

# SEPPIAN

Healthcare Summit Issue

The newsletter of the Society for The Education of Physicians and Patients

DARING TO TELL THE TRUTH ABOUT HEALTH CARE

Volume 7, Issue 2 & 3

**Seppian**

September, 2001

## S.E.P.P. To Sponsor Healthcare Summit

Featuring update and access to Medical Savings Accounts  
Saturday, November 17, 2001

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### President's Corner

Dennis Gabos, M.D.  
President of SEPP

The Society For The Education of Physicians and Patients, founded by Dr. Robert Urban, is a Healthcare Professional and Patient Advocacy organization. SEPP enters its ninth year of continuing efforts to reestablish freedom and sound American principles in healthcare. SEPP has promoted the pa-



Jane Orient, M.D.

Executive Director of The Association of American Physicians and Surgeons  
Will be one of featured speakers at Summit speaking on physician independence

tient empowering concept of Medical Savings Accounts. SEPP has sponsored programs for the promotion of American freedom principles in many areas of life, including education, healthcare, and the legislative process. SEPP has sponsored a scholarship for high school students submitting an essay on important Founding Principles of America. SEPP

has collaborated nationally with thirty like minded groups to restore, maintain, and promote freedom in healthcare. We see the damage that intrusive third party



Melissa Hart

dominated, employer and government controlled healthcare has wrought with the practice of medicine and have responded. We are still faced with the challenge of exposing the emotionally appealing rhetoric of central planners who want to control every aspect of one's healthcare by making it an entitlement. This stands in striking contrast to letting individuals work with their physicians to determine the individual's needs, not "needs" and

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### Canada's Fatal Error - Health Care as a Right

Michael E. Aubrey, MD

There is something wrong with medicine in Canada today. This conclusion can and probably has been reached by any member of the profession who has paused from his or her daily endeavors to consider the current state of medicine in this country. Despite rather remarkable advances in the art and science of medicine patient care is deteriorating. The availability of medical services is diminishing and waiting lists are growing longer. Patients are often obliged to seek medical care in facilities far from home. The cost of health care in Canada has been spiraling upwards out of control, and predictions for the future portend the collapse of what was once an excellent health care system.

Caught in the middle of the unfolding disaster is the Canadian physician. On one side, the profession finds itself beset by abusive governments that seek to offset the collapse by controlling the physician and the way he practices his profession. On the other side is the public who, for the past quarter century has been told by the organizers of socialized medicine that health care is now free, and that all they need do is to profess a need for any service and it will be provided. With the consequent open

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# How Far South Of The Border Are We?

Dennis Gabos, M.D.

In 1993 Hillary and other village social engineers perpetrated an assault on the profession of healthcare and



Dennis Gabos, M.D.  
President of SEPP

one seventh of the American economy. It was staved off or so it seemed by Americans (not just Harry and Louise) who knew that the likes of Ted Kennedy, Ira Magaziner, and the Clintons would irrevocably change the “system” to the one they most aspired to (but personally would be least likely to use) - A Canadian style socialized healthcare system. The Canadian system, touts “coverage for all.” In reality it limits access and requires a huge expensive government bureaucracy that micromanages, restricts, and rations. This is what would have happened had we not resisted. But some analysts say that we have by clandestine incremental process enacted much of the intentions of the 1300 page health plan authored by the secretive Jackson Hole conspirators that Hillary assembled. The resistance to these forces has waned as the process of changing healthcare was reengineered to a slow imperceptible pace. Healthcare professionals still readily perceive the ills of “managing care” and the assault that is upon the physician-patient relationship. The challenge is to reinvigorate the spirit that only partially suspended the attack on patients, physicians and allied health professionals eight years ago.

Several years ago area insurance companies and so called experts stated

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that we are “overbedded” in Pittsburgh’s hospitals meaning that we had too many beds for patient occupancy and that our utilization was excessive compared to other areas of the country. The message—patients were “demanding too much care and physicians were supplying too much care”. This message was reaffirmed last year at a time when Highmark attempted to impose the onerous concept of capitation on specialists. Capitation is the rationing engine of managed care whereby physicians are held to a certain level of corporate behavior to secure stability of “limited resources” and budgets in performing healthcare or suffer the consequences financially. It is the basis for the schizophrenic divided allegiance to “two masters” that has resulted in patient harm and creates the moral hazard of managed care. In addition, there are the well honed corporate strategies of denials, delisting of services or drugs, and the inherent cumbersome bureaucracy of the intrusive third party payer. A Highmark physician/employee stated that Pittsburgh is a city where people “like to consume perhaps too much healthcare”. (Perhaps you

*Healthcare is being managed by those least qualified, those least credible, and those least accountable. Silk suited and silked tongued, those in control have built a new veneer to mask the decay they create and called it progress ...*

have heard the term “Medical Loss Ratio” ? - it’s the term used to describe just how much money an insurance company uses for something as unworthy as your healthcare instead of profit, dividends, administrative costs, advertising or to buy hospitals like Children’s or support private sector mergers like West Penn/ Allegheny). The response of the hospital administrations was to decrease the number of beds, force fast throughput, and burden nurses with higher numbers of sicker patients to be discharged sooner. Nurses were forced to behave in a way that compromised professional standards while their true ranks shrunk and were cosmetically increased (diluted) by the nurse assistants. It’s interesting to note that our overbedded hospitals have been plagued with the need to divert patients away from hospitals because there weren’t enough beds at those institutions. Yet we we’re somehow “overbedded”. And

now there is a new dilemma on the horizon predicted by many of us for years—a nursing shortage. Indeed patients have also been diverted from area hospitals because of the inability to staff beds when they were available. This is what happens when we continue to live the lie. Healthcare is being managed by those least qualified, those least credible, and those least accountable. Silk suited and silked tongued, those in control have built a new veneer to mask the decay they create and called it progress. Their moral turpitude has less limits than the budgets for nurse staffing. The marriage between Hospital Boards and hospital administrators and third party payers is one of alternating roles of deceivers and deceived, between the community elite ( accountants, lawyers, CEOs who often display limited insight and regularly dismiss the concerns of healthcare professionals), insurance companies, and hospital executives paid to behave a certain way. The mentality that led to the AHERF debacle is not the exception—it is the rule. The combination of empowered employers (tax law gives them a 100% reduction for insurance but not you as individuals), the intrusion of the growing third party payer, the willingness of hospitals administrators to carry out the deception of quality care with new care models, the use of ersatz health paraprofessionals as substitutes instead of complementary assistants are signs of the degeneration. They use the term *provider* for all who are involved hoping patients will not distinguish an assistant from a doctor or an aide from nurse. I have witnessed in my previous role as Medical Staff president the hauteur, the deceit, and veiled indifference that is eroding the best healthcare system the world has known. This arrogant bunch has demeaned us by labeling our accurate descriptions of their destruction as “baying at the moon” and have even halted (censored) discussions and commentaries by concerned physicians at official hospital meetings . Perhaps you’re of the opinion that Hospital boards and administrators collaborate to advocate for the community the hospital serves. If this is the case then request the hospital board meetings where community interests are supposedly brought to the table be made open to the public and I’m sure you will find the response one that justifies some of my acerbity.

