

Obamacare Proceeds With Murder

by Marcia Merry Baker

Nov. 4—The U.S. capacity to deliver health care—hospitals, physicians, clinics, laboratories, public health, nursing facilities—is now being destroyed by deliberate acts of the Obama Administration, even as more people lack medical care, and doctors are being thwarted from providing care.

For example: Of the 5,000 community hospitals across the United States, 1,332 of them are rural, in a category functioning as what is called “Critical Access Hospitals” (CAH), and these have been targeted by the Obama Administration, for decertification, in a way intended to lead to the shutdown of potentially as many as 800 of them.

Another example: Sweeping cuts for dialysis treatment for kidney-disease patients are pending for January 2014, under a decision expected this week from the Centers for Medicare and Medicaid Services (CMS), whose action to cut close to 12% in Medicare reimbursement (all at once, or over time), would result in deaths directly, and on an ongoing basis, due to dialysis clinics closing down.

These are only two examples from a battery of measures being implemented or phased in, specifically under, and alongside, the 2010 Patient Protection and Accountability Act (ACA)—Obamacare—billed as the way to achieve “savings” in Medicare and Medicaid payments, while achieving “quality” care.

Overall, an estimated \$95 billion worth of reductions in reimbursements to hospitals nationwide, for Medicare and Medicaid services, have been made since 2010. The American Hospital Association has a fact sheet with details on the cuts for 12 areas of hospital services, all involving Obama Administration measures to financially penalize hospitals for “over-treatment.”

The reality is, the killer-intent of the Obamacare package was knowable at the time Barack Obama made it his first priority in 2009; now the record reveals it.

The only way to stop the deadly effects, is to repeal the ACA, reinstitute the Glass-Steagall law to defeat the Wall Street-City of London operation which is behind the assault on lives, and launch a rebuilding of the U.S. medical system, and the economy itself.

Already, there is significant bipartisan skirmishing against Obamacare, as we report below. But fighting back on anything less than a top-down policy change is guaranteed failure.

It is essential to proceed, from appreciating that the context for the imposition of the ACA over 2009-10, is that the globalist monetarist system has reached an untenable, end-phase of speculation and looting. Wall Street/City of London interests have intervened to impose death plans for whole categories of the population—propagandized as “quality,” “cost-effective” care—in order to keep financial bailouts going.

The model for Obamacare was the Tony Blair (1997-2007) health-care “reforms” of the 60-year-old British National Health System. The Blair measures—especially the infamous death panel NICE (National Institute for Health and Clinical Excellence), established in 1999—were, in turn, modeled on the 1939 Hitler health-care memo, specifying that certain lives should be terminated, because they were not worthy to be lived.

