



The Phyllis Schlafly Report



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Good Health Depends on Defeating Government Health

The Opportunity of a Century

Speaker Nancy Pelosi said one correct thing: health care legislation is our “opportunity, not of a lifetime, but of the century.” Passage of the bill she supports would put us forever on the road to trillions of dollars in debt, bankruptcy, and European mistakes; defeat of the bill will safeguard the unique American recipe for liberty and prosperity.

Pelosi and her friends would give more control to patients over their medical care **IF** the liberals really wanted to improve quality and reduce cost. Instead, they are trying to push our nation in the opposite direction, taking away control from patients over access and choices for medical care.

We should eliminate the roadblocks built into current law that restrict our use of health savings accounts (HSAs) and high-deductible insurance (such as \$2,500). Pre-tax money put into HSAs by the individual and by the employer can be used for costs not covered and, if not spent, can be saved and grow as a savings account for the individual. This puts the individual in charge of spending for health-care costs up to the deductible limit when insurance coverage kicks in. This assures that the first \$2,500 will be spent more carefully and thereby promote competition and lower costs.

We should give individually owned health insurance the same tax deduction that has been enjoyed for decades by employer-provided health insurance. This is a matter of fairness; where are equal-protection lawyers when we need them?

The Democrats are toying with going in the opposite direction: eliminating the tax deduction for employer-based plans. That translates into a big tax increase for the middle class.

We should repeal laws that forbid insurance companies to compete across state lines, so that individuals can buy health insurance from states other than their own. Where are the free-trade devotees when we need them?

We should repeal all government mandates on benefits that health insurance is required to cover so individuals can choose the insurance package that fits their needs. These last two changes would be the best way to establish real insurance-company competition.

Again, the Democrats are going in the opposite direction: imposing a federal mandate on what benefits health insurance must cover (which will include abortion, mental health, and all sorts of services demanded by special-interest groups). Insurance mandates are how the Democrats expect to control the health-care industry if they can't round up the votes to impose the “public option.”

We should enact tort reform so that doctors won't be chased out of practice by ruinous lawsuits and over-the-top malpractice insurance rates. The Democrats won't do this because the trial lawyers are their biggest source of campaign contributions.

The left has started a nasty attack against John Mackey, founder and CEO of Whole Foods Market Inc., because he wrote an article in the *Wall Street Journal* endorsing these common-sense reforms. He practices what he preaches; his company provides a popular HSA plan for its employees.

The left is incensed that Mackey not only supports practical reforms but also explained the folly of making health care a massive and costly entitlement that would create trillions of dollars of new unfunded deficits and empower government instead of people. The left is venting its rage on Twitter, Facebook and the blogosphere and even trying to organize a Whole Foods boycott.

I prefer Whole Foods over Nancy Pelosi, so I'm going to double my shopping at Whole Foods and urge liberty-loving and cost-conscious Americans to do likewise. I'm a fan of Whole Foods' healthy foods and vitamins anyway.

Here are two more health-care reforms that Mackey didn't mention that I would add to the list. The Democrats craftily built two loopholes into their 1,000-page bill that must be closed.

Pelosi's bill deceitfully covers abortion at taxpayer expense by refusing to exclude it. The Democrats and the feminists consider abortion merely routine health care like appendectomies, and they know that the traditional Hyde Amendment, which denies taxpayer funding for Medicaid abortions, will not apply to the health-care bill.

The bill does mention excluding illegal aliens but provides no verification mechanism. Therefore, illegal aliens will be covered by the Democrats' health care bill unless proof of citizenship is specified as a requirement.

Don't let anybody tell you that "co-ops" are an acceptable alternative to the public option. Co-op is just a code word for the government to mandate the benefits that private insurance must provide, so co-ops will rapidly move us to socialist control of the health-care industry just as fast as the public option.

Chicago-Style Intimidation

Obama's staff and retreads from the Clinton Administration are using Chicago-style intimidation to rescue his extravagant health-care bill from its decline in public opinion polls.