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I was in Canada three years ago and picked up one of the newspapers (Toronto Globe and Mail) to find an expose on nursing issues in their government run healthcare system. Among them were excessive patient—nurse ratios, the dilution of care by replacing nurses with nurse extenders (patient care assistants), the usual issues of salaries and how nurses needed to join together to correct what was wrong with the system. This kind of concern still made it into newspapers in a country where there is no First Amendment right (there is no Bill of Rights as in our Constitution) and where there is censorship in the media. I have spoken with Canadian physicians and studied the fallout of healthcare by bureaucrats. There is a continuous physician exodus from Canada.

They use the tax code to deter certain activity—namely practicing medicine—as the aggressive progressive tax code for physicians creates a point at which there is no net

income with additional work. (Taxes called Clawbacks) The response is as you expect—they stop treating patients. It is against the law for Canadians to buy healthcare. There is further rationing. In Canada where just about everyone has insurance, access can be severely limited to inferior or no treatment or by virtue of hospitals routinely closing at the end of fiscal quarters because government bureaucrats have dictated how much will be spent and on what. In some areas the risk of waiting for procedures exceeds the risk of the procedure. (At least in Britain where they also have socialized medicine you can own private insurance as 10% of the citizens do.) Canadian government also deselected certain procedures, tests, treatments in the interest of staying within budget. That is, a certain services may be denied for payment. Hospitals may be so full that patients are waiting three days in the Emergency on cots for a bed (I took care of Canadian patient several years ago and encountered this in the course of being pressured to transfer him to Canada) Analogously, we have seen patients diverted from hospitals because of inadequate resources to care for them.

Perhaps you understand now why managed care is called corporate socialism by those of us who realize that

it is the same collectivist mentality with resource limitation, bureaucracy, rationing (not authorizing), inefficiencies, and yes, deceit. In Canada there is delisting of services—services that they cannot or no longer will pay for and in managed care we regularly see denials. Physicians are harassed in Canada and America for supplying too much care. There are bed shortages. Both systems involve fraudulent spin machines. The strategy in the U.S. now is to treat the patient as a client and achieve high levels of client satisfaction. Only bureaucrats would be happy with someone who received bad care and was satisfied as opposed to someone who received good care but didn't fill out his questionnaire the way they hoped. In Canada there is promotional advertising for government run healthcare that glossy

*Ted Kennedy is hoping that a rapid undermining of the employer based system as opposed to gradual transition of control to patients will precipitate an outcry for a Canadian style system ...*

coats their troubled system. The only difference is that when healthcare is legislated there is no escape (except south of the border with personal funds to acquire adequate care). In Canada mediocre equality in healthcare is more acceptable than the multitiered American healthcare system in which there is some (but decreasing) free enterprise. Managed care is taking care of that too as research and development funds of pharmaceuticals dry up when they are pressured into low profit per unit contracts. Now you know one great cause of senior citizens inability to pay for drugs. They are underwriting managed care when they pay for their prescriptions.

Managed care and socialized medicine north of the border and elsewhere create rationing by bureaucrats indifferent to the individual's needs. It has created an assault on medical professionals that drives physicians out of the system. The application pool for medical school dropped almost 20% from 1996-2000 and physicians are retiring earlier. This is happening while the expected surge of baby boomer illness and needs loom on the horizon. Physicians regularly flee Canada looking for professional and personal freedom. The nursing profession under managed care is under assault. The

response—American nurses are leaving the professions. As in Canada, the excessive workloads, the compromise of professional integrity, and blatant disrespect of American nurses has led to a shortage of urgent proportion. Area health professionals now anticipate importing foreign nurses from abroad and elsewhere to make up for the shortage. Administrators will call these exchange programs (more spin). This occurs while the Chairmen of various Medical Departments take \$700,000 salaries—the yearly salaries of 15 nurses. Government and legislation create some of these problems but at the local level Hospital boards and administrators, in the midst of their intellectual dishonesty and poverty of conscience, are to blame. Managed care, and for that matter Medicare and Canada share the common trait of large wasteful bureaucracies. I recently asked an economics professor about the ultimate yield of a Medicare dollar, that is how much of it actually goes to healthcare. The study has not been done he reported but reminded me that our government

welfare system is so inefficient that only 20 cents on a dollar gets to the recipient. Would you donate to a charity where 80 cents on a dollar is spent on bloated administrative costs? Perhaps knowing that Medicare regulation now occupies 132,000 pages of print gives some perspective.

So how far south of the border are we? – that is just how close to Canadian socialized healthcare are we? Very close, unless we wake up and behave as Americans who believe in empowering individuals to optimally procure goods and services in a free economy. The right to healthcare is not an inalienable right. Once it becomes an entitlement you will lose all control of your healthcare and become the victim of rationing.

The purchase of healthcare by the employer is based on unfair tax law. This system creates the most common cause for becoming uninsured—leaving your job. Incidentally, that is another source of the demagoguery. The uninsured are not uncared for and half of the uninsured recover insurance within six months of losing it. With the patient's bill of rights issue heating up and lawyers salivating at the prospect of new feeding grounds employers are beginning to make

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## National Gun Registration - Paving the Road to Tyranny

By

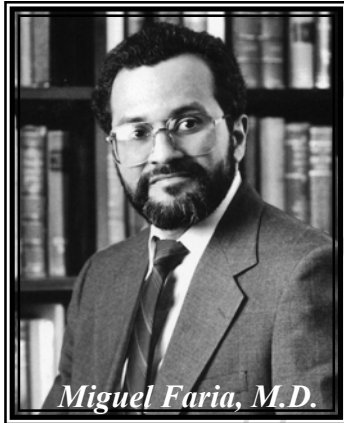
Miguel A. Faria, Jr., M.D.

Editor of "Medical Sentinel" -Journal of The Association of  
American Physicians and Surgeons

**G**eorg Hegel (1770-1831), the father of dialectical idealism, which Karl Marx transmogrified and misappropriated as dialectical materialism, lamented that what we learn from history, is that man does not learn its lessons! Despite what we have learned about the deleterious effects of draconian gun control in other countries, particularly during the last bloody century, politicians with authoritarian leanings, mostly Democrats but also some Republicans continue to beat the drums calling for more gun control.

Gun control features prominently in the police state designs of totalitarian States with which any student of history is familiar. Take for instance:

- Federalization of the police force with a vast network of surveillance and informants to spy on citizens.
- National identification cards for all citizens.
- Civilian disarmament via gun registration, licensing, followed by banning and confiscation of firearms.



Miguel Faria, M.D.

Once this mechanism of oppression is firmly in place, persecution and elimination of political opponents follows, and every social, political, and economic policy the Total State desires can be implemented. This has happened in National Socialist states like Nazi Germany, Fascist states like Italy under Mussolini, and Communist powers such as the former Soviet Union (and its satellites behind the Iron Curtain) and Red China. It is therefore astonishing and disturbing Americans have been assailed in the last several years by politicians putting forth dangerous proposals leading to the construction of the type of freedom-eroding scaffold which is anathema to the individual liberties our Founding Fathers bequeathed to us as responsible citizens capable of self-governance.

