsured is paid for by themselves (37%), by government and charities (26%), and by being absorbed by doctors and hospitals or shifted to high private insurance premiums.

Employer mandates are included in most plans despite small businesses' forecast that this is a job-killer and would force them to spend money they don't have. Once employers

realize that paying a fine is cheaper than providing health insurance, look for millions of Americans to lose the benefits with which they are now very content.

Individual mandates are also on the table, of course subsidized for low-income people. When people are required to pay for more coverage than they want or need, they usually try to get their money's worth, which means long waiting lists to see the doctor like what is already happening in Massachusetts.

Look out for the words "comparative effectiveness research," which mean rationing care by telling you that you are not sick enough or not the right age to get the tests and care you know you need.

Ronald Reagan observed in his First Inaugural address that "government is not the solution to our problem; government is the problem." It's time for taxpaying Americans to stand up against Obama's health care atrocity and just say No.

Massachusetts: A Model *Not* to Copy

The Obama-Kennedy health plan is modeled after the Massachusetts plan which, when adopted, many applauded as innovative and destined for success. In fact, the Massachusetts plan has been a massive failure and is a model for what not to do.

It has increased costs. It has wasted taxpayer dollars. It has limited patients' choice. It has hurt small business. It has failed to achieve its goal of universal coverage. Most objectionable, it has created shortages and waiting lists.

Promoters predicted that the Massachusetts plan would lower health-care costs but, so far, costs are moving in the opposite direction. State government spending on health-care programs in Massachusetts has increased by 42% since the plan was adopted in 2006, and currently is 33% above the national average.

Advocates promised that the Massachusetts plan would make health insurance more affordable but, according to a Cato study, insurance premiums have been increasing at nearly double the national average. Health insurance in Massachusetts costs an average of \$16,897 for a family of four, compared to a national average of \$12,700.

The Massachusetts plan incorporates a system of middle-class subsidies called Commonwealth Care to help pay for insurance for families with incomes up to 300% of poverty level (\$66,150 for a family of four), and also expands eligibility for Medicaid.

The Massachusetts Connector, a new bureaucracy that was supposed to increase patient choice, has become an overbearing regulatory arm of government that has decreased competition by prescribing benefits insurance must offer. The Connector is evidently unpopular with patients, since only 18,000 people have used the Connector to buy insurance during the past three years.

The Connector has imposed regulations that add to the cost of insurance and limit consumer choice, such as requiring prescription-drug coverage and preventive-care services, restricting high-deductible policies, and putting limits on annual or per-sickness policies. Complying with the Connector's rules means changing from your current insurance that you like.

The costs to the taxpayers are rising, too, and one tax increase has not satisfied the appetite of the hungry plan.

Even though Massachusetts has more doctors per capita than any other state, the *Boston Globe* reports that waiting periods to see physicians have grown. The average wait is now 63 days to see a family doctor, 50 days to see a specialist, and the second trimester of pregnancy to see an obstetrician-gynecologist. If you want to see the busiest, most popular physicians, the wait can be up to a year. The longer waits are the result of thousands of newly insured residents coming into the health-care system.

Small business is hurting, too. The Small Business and Entrepreneurship Council ranks Massachusetts last of all the 50 states for business-friendly health-care policies.

A June 21 front-page article in the *New York Times* reported that one cancer unit in a U.S. Veterans Administration hospital in Philadelphia bungled 92 of 116 prostate cancer treatments over six years (requiring these patients to undergo a second operation) before the errors were discovered. The real problem is that the government cannot run health care safely (or cheaper).

Canada is another model of what not to do. It's fortunate that Canada is so close to the United States because Canadians rely on American medicine for serious surgery. *De facto* rationing in Canada is practiced by waiting lists rather than by using its realistic name. Toronto's *Globe and Mail* reports that the physician shortage is so acute that some towns hold lotteries to win a ticket granting access to the local doctor, and that Ontario sent 160 patients to New York and Michigan for emergency neurosurgery between 2006 and 2008.

Although President Obama falsely told the American Medical Association that "there are countries where a single-payer [*i.e.*, government-controlled] health care works pretty well." In fact, no government has ever been able to run a health-care system as well as private enterprise. Less regulation of health care, not more government control, is the way to healthier Americans and lower costs.

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