

More lies from Obama on Obamacare

Kate Randall
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At a press conference on Thursday, President Barack Obama extolled the virtues of the Affordable Care Act (ACA). As a sign of the health care law's great "success," he pointed to the government's estimate that 8 million people had signed up through HealthCare.gov and the other insurance exchanges set up under the bill by the March 31 deadline.

"All told," he stated, "independent experts now estimate that millions of Americans who were uninsured have gained coverage this year—with millions more to come next year and the year after." The rosy picture of Obamacare painted by the president is an insult to the intelligence of the American people and ignores the most basic facts about the present state of the health care overhaul.

First of all, those signing up have not done so voluntarily. The key component of the ACA, the "individual mandate," requires that those without insurance from their employer or a government program such as Medicare or Medicaid obtain insurance or pay a tax penalty. Essentially, the uninsured are being blackmailed into purchasing coverage from private insurance companies.

Secondly, the claim that being insured through plans purchased on the exchanges constitutes anything approaching quality, affordable coverage for the vast majority of people is a fraud. Those shopping for policies have discovered that most of the least expensive "bronze" plans carry deductibles in excess of \$5,000 for an individual and other high out-of-pocket costs, which must be paid before coverage even kicks in.

While acknowledging that "premiums will keep rising, as they have for decades," Obama said they were projected to be "15 percent lower than originally predicted," and that this would somehow miraculously translate into "more money that families can spend at businesses, more money that businesses can spend

hiring new workers."

As Obama is well aware, US businesses are currently sitting on a cash hoard estimated at \$1.5 trillion, even as they shed jobs and boost productivity, while corporate profits and CEO pay soar. Obamacare will not reverse this trend, nor is it intended to.

On the contrary, it has been designed to enable the insurance monopolies, pharmaceutical firms and health care giants to slash costs and make even more money.

The biggest lie from Obama is that the program is a genuine reform on a par with Medicare, and that it will improve health care for millions of Americans. From the start, the health care overhaul has been aimed at establishing an even more heavily class-based system of health care delivery than that which already exists, in which spending is slashed for the government and employers and medical care is rationed for workers and their families.

A front-page article in Friday's *New York Times*, "Cost of Treatment May Influence Doctors," points to how this brutal reality is playing out under Obamacare. The article begins: "Saying they can no longer ignore the rising prices of health care, some of the most influential medical groups in the nation are recommending that doctors weigh the costs, not just the effectiveness of treatments, as they make decisions about patient care."

"The shift ... suggests that doctors are starting to redefine their roles, from being concerned exclusively about individual patients to exerting influence on how health care dollars are spent."

The article details how medical groups—including the American Society of Clinical Oncology, the American College of Cardiology, the American Heart Association and others—are developing guidelines that could influence doctors to rate the value of drugs and treatments based on costs. The *Times* explains that traditionally these guidelines have "heavily influenced

the practice of medicine” and “are also used by insurance companies to help determine reimbursement policies.”

The implications are far-reaching and ominous. Such guidelines could serve as the basis for a doctor choosing one drug over another, or deciding that a particular treatment is too expensive and withholding it. Cardiology societies, for example, are considering rating the value of treatments on the “cost per quality-adjusted life-year, or QALY,” a method currently in use in Britain and by some health economists. QALY is based on the number and quality of the years of life that would be added by a proposed medical intervention.

The *Times* notes as an aside, “In the extreme, some critics have said that making treatment decisions based on cost is a form of rationing.” But this is precisely the point. And it is clear that the elderly would be the main target of such rationing. Why spend money on a drug or treatment that would prolong life for only a few weeks, months or even years when an elderly person is chronically ill, approaching the end of life, and no longer producing profits for a capitalist?

As the WSWS noted previously, such arguments have a distinctly fascist odor: “What are the ‘potential social benefits’ of the mentally impaired, or the physically disabled? Wouldn’t society be better served if their lives were cut short as well?”

It is no exaggeration to say that rationing of health care based on cost will result not only in the withholding of treatments and medications to the detriment of the health of millions of people, but also in needless deaths. Of course, the wealthy will have access to the best medical care that money can buy, as these rationing rules do not apply to them.

According to the *Times*, the soaring cost of drugs and treatments is behind the drive toward rationing. The society of oncologists, for example, is “alarmed by the escalating prices of cancer medicines” and is developing a method of evaluating drugs based on cost and value. The article also notes the \$84,000 per course cost of Sovaldi, a new drug for hepatitis C from Gilead Sciences. It is never mentioned that such obscene prices are overwhelmingly the result of price gouging by pharmaceutical companies profiting off of the desperation of people battling life-threatening diseases.

The article notes that the cardiology societies, in a paper outlining new policies rating the cost and value

of treatments, argue that doctors have to consider the financial burdens faced by patients: “Protecting patients from financial ruin is fundamental to the precept of ‘do not harm.’” This is remarkable! According to this reasoning, doctors will be doing patients a favor by withholding potentially life-saving treatments.

If patients need protection from anything, it is the for-profit health care system, in which the value of a procedure or medicine is judged not by its value for the patient, but by its impact on the bottom line of the giant health care chains, pharmaceutical corporations and insurance companies.

It is clear that rationing in health care, including moves by influential medical groups to establish new guidelines rating medical treatments according to cost, has accelerated under Obamacare. This highlights the reactionary character of Obama’s signature domestic policy. It is not a reform, but a counterrevolution in health care aimed not only at slashing and rationing health care for ordinary Americans, but at reducing life expectancy for the working class.

A true reform of America’s health care system would look nothing like the Affordable Care Act. The defense of health care as a social right requires that the entire health care industry be placed on socialist foundations, under public ownership and the democratic control of the working class.



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