

**NO THAT'S NOT TRUE BUT HERE'S WHAT IS TRUE
..... OR MIGHT BE OR WHATEVER?
– (Or Why It's Not Hard For People To Get Confused And Upset!)**

Stephen L. Bakke – August 14, 2009

This is one of several topics which lead into my attempt at identifying reasonable and viable elements of health care reform – “soon to be completed”. My suggestions will recognize the compelling need for reform, accept those aspects which virtually all citizens agree must change, and provide an alternative to the undesirable, and ever less popular, government imposed system.

Take a Deep Breath!

I have been trying to advance the ball on debating this issue of health care reform for a number of months, and now during the August recess the emotions have really come to a head. Town hall meetings have been held and the conduct of many at the meetings has been very emotional and sometimes disruptive. The proponents of Obamacare have understandably become very defensive as they were “blindsided” by the public display of emotion. But the accusations of organized “mob” violence is transparent and “over the top”. The protestors were largely sincere senior citizens, for goodness sake!

No But

No, these concerned citizens were not working with all the right information. **But** there are lots of good reasons for the panic and concern! Consider:

- The original “fast track” which was established for the reform – first it was Senate and House versions “this week”, then “next week”, then the “end of the month”, then “before the August recess”, then “soon after the August recess”, then “this fall”, finally “by the end of the year”.
- How about the admissions that reading the drafts wasn't possible? This just adds to the panic caused by vague answers and obvious confusion for senators and representatives. But all that really counts is the profound confusion for seniors and other citizens. Nothing causes panic like confusion and uncertainty.
- How about HHS Secretary Kathleen Sebelius exhorting the crowds that it is not necessary to get caught up in the details? I bet she regrets those remarks.
- How about the “swift drift” in the administration, not just on timing as noted above, but on changing the terminology from “health care” reform, to “health insurance” reform. How should that “mysterious”, unacknowledged, change be interpreted? What does it mean?
- What should these citizen protestors think about being called Nazis, mob, ignorant, un-American, thugs, conspiratorial, inarticulate, naïve, fear mongers, KKK, hooligans, birthers, rioters, plants, nuts, astroturf, angry lynch mobs,

racists, right-wingers, radical fringe, terrorists, and angry old white folks? I found all of these being used.

- Dismissal of the most legitimate concerns, e.g. the impact on employer plans.

No, there shouldn't have been some of the disruptive activities at some of the town hall meetings. **But**, consider the context and it's easy to better understand it:

- Initially, it was difficult to get in the door if one was part of a group showing obvious opposition – of course there was frustration.
- The opposition was quickly dismissed using the terms used above – of course there was anger.
- The participants were still remembering the strong language used by Obama during his campaign – “get in the face of your friends, neighbors, and politicians” (close to the actual quote) and show opposition to the Bush administration policies.
- And what is meant by the request to report to the White House any persons and reports that seem “fishy” – i.e. oppose Obamacare as currently conceived? That may have been harmless, but certainly terribly threatening.

No, there is no provision for “death panels” or “euthanasia”. **But**, there still are legitimate explanations why seniors and other citizens might show concern, with or without merit, about rationing and end of life issues. Consider the following:

- Obama's dismissive chuckling when talking about “pulling Grandma's plug” shows an insensitivity that many seniors react unfavorably to. Me too!
- The whole concept of end of life counseling, while suggested by a Republican, was originally intended merely to be covered by insurance. However, in true governmental fashion, a huge part of the legislation deals with provisions whereby a huge bureaucracy would be set up to accomplish this “kindness”. What started as mere coverage, resulted in an expensive bureaucracy.
- Many, if not most, seniors abhor the concept of significant governmental involvement in the intimacies of end of life issues. I think it's “spooky” and leads to a question: Why do this, if not to somehow influence it? I admit that may not be the intent, but many governmental travesties start out being well-intended.
- No matter what the “spin” is, there is a plan to partly pay for reform with Medicare “savings”. That has been stipulated. What is under the surface is that it apparently means further cuts in reimbursement rates. There are probably no cuts in “coverage”, just cuts in the dollars available to pay for it. Some suspect that leads to less treatment, or delays in treatment. Opponents suspect this is, or leads to, rationing. These conclusions make sense and are not reactionary.
- Observing the health care rationing in other countries such as Canada and Great Britain, seniors are particularly sensitive to indications that under Obamacare it will become increasingly difficult to continue life sustaining measures. Whether or not they would personally have chosen these measures, the perception that the government is getting more involved makes them understandably uncomfortable.
- Citizens sense that “something is wrong” – they just don't know what.