A congressional Town Hall meeting on August 6 reminds us of a memorable political moment when Bill Clinton and his chief aides were in Little Rock celebrating his 1992 election. Heady with victory, Chicago staffer Rahm Emanuel demonstrated how he planned to punish political enemies by plunging his steak knife into the table and screaming "Dead!" as he named each target.

At Rep. Russ Carnahan's (D-MO) Town Hall meeting on August 6, SEIU (Service Employees International Union) thugs, clad in purple shirts, punched in the face, brutally beat, and kicked in the head when he was down, an African American named Kenneth Gladney while hurling a torrent of racial slurs. The SEIU goons were following White House advice: "Don't do a lot of talking," and if they encounter resistance, "punch back twice as hard."

The Purple Shirt Brigade picked on Gladney because he was passing out historical American flags with the inscription "Don't Tread On Me," and the Left won't tolerate African Americans as conservatives. Gladney was taken to the hospital, and six people were arrested.

We are seeing a coordinated smear on those who oppose socialized medicine. Democratic National Committee spokesman Brad Woodhouse mislabeled them as "angry mobs of rabid right-wing extremists."

The Obama supporters are trying to make it appear that those opposing socialism in health care are "manufactured" protesters, as falsely alleged by White House Press Secretary Robert Gibbs, and in MSNBC's Chris Matthews' words, a "Brooks Brothers Brigade." Majority Leader Harry Reid calls them "Astroturf" to pretend that those opposing Obama's health-care bill are artificial grass roots.

The opponents of socialized medicine are just ordinary citizens, many of whom (like Kenneth Gladney) had never before attended a political meeting, and many who are alumni of the spontaneous Tea Parties. There is no evidence that they are organized and financed by the insurance companies, or even by the Republican Party.

On the other hand, Obama's "punch back" tactics are well organized. MoveOn.org sent out a "Dear MoveOn member" email stating, "We've got a plan to fight back against these radical right-wingers. We've hired skilled grassroots organizers who are working with thousands of local volunteers to show Congress that ordinary Americans continue to support President Obama's agenda for change. And we're building new online tools to track events across the country and make sure MoveOn members turn out at each one."

Chief of Staff Rahm Emanuel is also using intimidation to make the public believe that the Stimulus spending is solving the unemployment problem. He orchestrated four letters to Arizona Governor Jan Brewer from four Cabinet Secretaries threatening to cut off Arizona's federal funding because of Senator Jon Kyl's (R-AZ) criticism of the Stimulus.

A letter to Emanuel from Rep. Darrell Issa (R-CA), ranking member of the House Oversight and Government Reform Committee, described the threat, which Issa called "Chicago-style tactics." Issa wrote, "While this type of scare tactic may work in Chicago, it will not work to intimidate me or other Members of the United States Congress."

Since Emanuel's "punch back" tactics are now becoming nationally known, it's no wonder that Americans are apprehensive about the White House plan to build a database of citizens who oppose Obama's health care legislation. The database will be secret, but the fact that the White House is building it has leaked out.

On August 3, Obama's media people posted on the White House website a notice complaining that "disinformation about health insurance reform" may be spread "via chain emails or through casual conversation." The word goes out to Obamaites: "Since we can't keep track of all of them here at the White House, we're asking for your help."

What kind of help is the White House requesting? The instruction to Obama devotees states: "If you get an email or see something on the web about health insurance reform that seems fishy, send it to flag@whitehouse.gov." As Senator John Cornyn (R-TX) said, "it is inevitable that the names, email address, IP addresses, and private speech of U.S. citizens will be reported to the White House."

No doubt Emanuel knows that the White House is not covered by the Freedom of Information Act, which means he can keep the names on the database secret for political purposes, and that the Presidential Records Act requires the White House to preserve its records without having to release them to the public for more than ten years.

At Senator Claire McCaskill's (D-MO) Town Hall meeting on August 11, she answered selected written questions drawn from a fishbowl. And Rep. Russ Carnahan resorted to having a secret Town Hall meeting on August 21 — he invited his friends from the unions and the media, but didn't take a chance on getting any hostile questions.