Construction of this scaffold reaching up to an authoritarian tower is the case with several bills that were introduced in Congress in 2000 requiring that all "qualifying firearms" in the hands of law-abiding citizens be registered. One of them is Sen. Dianne Feinstein's (D-CA) bill, S-2525, also sponsored by Charles Schumer (D-NY), Barbara Boxer (D-CA), and Frank Lautenberg (D-NJ). This dangerous proposal requires that all persons be fingerprinted, licensed with passport-size photographs, and forced to reveal certain personal information as conditions for licensure. As the measure itself elaborates, "It is in the national interest and within the role of the federal government to ensure that the regulation of firearms is uniform among the states, that law enforcement can quickly and effectively trace firearms used in crime, and that firearms owners know

how to use and safely store their firearms." Another such bill is that proposed by Sen. Jack Reed (D-RI), S-2099, mandating gun owners to, likewise, register their firearms (in essence, establish a national gun registry), and treats handguns, for purposes of federal statute, like machine guns, short barrel shotguns, grenades and other specialized weapons. It gives gun owners one year to register all handguns. This will be effected by a vigorous public campaign funded by the taxpayers, as is already the case in Canada today.

The Canadian experience itself is instructive. Lorne Gunter, in the Edmonton Journal (Oct. 13, 2000), reveals the Canadian Outreach program to register all gun owners is falling short. The result and cost of this Outreach campaign not only has failed to bring in the expected 1.4 million gun owners (to only one-third of that, 486,000), but it has exceeded the projected price tag. The latest estimates project the cost of the registry from December 1998 through March 2001 at \$600 million, seven times the original estimate of \$85 million," Gunter wrote.

Americans, and now Canadians, have pointed out that rather than helping track criminals and their guns as claimed, registration of firearms is dangerous to the liberties of law-abiding citizens, and as we shall see, counterproductive against criminals.

### Gun Registration and Tyranny

Unbeknownst to many Americans, who having seen and experienced mostly the goodness of America, gun registration is the gateway to civilian disarmament which often precedes genocide. In the monumental book, *Lethal Laws*, published by Jews for the Preservation of Firearm Ownership, we learn that authoritarian governments that conducted genocide and mass killings of their own populations, first disarmed their citizens. The recipe for accomplishing this goal went as follows: demonizing of guns, registration, then banning and confiscation, and finally total civilian disarmament. Enslavement of the people then followed with limited resistance, as was the case in Nazi Germany, the Soviet Union, Red China, Cuba, and other totalitarian regimes of the 20th Century. Adolf Hitler encapsulated the deceptive intent of this type of legislation stating while addressing the Reichstag on April 15, 1935, "This year will go down in history. For the first time, a civilized nation has full gun registration! Our streets will be safer, our police more efficient, and the world will follow our lead into the future!" What German civilian disarmament portended was a descent into barbarism!

Frequently, when presented with these deadly chronicles and the perilous historic sequence, namely, that gun registration is followed by banning, confiscation, civilian disarmament and, ultimately, by authoritarianism, naïve Americans opine that it cannot happen here.

As to the dangers of licensing of gun owners and registration of firearms, they frequently retort, "If you don't have anything to hide, then you don't have anything to fear!" Followed by, "I see nothing wrong with gun registration because we have to do something; there are just too many guns out there that fall into the wrong hands." This is not only a naïve but also a dangerous attitude because governments have a penchant to accrue power at the expense of the liberties of individual citizens. Civilian disarmament is not only dangerous to one's liberties but also counter productive in achieving safety.

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This has been further attested by two other great books. One is University of Hawaii Professor R. J. Rummel's, *Death by Government* (1994). The other book is Stéphane Courtois, *The Black Book of Communism* (1999). These books make it clear authoritarianism and totalitarianism are dangerous to the health of humanity. During the 20th Century, an excess of 100 million people were killed by their own governments bent on destroying liberty and building socialism and collectivism. Our Founding Fathers recognized the danger of tyranny. Thomas Jefferson had admonished us long ago, "Eternal vigilance is the price of liberty."

I can personally testify that when Cubans lost their guns in 1959, they also lost their ability to regain freedom. Thus today, Cubans on the other side of the Florida Strait remain enslaved in what was supposed to have been the dream of a socialist utopia, the ultimate Caribbean Worker's Paradise. What they ended up with was the nightmare of a police state in a communist island prison.

### **Registration and the Law**

Another fact Americans need to understand is that registration is directed to law-abiding citizens, not criminals. Not only do convicted criminals by definition fail to obey the law, but they are constitutionally protected against any registration requirement. In *Haynes v. United States*, the U.S. Supreme Court in 1968 ruled 7-1 that compelling registration by those who may not lawfully possess firearms amounts to a violation of the Fifth Amendment's proscription against forced self-incrimination. In other words, the court said that if someone "realistically can expect that registration [of a firearm] will substantially increase the likelihood of his prosecution," the registration requirement is unconstitutional.

Astonishingly as it may sound, some courts have ruled that registration of firearms only applies to lawful citizens, not to felons. This has been pointed out by Legal scholar Don B. Kates in *Firearms and Violence—Issues of Public Policy* (1984; pp. 14-21) mentioning, for example, the *Kastigar v. United States*, 406 U.S. 441 (1972) decision. Does exemption of felons from gun registration sound irrational? It certainly does! Were gun registration to be implemented in the

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ended demand being placed on finite resources it was only a matter of time before the situation deteriorated to its current state.

Many people seem to realize that something isn't quite right, and as is characteristic of our culture, people are looking for someone to blame. The politicians, aided by what is almost exclusively a socialist press corps, have very skillfully been able to portray the doctor as the cause of the crisis, and themselves as the saviors of the system. The public, sensing that something is amiss, is looking for its own answers, and has also labeled the medical profession as being primarily to blame.

Amidst the maelstrom walks the physician, confused, angry, demoralized and apparently incapable of changing the situation. He has worked excruciatingly hard to acquire the knowledge and skills he now possesses. Yet he is subject to lies and equivocations about his level of remuneration. Despite intense dissatisfaction with the current state of affairs, he continues to work and care for his patients. Yet he is vilified by the government, the public, and the press, as being the agent of destruction of health care in Canada. Why?

Did not the profession agree to be part of socialized medicine? Did it not help the government set up the system, and has it not continued to work with the government through meaningful dialogue to keep the system going? Do not Canadians, despite the current problems continue to receive excellent care, to the extent that our system is often looked upon as a model for other countries? Regardless, the physician today finds himself with few friends in the Canadian social/political scene. Why?

How is it that what was once considered a model of medical care for the world can be on the verge of collapse? How is it that the doctor, once revered is now reviled? Why?

The answers to these questions are not self evident. However, it is clear that something is very wrong, which implies that at some point the profession, and perhaps society as a whole, committed a fundamental error in structuring the delivery of medical care the way it has. Somewhere, either in its

view of itself and its function, or its relationship with patients and the government the profession has made an error of overwhelming magnitude that has precipitated the current crisis. Conceivably, it could be the government and the sundry other socialists who infest the corridors of power in Canada who have erred, but as I will illustrate, there is no error on their part.

*This essay will look at the nature of the error, which will be shown to be the acceptance, by both the physician and society as a whole, but most importantly the former, of the validity of the basic premise that construes medical care to be a right. The essay will discuss the origins of this error, its ramifications on the practice of medicine in Canada, and how it has led to the current debacle. Solutions to the current crisis will be considered.*

### **Government Intervention - Health Care as a Right**

A brief look at how we came to be in our present state is in order. Prior to the advent of socialized medicine, medical services were considered to be part of the market place. Goods and services related to medicine were paid for by those who consumed them, i.e. the patient. There were various insurance programs available, but the basic principle was that if you wanted medical care, you paid for it. This was perceived by the socialists as being unfair, as some members of society could not afford the cost of some medical services. Medical care was seen as being available only to the privileged few who could afford it. The solution to this supposed problem was to have the responsibility for the payment for medical goods and services assumed by the government. This way nobody would be denied access to medical care for lack of personal resources. The rationale behind this was that medical care should be looked upon as a right to which everyone should have access.