No, there is no provision for instituting government paid abortions in the draft legislation.

But, it's easy to see why pro-lifers are raising concerns considering:

- There is nothing which specifically excludes such payments, unlike existing laws. Sometimes it's what isn't said that's perceived as important, rather than what is.
- The President, his administration, the democratic congressional majority, and most of Obama's supporters are strong proponents of aggressive implementation of pro-choice policies.
- Those in favor of having government paid abortions have specifically declared that they are encouraged, as never before, that such payments can be achieved following this reform.

No, there shouldn't be the emotional, frustrated reactions at these town hall meetings.

But, it's easy to understand why with the following information so readily available:

- Smug comments like the following from Obama in which he is referring to Republicans, members of the former administration and other opponents of his version of health care reform: "I don't want the folks who created the mess to do a lot of talking. I want them just to get out of the way so we can clean up the mess." Many think this is an attempt to quiet the debate – they're probably right.
- During his campaign, Obama criticized the greedy drug companies for negotiating a deal that Medicare would not negotiate further with drug companies. And now, it turns out, the Obama White House has cut a deal with the same drug company representative. The new deal also eliminates further price negotiation with drug companies, as long as they made a contribution to other cost controls under Obamacare. At least on the surface, this seems hypocritical.
- After numerous times having proclaimed his preference for a single payer system (caught on tape, and not presented out of context), and declaring the transformation wouldn't happen right away, perhaps a decade or more in the future, Obama specifically stated: "I have not said that I was a single payer supporter". That's frustrating to hear when you know better.
- Close advisors Dr. Ezekiel Emanuel and Dr. David Blumenthal have histories of supporting and defending the concept of rationing. While they haven't recently expressly supported it, their history of showing a comfort level with rationing is disconcerting to many – maybe not fairly so.
- The "almost" HHS Secretary Tom Daschle is on record in his book "Critical", having made statements that are understandably perceived as a threat by seniors – at least on the surface.
- Obama's discussion of whether his grandmother should have received the high level of expensive care just before she died is a concern for some. The protesters may perceive that his apparent comfort discussing the matter in those terms may betray an unstated support for finding significant savings in end of life care.
- Sometimes it isn't what is stated that is the concern. For example, there are declared reasons for the many bureaucracies, agencies, secretaries, commissioners, coordinators, panels, and commissions, in the proposed legislation. But the reasons, as expressed, seem vague and idealistic. So it's not surprising, given the observations of similar bureaucracies in Canada, Great Britain and elsewhere, that rationing could result.

Here's What's Not Helpful – Sorry!

This is where I may part company with many. It is not helpful to use such terms as “euthanasia”, “death panels”, evil, etc. when campaigning against Obamacare! In my opinion, exaggerated attacks, even if sincere, injure the overall goal of achieving the right kind of health care reform. Exaggerations can create a negative perception of the entire movement opposing the proposed legislation. It provides PR fodder to distract the public away from deserving arguments and can cause dismissal of legitimate concerns. There is plenty to debate in a convincing fashion without weakening the position by using unconvincing hyperbole! But I could be wrong this is my personal instincts talking.

Right Out Of the Democrat's Playbook

Just a few months ago the Democrats were proclaiming “dissent is patriotic”. Candidate Obama was imploring his faithful to get in the face of friends, neighbors, and politicians to show disagreement with what was going on. Times have changed. The tables have turned and the Democrats can't believe the majority don't see the wisdom in what is being proposed for radical health care transformation. But the President should recognize some of what's going on. His philosophical mentor, Saul Alinsky wrote a book for community organizers titled “Rules for Radicals”. Obama taught others in this philosophy in his early days as a Chicago community organizer. The book points out that the left-wing strategy for achieving an unpopular goal is to “Pick the target, freeze it, personalize it, and polarize it Make the enemy live up to their own book of rules Ridicule is man's most potent weapon Keep the pressure on”. Read portions of that book, if you get a chance. It's very enlightening.

But, considering the obviously poor organization of the protestors at most of the meetings, it seems to argue against these being “well organized mobs” as claimed by supporters of Obamacare. Would a well organized “movement” choose these tactics? No! This is symptomatic of a clumsy, but traditional and grass roots, application of democracy. Democracy ain't always pretty.

Fortunately, it seems that the debate has evolved from being just about health care, to focusing on the appropriate role of government in our lives. And citizens are properly demanding clarity. Those are good things.

Sources of Information

The major sources of information used in developing my health care commentaries will be included in my future report on health care reform recommendations. A preliminary, but not complete, list of sources can be found in my April 2009 report on the status of our health care system and reform.