Reading the Fine Print

The House Democrats' health care bill is entitled "America's Affordable Health Choices Act of 2009." No clue is given as to how long we will have a choice, but it will probably be only until the "public option" or "co-op" chases private insurance out of business.

The bill's subtitle states its purpose as health care for everyone, reducing "the growth in health care spending," "and for other purposes." Note that the goal is not to reduce spending but only the "growth" in spending, and we need to worry about the "other purposes" that will be added by the bureaucrats' regulations.

The bill states that health-care benefits require "shared responsibility among workers, employers, and the government." That means the government will force all taxpayers to pay for health care for millions of people who don't now buy insurance because it covers what they don't need, or doesn't cover what they do need. (p.5)

The bill states that the government will investigate "self-insured employers not being able to pay obligations." Government agents will audit and then harass small business owners to force them to pay for insurance they cannot afford. (p.22)

The bill provides for optional "nurse home visitation services" without specifying who has power to exercise the option. Among the various purposes listed are "increasing birth intervals between pregnancies" (this reminds us of China's policies to reduce childbirth by married couples), reducing "child abuse, neglect, and injury" (giving more authority to the already too powerful Child Protective Services), and promoting school readiness (will homeschooling be scorned?). (p.768)

The bill covers family planning. Those are well-known code words for taxpayer-funded contraception and abortion, and will impose mandatory coverage of abortion on demand in all health plans. (p.772)

The bill provides for "culturally and linguistically appropriate communication and health services," and "shall give priority to applicants that have developed partnerships with community organizations or with agencies with experience in language access." This opens up plenty of funding for health and translation services for illegal aliens. (pp.405 & 407)

Title II of the bill creates a "Health Insurance Exchange," pretending to be a marketplace for health insurance plans. Of course, so long as the "public option" is subsidized by the taxpayers, it can always undersell private plans. (p.72)

The government will specify the health benefits that must

be included in any plan participating in the Health Insurance Exchange. If private plans must include all government-specified benefits (which will surely include benefits unwanted by many people and will inevitably drive up costs), whatever happened to choice? (p.84)

Anyone who does not enroll in an Exchange-participating plan will be "automatically enrolled under Medicaid." The government will thus use force to achieve its goal of universal coverage. (p.102)

Employers will be subjected to a play-or-pay mandate. Those who do not provide health insurance to their employees must give the government a "contribution" equal to 8 percent of average wages paid. (p.149)

Seniors must submit to "advance care planning consultation" (end-of-life discussions) every five years, or more often if there is "a significant change in the health condition of the individual, including diagnosis of a chronic, progressive, life-limiting disease, a life-threatening or terminal diagnosis or life-threatening injury." Will these consultants advise seniors to hurry up and die because they are costing too much money? (pp.425 & 429)



Government bureaucrats will conduct "Comparative Effectiveness Research" to decide the effectiveness of treatments and drugs. That is the exotic label for rationing and, as House Appropriations Chairman David Obey (D-WI) admitted, drugs and treatments that are "found to be less effective and more expensive will no longer be prescribed." (pp.502 & 520)

Government bureaucrats (not the medical profession) shall determine national priorities for research. (p.505)

Preference in awarding grants or contracts will be given to entities that have trained "the greatest percentage" of public health workers in the government, and that have trained large percentages of "under represented minority groups." (pp.909-910) Think ACORN!

The Senate bill's official summary also authorizes "home visits" to "improve immunization coverage." Will Americans tolerate a knock on the door from a government agent demanding that we and our children receive all government-ordered vaccines?

The fine print of the Democrats' health-care bill (which imposes incredible debt on our children) gives enormous power to the Obama bureaucrats to impose uniform, government-defined-benefits insurance, to decide how much we must pay or be hit with fines and penalties, and to determine what treatments and drugs are "effective" and will be permitted. This isn't America; this is Marxist Socialism.