While there may have been some uncertainty on the part of the medical profession as to exactly what was occurring with this change, the socialists knew exactly what they were doing. Monique Begin, who, as federal Minister of Health, was one of the chief architects of the current system wrote, Practically overnight, health care changed from a privilege to a right.<sup>1</sup>

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# Healthcare Summit in Pittsburgh -2001

**Sheraton Station Square, Pittsburgh, Pa.  
Saturday, November 17, 2001**

7:30 - 8:00 a.m.	Registration and Continental Breakfast
8:00 - 8:05 a.m.	Welcome – <u>Dennis Gabos, M.D. -President , S.E.P.P</u>
8:05 - 8:10 a.m.	Introductory Remarks - <u>Robert Urban, -M.D. Founder of SEPP</u>
8:10 - 8:40 a.m.	What is a Medical Savings Account? - <u>Merrill Matthews, Ph. D.</u>
8:40 - 9:00 a.m.	Medical Savings Accounts—They Do Work— <u>Michael Bond , Ph.D</u>
9:00 - 9:40 a.m.	Legislative Update—MSAs - <u>Congresswoman Melissa Hart</u>
9:40 - 10:00 a.m.	Qualified MSAs in The Workplace— <u>Michael Bridgham</u>
10:00 - 10:20 a.m.	MSAs for Small Companies and Individuals— <u>Allen Wishner</u>
10:20 - 10:40 a.m.	<i>Panel Discussion</i>
10:40 - 10:55 a.m.	Coffee Break— <i>Please visit the vendor booths</i>
10:55 - 11:30 a.m.	MSAs— Past, Present, and Future— <u>Stewart Slonin, Insurance executive, Instructor -Q&amp;A</u>
11:30 - 12:00 p.m.	Managed Care and Non-secular Healthcare— <u>Marianne Fightlin, R. N.—Q&amp;A</u>
12:00 - 1:15 p.m.	Luncheon Presentation -by Phyllis Schlafly -Founder Eagle Forum
1:15 - 1:35 p.m.	<i>Vendor booths will continue open for visits</i>
1:35 - 2:10 p.m.	Canadian Medicine-Truth and Consequences— <u>William McArthur, M.D.</u>
2:10 - 2:40 p.m.	Criminalization of Medicine— <u>Andrew Schlafly J.D.</u>
2:45 - 3:05 p.m.	<i>Coffee Break</i>
3:05 - 3:30 p.m.	Should Physicians Be Allowed to Practice Medicine Independently? <u>Jane Orient M.D—Executive Director of AAPS</u>
3:30 - 3:55 p.m.	Bioethics—The Perversion of Ethics and The Priesthood of Death <u>Jerome Arnett , M.D.</u>
3:55 - 4:20 p.m	<i>Panel Discussion</i>
4:20 - 4:30 p.m.	<i>Closing Remarks</i>
1P- 5P	<i>Special Session with Stuart Slonin - <u>Risk Management &amp; The Future of Healthcare Plans-</u></i> Continuing Education for Insurance Brokers and Financial Advisors
5PM	<i>Meeting- <u>Pennsylvania State Chapter of The Association of American Physicians &amp; Surgeons</u></i>



**Phyllis Schlafly**—Director of Eagle Forum and articulate spokeswoman on many issues will speak at the Luncheon Meeting.

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Executive Director of The Association of American Physicians and Surgeons  
Will speak on physician independence in the practice of medicine



**Michael Bridgham**  
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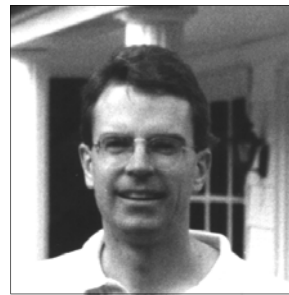


**Allen Wishner**  
CEO Flexible  
Benefit Service

*Will speak about MSA  
experience for small  
businesses*



**Dr. Jerome Arnett**  
*Practicing Pulmonologist will  
speak on Ethics*



**Andrew Schlafly**  
Legal Counsel of AAPS

*Topic: The Criminalization  
of Healthcare*

## Healthcare Summit-2001 Features many prominent speakers Continuing Education Credits Available



**Merrill Matthews**  
Nationally known Healthcare policy  
analyst and expert on  
Medical Savings Accounts

*The Concept of Medical Savings Ac-  
counts— a clear understanding of this  
patient empowering idea*



**Stewart Slonin, Insurance  
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nized Instructor of Insurance  
Brokers and Financial  
Advisors**



**Dr. William McArthur**  
Canadian Physician  
Healthcare Analyst

*Canadian Healthcare—Truth  
and Consequences*

(Corner—Continued from page 1)

**"treatments" determined by bureaucrats and social engineers who would "manage the village."**

**We have made inroads but still have a way to go. The Healthcare Summit—2001 on Saturday, November, 17, 2001 at the Sheraton Station Square will equip you to travel the road toward sound American Freedom in healthcare and to wage the battle that remains. That battle is against those who will insidiously steal your freedom promising security. It is against those who will "manage" you by socializing healthcare and have bureaucrats ration the care they deem necessary. Please see the agenda of great speakers and activities in this newsletter and on our website. We welcome all to hear and discuss viable and sound alternatives to the problems in healthcare in America.**



**PRESIDENT, S.E.P.P.**

(Guns—Continued from page 5)

United States, criminals and felons could very well not be expected to register their weapons, since they are already felons proscribed from legally owning firearms. Requiring them to register their guns, some courts may opine, would necessarily incriminate them, and this would violate their Fifth Amendment rights.

Although with the new administration in Washington, registration may not be a politically viable option, other freedom-eroding measures remain a real concern, particularly if they continue to be passed, hidden in the voluminous legislation passed by Congress year after year. Americans must remain informed and vigilant to preserve their sacred tradition and their liberties and prevent enactment of piecemeal gun control legislation, e.g., closing of gun shows with burdensome regulations, rationing lawful gun purchases, and the banning of the importation of certain magazines and firearm accessories, etc. Gun control should be directed against criminals and felons, and should best be referred to as crime control rather than gun control.

In short, with the historically crucial and potentially fatal issue of progressive civilian disarmament, perhaps, we should once again summon the words of our wise Founders; this time those echoed by Jefferson's fellow Virginian, Richard Henry Lee (Letters

from the Federal Farmer, 1788): "To preserve liberty, it is essential that the whole body of the people always possess arms, and be taught alike, especially when young, how to use them." Yes, the easiest way to enslave citizens is to disarm them.

Dr. Miguel A. Faria Jr. author of "Vandals at the Gates of Medicine" (1995) and "Medical Warrior: Fighting Corporate Socialized Medicine" (Macon, Ga., Hacienda Publishing Inc., 1997). Website: [www.haciendapub.com](http://www.haciendapub.com).