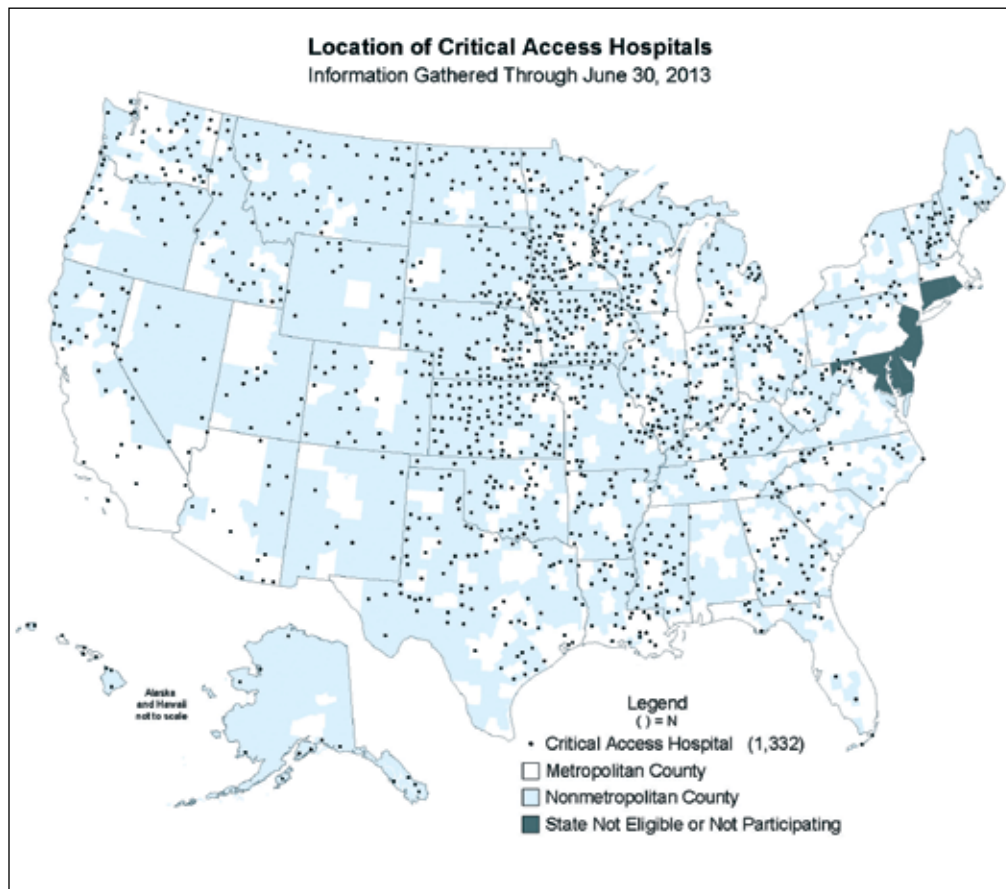
Even before the brute-force enactment of the 2010 Accountable Care Act, the U.S. health-care situation was in decline, after decades of economic decline, and the impact of Wall Street’s HMO insurance onslaught. “The Commoditization of Medicine,” was the name given to this process by Pennsylvania physician Dr. Mark Shelley, who gave a presentation on this in January 2013, in New York City, at a conference in the 2012-2013 series sponsored by the Schiller Institute for a “new paradigm” in public policy (the transcript is provided below).

Dr. Shelley, on Oct. 24, issued a call for medical professionals to join him in mobilizing as, “Doctors Against Murderous Obamacare.”

Rural Hospitals Threatened

Dozens of Senators and members of the House of Representatives are mobilizing on specific tracks of opposition against obvious, destructive measures of Obamacare. One major one is the matter of rural hospitals. Actions of the Obama Administration threaten the

FIGURE 1



continued existence of two-thirds of the 1,332 rural hospitals nationwide, shown in **Figure 1**.

These are Critical Access Hospitals, which were designated in 1997, as federally supported hospitals, to receive their full reimbursements from Medicare—as a means to financially stabilize the facilities, so that the community at large could be served. A CAH hospital can have no more than 25 beds, and must be a certain distance from another hospital. It must be open 24 hours, and not retain patients more than 96 hours, and comply with other rules. This constitutes a safety net across the nation. At present, state medical officials make the determination as to which of their rural hospitals meet the Federal CAH definition.

The Obama Administration not only proposed lowering CAH funding in its planned FY 2014 budget, but in August, the Health and Human Services Department stated its intent to *itself* decide on CAH designa-

tions, and decertify as many as two-thirds of them.

A group of 20 Senators issued a protest letter on Aug. 22, eight Republicans and twelve Democrats. Many represent the Midwest farmbelt, where, as the map shows, the CAH network is dense, with 83 in Kansas, 82 in Iowa, and 80 in Texas.

Sen. Tammy Baldwin (D-Wisc.), a leader of the demand to retain the CAH network, issued a statement Aug. 23, reporting that in her state, 53 of 58 CAH hospitals are threatened. Iowa Senators Tom Harkin (D) and Charles Grassley (R) are among the signators.

On the House side, Rep. David McKinley (R-W.Va.) is leading bipartisan opposition to shutting down CAH hospitals. He issued a statement Aug. 16, which said that, “In West Virginia, there are 19 Critical Access Hospitals, including four in the First District. If someone living in a rural area has a heart attack, the first hour is critical to their survival. If a hospital is too far away, the results could be devastating. People in rural areas depend on Critical Access Hospitals....”

He said that, if the Obama plan is implemented, “The impact to rural health could be disastrous. The decision would create huge voids in access to health care in rural America.”

The National Rural Health Association’s CEO Alan Morgan stated, “This proposal is catastrophic for the rural patient and the rural economy. If a rural hospital closes, the entire rural economy irreversibly erodes.”

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