What Happened in Guadalajara

President Obama went to Guadalajara, Mexico in August as part of his promise to “rejoin the World Community” and become a “citizen of the world.” He participated in a conference with Mexican President Felipe Calderon and Canadian Prime Minister Stephen Harper.

These cozy meetings of the so-called three amigos used to be labeled the Security and Prosperity Partnership. The three North American heads of state met in Waco in 2005, in Cancun in 2006, in Quebec in 2007, and in New Orleans in 2008.

After conservatives exposed the mischievous goals, the amigos accepted the Hudson Institute’s helpful suggestion to change their name. Now they call themselves the North American Leaders Summit.

Prestigious internationalist think tanks, the Council on Foreign Relations, the Hudson Institute, and the Center for Strategic & International Studies, explained the real purpose of these high-level get-togethers. These meetings were planned to be the first steps toward a North American Union modeled on the European Union, with open borders and a common currency, which Canada’s Fraser Institute prematurely labeled the amero.

The words “union” and “amero” have become embarrassing, so the goal has now been identified as “economic integration” and “labor mobility.” The Guadalajara joint statement reaffirmed the purpose of “integrated economies,” and that still means allowing unlimited access for cheap labor from Mexico to take U.S. jobs.

President Calderon demanded unlimited “labor mobility” and asserted that it is “unthinkable” for the United States to function “without the contribution of the Mexican laborers and workers.” He also wants free access for Mexican trucks to all U.S. roads and U.S. citizenship for Mexicans living illegally in the U.S.

Canada’s Harper wants all three to pledge to work “together on a North American focus against climate change in order to assure and guarantee a new international covenant that is efficient and truly global.” Harper also complained about the “buy American” provision in our 787 billion dollar Stimulus law.

Obama reaffirmed his commitment to pass the Cap and Trade bill so he would be hailed as a hero at the upcoming United Nations climate-change conference in Copenhagen. He promised to “take the lead by reducing U.S. emissions by 80 percent by 2050” and to “work with other nations to cut global emissions in half.”

Obama also promised to “continue to work to fix America’s broken immigration system,” which most people see as code words for amnesty for illegal aliens. He did not promise to stop the flow of illegal drugs and people coming across our southern border, but he did say he wanted “to

stem the illegal southbound flow of American guns and cash that helps fuel this extraordinary violence.”

In other words, he was blaming the United States for Mexican drug violence. In fact, most of the guns found at Mexican crime scenes are not American, and U.S. taxpayers are already generously footing the bill to train Mexicans to fight the drug war.

Fortunately, Obama did not pledge to open our roads to Mexican trucks, which may be his only concession to American public opinion so far in his presidency. Congressional law forbids the entry of Mexican trucks, and the latest Rasmussen Survey shows that 66 percent of Americans oppose lifting this congressional ban.

Under NAFTA, the United States agreed to let Mexican trucks operate freely in our country after 1999 so long as they meet U.S. safety standards. But they have never met them; and nothing in NAFTA requires us to admit trucks that don’t meet U.S. standards.

Highway safety is the primary reason why Americans are adamantly opposed to allowing Mexican trucks on our roads. The problem is not only the wear and tear on our deteriorating highways from an additional tens of thousands of heavier, environmentally dirtier trucks.

U.S. truck drivers are limited to ten consecutive hours of service, but Mexican drivers typically drive up to 20 hours a day. Even if limits are imposed, nobody knows how many hours they are behind the wheel before reaching the border.

In contrast to U.S. requirements for truck drivers, Mexico has no credible system of driver training, licensing, drug testing, physical and age requirements, safety inspections even for brakes, weight limits, insurance, or nationwide criminal or driving-record databases.

U.S. law requires commercial drivers to be able to “read and speak the English language sufficiently to converse with the general public, to understand highway traffic signs and signals in the English language, to respond to official inquiries, and to make entries on reports and records.” But Secretary of Transportation Mary Peters testified at a Senate committee hearing last year that when Mexican drivers respond to our questions in Spanish, her employees nevertheless check the box for English-proficient.

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