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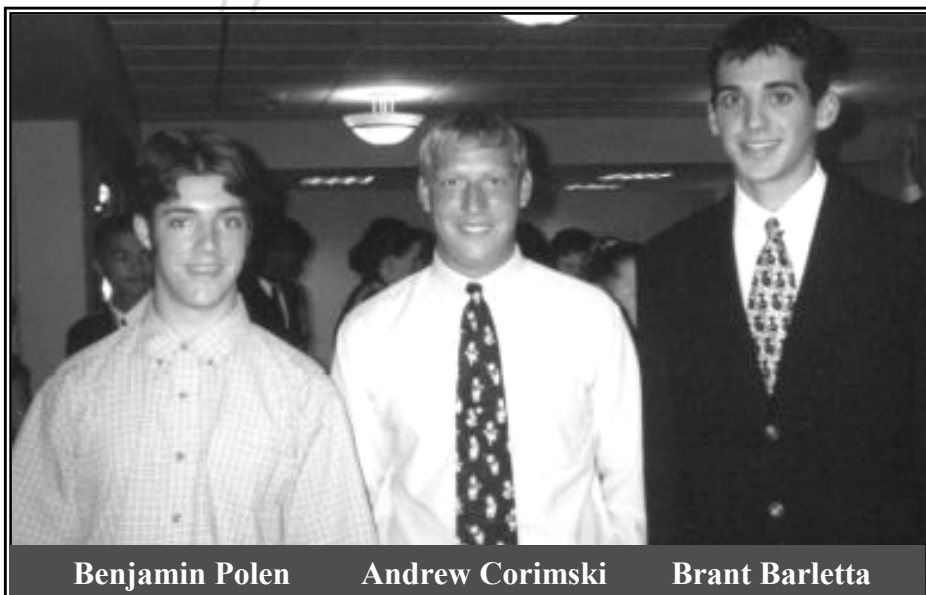
## FREEDOM AND TOMORROW'S LEADERS

*Dr. Lawrence Dunegan*

The Freedoms Foundation at Valley Forge was the site of a program for high school students held August 9-12, during which the students learned about the principles on which the government of the United States is founded. Students came from eight different states to enjoy a close-up look at the history leading to the birth of our nation. They created mock sessions of Congress, considering various pieces of proposed legislation, thereby gaining understanding of the process by which proposals become the law of the land.

These and other activities provided valuable lessons in leadership for outstanding youths who were selected to attend on the basis of already demonstrated leadership qualities. SEPP is pleased to report that, of those in attendance, three were Eagle Scouts sponsored by SEPP. Brant Barletta and Benjamin Polen of Washington, Pa. and Andrew Corimski of Etna, Pa. were selected through an essay contest in which applicants addressed the topic, "What the United States means to me."

All those who attended were enthusiastic about the experience. Many new friendships were formed, supplementing the fun of learning. SEPP is looking forward to sponsoring more students to attend Freedoms Foundation in the future.



Benjamin Polen

Andrew Corimski

Brant Barletta

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Notwithstanding the fact that the characterization of health care as a privilege was a gross misrepresentation of its true nature, the consideration of health care to be a right represented a profound shift in how our society looked upon health care. Up until that moment, each of us was considered to be responsible for his own medical requirements. We were not able to force others to pay for goods or services that we required, either directly or indirectly via the government. With this change however, each of us could lay claim to whatever medical goods and services we thought we needed and they would be provided, regardless of our own ability to pay for them. This effectively removed medicine from the market place.

**What does it mean when we say that something is a right? Mankind has grappled with this question for centuries.** To date most of the suggested answers have been incorrect and have led to much human misery.

A succinct definition was provided by Ayn Rand (1905-1982) when she referred to a right as a moral principle defining and sanctioning a man's freedom of action in a social context.<sup>2</sup>

A right sanctions an individual's ability to act to further his or her own life, without being subject to, or subjecting other people to, compulsion. This sanction applies to each and everyone of us equally as individuals.

Much confusion has stemmed from the misinterpretation of this concept to mean that an individual may do

whatever he pleases. If one remembers that this idea applies to each of us, and that we may not violate another's rights, the error of this interpretation becomes clear.

Note the importance of the word action. A right is the freedom to act or to work to acquire something we desire, it is not the right to something. The failure to appreciate the latter point is of paramount importance in understanding our current problem.

**Often today a right is considered to be a positive. That is to say a right is considered to be an entitlement to some good or service.** This could be virtually anything, such as housing, unemployment insurance, a minimum wage or medical services. Correctly interpreted, a right is a negative, protecting an individual from or against coercion by his fellow man.

Why is this the correct interpretation of the concept? It stems from the fact that the goods and services often posited as rights are produced by other people. It should be clear that houses, for instance, do not exist in nature but are produced by someone. If we consider houses to be a right, then clearly someone is going to lose out. Someone will be producing, while others, laying claim to their rights, will be consuming their product.

An often heard countering argument at this point is that we would get the government to provide these rights. This argument fails when one realizes that governments do not create wealth. A country's wealth, i.e., its goods and services, is always created by its people. **Governments acquire wealth by taking it from the people in the form of taxes.** Thus suggesting that a government can provide these rights does not change the fact that someone will be compelled to produce while others consume his or her product. Hence, if one accepts the notion of positive rights, then somebody's rights must be violated to secure these rights, and as Rand suggested, any alleged right of one man, which necessitates the violation of the rights of another, is not and cannot be a right.<sup>3</sup>

Given the above, what then are actual rights, and how do we apply the ideas to medicine? Reduced to fundamentals, rights consist of life, liberty

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and the pursuit of happiness. This means one may act to sustain one's life, that one is to be free from the use of force by other men, and that one may act to secure one's own happiness. (Note the choice of words: the pursuit of happiness. One cannot sit on one's hands and demand that others make one happy, but one may take whatever actions one chooses to make one happy, while respecting the right of others to do the same.)

Note that none of these items is someone else's product. They are accorded to each human being as a birth-right, by virtue of the requirements of our nature as rational beings.

An often heard argument suggests that since one has the right to life, liberty and the pursuit of happiness, then medical care must be a right. For if one is seriously ill, one's very life is threatened. And if one has a right to life then one has a right to those medical services necessary to sustain one's life.

However this analysis neglects one side of the equation: the doctor or other provider of medical services. The doctor too has an equal claim to his or her life, and the products thereof.

In addition, one cannot dispute the fact that we are a mortal species. At some point we all die. No amount of government largess will ever change that fact. Thus the question arises, do we have the right to stay in the land of the living longer at the expense of our fellow humans? Given the fact that when contemplating our mortality we are a timorous species, many would likely answer with a loud, yes!

Remember however that one individual may not violate another individual's right to their own life in the furtherance of his own. The philosopher Leonard Peikoff crystallized this idea nicely when he wrote, The moral principle here is clearcut: a man has the right to act to sustain his life, but no right to loot others in the process.<sup>4</sup>

Having indicated why health care is not a right, we must now answer the question, what then is it? The answer to this question has been alluded to earlier.

Is it accurate to say that health care is a privilege granted to the few who can afford it? Clearly no, for the following reason. It is obvious that the goods and services that are known as health care

do not exist in nature. That is to say, they do not exist in the wild as do fish or trees. The raw materials are there but the items themselves are not. One can not walk into a forest and pick a CAT scanner off of a tree. How then do these items come into existence?

Put in its simplest terms, they are produced. This means that their constituent raw materials are acted upon by the minds and efforts of human beings who fashion the raw materials to suit their needs. Indeed, the reshaping of nature to suit its needs is one of the main characteristics of our species.

Having come to the obvious conclusion centuries ago that medicine is beneficial, humanity has been altering the environment ever since, which in the context of medicine has resulted in the current production of the goods and services known as health care.

Clearly therefore, health care is a product, as much as a loaf of bread or a pair of shoes are products. **Thus the characterization of medical care as a privilege bestowed upon the few who can afford it is a brazen misrepresentation of its true nature.** It cannot be granted to anyone by anyone.

Issues surrounding the concept of rights can be quite complex. However there is a very simple rule of thumb one can use. Ask if the good or service being touted as somebody's right is the product of someone else's life. If so, it is nobody's right, other than the person who created it.

If one concedes that medical care is indeed a right, what are the unavoidable consequences of that concession? There are many, both short and long term.

In the short term, it may appear that society had taken a great step forward. With the influx of 'government money' into the system, there was an explosion of growth in the field. Everyone

who needed medical care could obtain it. New hospitals were built, new programs were established. Everyone who wanted a doctor could get one and the number of doctors rose dramatically to meet the demand. The medical profession, instead of having 20 to 30 percent unpaid bills, now received payment for all their patients.

**Physician's incomes rose rather nicely in the early years of Medicare. Yes doctor, the hook was sweetly baited.**

But what about the long term consequences? These were certainly less obvious at the beginning of socialized medicine, but even a cursory glance at socialism's record should have told us what to expect.

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### Part Two

In Part I of this essay, we discussed how Canada committed the fatal error of proclaiming that health care is a right and ended up with socialized medicine.

In Part II, we will now discuss the long term consequences of this decision. Perhaps, the U.S. can learn from our mistake.

### *The Laws of Supply and Demand*

To begin to understand some of the long term consequences of declaring medical care to be a right we must understand exactly what happens when a society makes such a declaration. What is it

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that actually takes place when what is clearly a product is considered to be a right? Other than giving liberals and conservatives alike the warm fuzzies, what is really going to occur?

**The critical event is the breaking of the direct economic link between the producer of health care, the doctor, and the consumer of health care, the patient.**

With the severing of the economic link between producer and consumer, a very important financial check on the system was lost. The patient no longer had to be concerned about being financially responsible for his or her own health care. He could profess a need for virtually anything available and the state would provide it. The physician no longer worried about whether or not a patient could pay for any given test or treatment. He could order and do anything for the patient and the bill was paid. Hence with the advent of socialized medicine concerns with respect to costs became, on an individual level, irrelevant.

What does such a situation lead to?

At any one time the resources of society are finite, yet the potential demand for those resources is infinite. Hence an ongoing concern of every society is how to allocate those resources. In free societies this is done through prices.

It would be nice if every one could drive a Rolls Royce and live in a mansion, but the cost of such items keeps them available only to those whose productiveness meets their cost.

With health care being a right, and costs no longer thought to be important, everyone had access to Rolls Royce health care. It did not matter if you were a totally non-productive lay about, or if you were the most industrious person in the land, you had equal access to all that the art and science of medicine had to offer.

Ultimately however the bill has to be paid. Even if at an individual level society wants to pretend that costs are not important, it cannot escape the fact that there is no free lunch. **A fundamental law of economics came into play at this point, the law of supply and demand.** With demand for medical care rising dramatically, yet resources not being able to keep pace, the only possible result could be and has been dramatically rising costs. A look at the percent of GNP that Canada

has spent on health care over the past quarter century shows a steeply rising curve which is a direct expression of this law.

For example, what would happen if we declared food to be a right? Indeed, using the socialist's line of thought, this would be even more sensible than health care, as the need for food is a lot more immediate. Just think, we could all dine on filet mignon and truffles and not have to worry about the costs. But the costs are there regardless, and with everyone consuming expensive food, the government would find costs going through the roof.

Once this dramatic rise in costs occurred, the government had to look for ways to control costs, price controls. Even the most addled socialist recognized the non-sustainability of the situation. **The politicians could not reverse socialized medicine as that would be political suicide.**

Hence the only way open to them is to control the medical profession, which is what you and I are experiencing today.

**Why did the socialists want to break the economic link between the doctor and his patient?** Socialism boils down to the public, i.e., state control or ownership of the means of production and the creation of a centralized planned economy. The idea that medicine is a commodity produced by profit seeking entrepreneurial physicians working in a free market, and purchased by their patients, is antithetical to the socialist world view and had to be destroyed.

We often hear that it is technology that is to blame for the rise in costs of health care. This can only be true if the state declares that everyone has a right to it. For instance, if someone invents a new diagnostic tool that costs a million dollars per unit, that act does not in itself raise costs. But if the state declares that the people have a right to it, and that we need a given number per capita, health costs will soar.

**Another key consequence is the necessity of having unimpeded government involvement in health care once it is considered a right.**

The defense of rights, individual rights, is the one legitimate purpose of

government. As Thomas Jefferson so eloquently put it, "... to secure these rights, governments are instituted among men, deriving their just Powers from the Consent of the governed."<sup>1</sup> Hence once health care is thought to be a right, society is going to require that government be involved.

And what is government? At its root, government is force. Thus if health care is a right, government will forcibly ensure that everyone has access to it.

**What flows from this is the complete intellectual disarming of the medical profession.** After all, if the government forces the doctor to work somewhere or dictate to him what his work is worth, who are we to complain? The government is simply ensuring everyone has access to their health care rights.

A much less obvious but potentially very destructive consequence of society looking upon medical care as being a right is the ruination of the principle of the rule of law.

Any society, even totalitarian ones, must have a system of laws. Without them any society would rapidly deteriorate into chaos.

The rule of law, however, is more than just a system of rules that people in society live by. As F.A. Hayek put it, the rule of law is supposed to be like "sign posts on the road."<sup>2</sup> Just as sign posts will tell you where you will end up depending upon which road you take, the law is supposed to inform people in advance what course of action the state will take for any given behavior.

In socialist states however, the central planners take down all signs except one, which reads, 'you will take this road.' The people's ability to determine their own actions is vitiated, and despite the superficial appearance of lawfulness, the rule of law is destroyed.

An example of this in the context of the current discussion was provided by the government of Ontario after the passage of the law banning 'extra billing.' The government made statements to the effect that Bill 94 was now the law of the land and had to be respected. It was obviously appealing to the principle of the rule of law, but as is now clear its claim to this principle was fraudulent.

### **Working Physicians Are Blamed**

One has to wonder how it is that  
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the right step—they're getting out of the healthcare business. Some are now making **defined contributions** as the benefits piece for employees who then decide how to use those funds. Ted Kennedy is hoping that a rapid undermining of the employer based system as opposed to gradual transition of control to patients will precipitate an outcry for a Canadian style system like that envisioned by Hillary. There are other issues of tort reform and the already present government run programs—Medicare and Medicaid that add to the woes of our system.

This is certain. For those who say the market and freedom has failed I say *it's never been tried*. For those who say there is no perfect system I agree but there is a better one. Freedom, like that embodied in the proven and very sound concept of MEDICAL SAVINGS ACCOUNTS. This is a concept that Hospital boards and administrators should like for two reasons. One - It gives employees control of their healthcare and the ability to keep and retain unused monies for later use. It is also less expensive. Reason number two— it is return to the sound notion of fee for service but with the healthy forces we encounter in our everyday lives. Hospitals will actually get paid instead of having healthcare stolen by ruthless third party payers.

Perhaps this small treatise is a bit bellicose or vitriolic. That is the intention as there is a war in healthcare. That war is against the social engineers who want to take your freedom and manage your life

to their profit. The war is against those who continue to interfere with the sacred physician—patient relationship. It is a war against those of the collectivist socialist mentality who will sacrifice you as an individual for the common good which is code for their corporate or political good. They want to build a safety net for all that is really a snare. There is a war and its time to arm you. But physicians must respond to conscience, undo the corporate lobotomy and complacency of guaranteed incomes and security and join the battle for patients and health professional's freedom. Patients must be their ally in this endeavor.

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empowering concept of Medical Savings Accounts (MSAs). Health benefits managers will learn first hand how you preserve quality and choice and hold down costs with true insurance embodied in MSAs. Financial advisors will learn first hand how true health insurance can be used to build the equivalent of a Medical Pension with the Medical Savings accounts that patients control. With MSAs patients have funds they have never had before to spend on their healthcare. Patients, not bureaucrats control the funds and patients retain the unspent monies in a vehicle that earns interest. There will be presentations by a Canadian colleague who will speak of the "truth and consequences" of socialized medicine. Nurses will be moved by several discussions about the nursing profession. All are invited.

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despite the profession's intense dissatisfaction with the current state of affairs it continues to look after its patients. Consider the government, the press, and to a great extent, the very people we look after, continuously denounce us and impose further limitations on our professional lives.

Imagine what would happen if General Motors informed the Canadian Auto Workers Union that it had discovered its costs were up, which was clearly the workers fault, and that the company would therefore be clawing back one month's salary from the workers. Such an announcement would be greeted with guffaws.

Yet the government of Ontario, during the mid-1990s, saddled the medical profession with complete responsibility for any increase in costs and as a result clawed back 10 percent of every bill submitted by physicians to the extent that it confiscated over \$800 million dollars of the profession's work. Despite this, here we are, day in and day out, looking after our patients.

So how is it that the medical profession continues to perform?

The answer to this question was provided by Ayn Rand when she identified the principle known as the *sanction of the victim*.<sup>3</sup> One of her keener insights, this principle explains how it is the victims of the socialists, or collectivists of any stripe, are actually their own worst enemies. In brief it is by virtue of the willingness of the victims to serve their ends that the collectivists are able to succeed. **Indeed in order to succeed they must have the victim's consent.**

Consider the debate over extra billing, or any other time the medical profession has fought with the government. During the debate the Peterson government made the statement that it could not believe physicians would do anything to hurt their patients. Reflect on that statement for a few moments, Here was a government that was bound and determined to revoke the physician's right to contract for services on the free market, which was what the debate was really about. This would be an unthinkable intrusion of the state into physician's lives in a free society. Yet, here was the government relying on the unwillingness of physicians to see any harm come to their patients to prevent us taking the necessary steps to stop the

legislation i.e., the complete withdrawal of services.

It is our caring for our patients that is arguably the profession's greatest virtue; yet, here it was, and is, used as a means to disarm and control us. Imagine doctor, the very best within you is used as a means to control and subjugate you. A rather pernicious weapon is it not?

#### ★ *What Physicians Must Do*

Clearly a fundamental shift must occur in how medical care is delivered in Canada. But before this can occur, there must be a fundamental shift in how this profession views itself and its relation to society. This change is at once both easy and difficult. It is easy, as it requires but a change of thought on our part; but it may also be difficult, as it will require a radical rethinking of our relationship with our patients.

This intellectual change must begin with the realization that what we do, the thing we produce known as health care is nobody's right. It is the product of our lives and belongs to us. It is clearly something we value, otherwise we would not produce it. Should others wish access to it, they must offer value for value. Professing need does not lay a claim on our product and thereby our lives.

Once this is clearly understood by the profession, **what must then happen is the restoration of the direct economic link between the doctor and his patient.** This will mean the restoration of the market place as the means of delivering medical care in this country. All government involvement in the delivery of health care must cease. This will likely take quite some time; thus, the aphorism that it is easier to get into trouble than to get out of it applies here. **However, the notion that medical care is a right to be provided to the public by our profession at the behest of the state must be eradicated.** Once this is done, we will find ourselves in charge of our profession again, and we will be able to use the market to provide good medical care in Canada as well as in the United States.

This does not preclude the use of private insurance plans in the delivery of medical care. Indeed the pooling of risk is a tried and true method of distributing the costs of expensive commodities such as health care. The ideal method will in fact likely involve a multi-tiered insurance program whereby people buy the level of

insurance that they can afford. We would do well, however, to avoid the managed care fiasco taking place in the United States, where bureaucrats who do not have the qualifications necessary to apply a band-aid, are dictating to doctors how to do their job.

What about the poor? The truly destitute will be looked after by voluntary charity. There is more than enough benevolence in the human spirit to look after the honest poor.

Do not be deterred by the socialist straw man known as "two tiered medicine." The distribution of wealth in society falls on a continuum resembling the bell curve, and the amount of medical care available will also resemble such a curve.

Do not be swayed by the socialist lament that under free market health care some people will be denied access to health care. This is an equivocation. The only thing anyone would be denied access to in such a system would be the unearned.

And it is imperative that we never, ever, under any circumstances, allow our virtue to be used as a weapon against us. Recall the words of Ayn Rand: *"There comes a point, in the defeat of any man of virtue, when his own consent is needed for evil to win—and that no manner of injury done to him others can succeed if he chooses to withhold his consent."*<sup>4</sup>

If we avoid this mistake, we cannot lose.

At this point the reader may be wondering how this degree of change could possibly be brought about. Indeed, one often hears the words "impotent" and "helpless" applied to our profession when discussions about controlling our own destinies are held.

The profession will get no help from any government. The choices offered to Canadians by the main political parties are merely variations on a theme of socialism, and all remain firmly committed to socialized medicine.

Parenthetically, the idea that Canadians are offered any fundamental options by our main political parties is the Canadian Big Lie. **All of them only offer variations on collectivism and statism, which is manifest in the Canadian version of socialism.** We hear that from time to time the political pendulum will swing

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back and forth between the political left and right, but in Canada, and indeed the West in general, the pendulum has been so corrupted that as it swings back and forth, and reaches the supposed opposite political extremes, it in fact finds itself at the same place, collectivism.

The public, for the most part, still does not see the approaching cataclysm, and continues to think that medicare (i.e., the Canadian government health insurance) is wonderful. Indeed the public seems quite content to do what is necessary to retain medicare, including enslaving our profession.

Within the profession, the leaders of our professional associations have, in the not too distant past, been heard chanting collectivist mantras, and appear to have joined the other side. Even organizations which have sprung up in opposition to the Ontario Medical Association still clamor for “an excellent government-run system which provides all necessary services.”<sup>5</sup> Hence change will have to come from the individual physician.

However, what must happen to end socialized medicine in this country is actually very, very simple. All that is required is for the profession to say, enough!

Believe it or not, we actually have the upper hand. Remember: nobody else can do what we do. If our services are withdrawn, there no one to take our place. There will be a few physicians who will continue to toil for the glory of the collective, but by and large, if we stop working, the system grinds to a halt. **The physician is the key-stone in the arch of medical care. If we leave, it cannot but fall.**

On a purely pragmatic level, we should all withdraw from medicare and deal with our patients directly. Set up accounts with the major credit card issuers and bill patients when seen. Do not help the government do anything with respect to medical care. They are likely to try to keep the system going but, without our expertise, they will make a hash of it. They will likely attempt to legislate us back into the system, but these efforts should be ignored (civil disobedience has a distinguished and well established intellectual basis).

The transition to a free market health system will have to be done with extreme caution. Its supporters can be expected to give up socialized medicine on their death beds and not before. They will do everything in their power to thwart this

change. They may, for instance say, OK, you well-to-do types can have your private system but we will still keep a public system for the rest of us. While this may seem at first glance to be a good thing, it is not.

Consider that all government debt in Canada stands at about \$700 billion dollars. That debt must be paid off. Thus for the foreseeable future the productive members of Canadian society, a segment that includes us, will see the confiscatory levels of taxation we are now subject to continue well into the future.

Hence, if we agree to such a change, even as a first step, our expenses will rise to pay for the new system; yet, we will see no reduction in costs incurred paying for government programs and debt, while the fundamental problems associated with the public system will not have been addressed.

**If the profession does muster the courage to make such a momentous change there will be a confrontation with the state that will make the extra billing debacle look like a walk in the park.** The press will launch into torrents of vilification that will make their previous lies and equivocations look like compliments. And yes, in the short term, people are likely to be hurt. Maybe me, maybe you, maybe our loved ones. Before you balk at those statements, try to think long range.

By now it should be clear to you that our current course can only lead to disaster, both for us and our patients. **In the long term many more people are going to be hurt by our failure to change the system than those hurt in the short term by that**


**change.** I recognize any change that involves any degree of hurt for anybody will be an intensely painful one for this profession. Indeed, given what we do, caring for our fellow human beings, a change that hurts people, however short term, may render us incapable of effecting that change. But if we do not alter our present course, know that in the long run all of us will be grievously hurt by the continuation of socialized medicine.

The state should be held accountable; they forced the issue trying to enslave us.

The possibility of the state using force against the profession is high, and it is not too far fetched to think of doctors being jailed for attempting these changes. When one revolutionizes a society this is unfortunately an all too common occurrence. The state will perceive itself as being threatened, and with the profession having disabled its most effective weapon, the profession’s own sanction, it may react with the only weapon it has left, the use of force. This is not all bad; even the sublime Thomas Jefferson recognized the tree of liberty must be refreshed from time to time with the blood of patriots and tyrants.<sup>6</sup>

Can we succeed? Yes, we need but make one, albeit difficult, decision, and we regain control of our lives and our ability to provide good medicine to Canadians. But we must enter the fray with absolute moral conviction on the correctness of our position. Too often those who fight our socialist tormentors make the mistake of surrendering the moral high ground to them. Comments to the effect that socialism sounds good in theory but will never work are profoundly mistaken.

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It is true that it will never work, as the record of the past century shows, but worse than that, it is a malevolently immoral doctrine, as it is predicated on the use of force to achieve its goals.

The battle is likely to be long and bitter, but remember the words of Thomas Paine, the firebrand whose ideas served as the catalyst for the American revolution: "What we obtain too cheaply, we esteem too lightly."<sup>7</sup>

And Lenin once suggested that to socialize a country one must socialize its medical system. Perhaps the extirpation of socialism from a country, our country, can begin by ending socialized medicine everywhere. Certainly Canadians seem to have had enough of socialism, and the level of discontent is now reaching the flash point. Perhaps, if the medical profession takes a principled stand on this issue, physicians will become the spark that ignites the storm that clears the socialist miasma that wafts ever foul across this land.

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**Ford Fuller –  
Executive Administrator**

Return these items as soon as possible (in the envelope provided) to: SEPP, Attn: Executive Administrator, P.O. Box 101117, Pittsburgh, PA 15237-8117. *(If you misplaced the materials mailed to you in mid-August, or if you never got them, please email me at [admin@sepp.net](mailto:admin@sepp.net) or call 1-412-487-3701 with your name and current address.)* We need as many members as possible to participate in our Survey and provide us with up-to-date contact information. Many thanks to those of you who have already responded.

**Summit—Ready to Go—We need you “on board”  
Get Involved with our Healthcare Summit.**

As we approach “crunch time,” here’s how you can help: Volunteer for logistics support before, during and after the Summit. *(Spouses and associates are welcome. Call me at 412-487-3701 to volunteer.)* Help us get the word out to your immediate associates. *(Call Dr. Dennis Gabos at 412-364-1994 if you need some extra help recruiting a fellow physician or medical colleague.)*

Think about business owners you deal with or know that would benefit from attending our Summit. *(Call Al Fulton at 412-831-1722; he’ll gladly talk directly with prospective business people you refer to us.)*

Don’t forget to invite your insurance agent, accountant or financial adviser. *(Ralph Vitt at 412-922-5589 will be happy to provide the specific benefits.)*

Download our Summit brochure from the website ([www.sepp.net](http://www.sepp.net)) and distribute it to prospective registrants.

*(Call me at 412-487-3701 for extra printed copies.)*

Register yourself to attend the Summit.

Better yet, sponsor a table for \$500 and invite nine colleagues to join you. Remind physicians, dentists, insurance brokers, and financial advisors of the continuing education credits.

Make a donation to help defray the considerable costs to SEPP for a conference of this type.

Surely every member or friend of SEPP can do one or more of the above things to help us make Summit—2001 the most successful ever! We need EVERYONE’s involvement to reach our goal! Thanks for your help!

*Ford P. Fuller, MD*

Ford Fuller  
Executive Administrator  
P.O. Box 101117, Pittsburgh, PA 15237  
Tel: 412.487.3701 · E-mail: [admin@sepp.net](mailto:admin@sepp.net) ·  
Website: <http://www.sepp.net>

**Administratively Speaking....**

Let me remind SEPP members of the following important **Action Items**:

- Update and Return Your SEPP Member Profile.**
- Complete and Return Your Membership Survey.**
- Identify Three Prospective Members to Recruit** (See bottom of Member Profile).



**HEALTHCARE SUMMIT IN PITTSBURGH-2001**  
**SAT., NOVEMBER 17, 2001 Sheraton Station Square**  
*See Page 6*

**SEPP General Membership Meeting**  
**Monday Nov. 19, 2001**  
**Tambellini's Restaurant 7PM**

**S.E.P.P.-Society for the Education of Physicians & Patients**

**A Health Care Professional and Patient  
Advocacy Organization**

***Protecting and preserving patients and health care professional's  
Rights, Freedoms, and Responsibilities***

**SEPP— 724- 929-5711 or 412-364-1994**

**SEPP—P.O. Box 101117 , Pittsburgh PA 15237-8117**

**For Health Care Update call- 1-800-546-7070**

**Web Site — [www.sepp.net](http://www.sepp.net)**

**SOCIETY FOR THE EDUCATION OF PHYSICIANS AND  
PATIENTS**

***The mission of The Society For The Education of Physicians and  
Patients is to promote the education of patients and health care  
professionals in order to facilitate unencumbered participation in a  
healthcare system that respects and nurtures patients' and physicians'  
freedoms, rights, and responsibilities. The Society focuses on the  
responsibility of the physician as patient advocate and promotes quality  
medical care by supporting policies that encourage freedom, choice,  
enhancement of the patient-physician relationship,  
and fiscal responsibility.***