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My Health is My Healthcare

Soldiers, Not Lab Rats

by Michael Berry is Vice President of External Affairs, Director of Military Affairs and Senior Counsel for First Liberty Institute. He joined First Liberty in 2013 after serving for seven years on active duty as an attorney with the U.S. Marine Corps.

Each year, the U.S. Director of National Intelligence publishes the Annual Threat Assessment which identifies the greatest threats to America's national security. Unsurprisingly, the 2021 Assessment highlights China, Russia, Iran, and North Korea as America's preeminent threats. But perhaps our leaders should look closer to home. None other than our own Department of Defense has inflicted more losses to American military strength than any foreign adversary could ever hope to achieve through the nonsensical military vaccine mandate.

Across all the branches of the U.S. military, more than 5,000 service members have been discharged due to their objection to the military vaccine mandate. To put that number in perspective, the military has suffered a greater loss of personnel than the Iraq and Afghanistan wars combined. Kicking out thousands of service members because of their religious beliefs is not only devastating to troop morale, but it also harms our national security interests.

President Reagan famously warned us that freedom is not free. His warning is more prescient than we might realize. It costs approximately $15,000 to successfully recruit just one eligible American to join the military. It then costs another $50,000 to $75,000 to train, equip, and prepare one for service, depending on the assigned duty. For those serving in special forces, such as Navy SEALs or Green Berets, the costs skyrocket into the millions of dollars per service member.

According to the Navy, more than 6,000 sailors remain unvaccinated and the Army reports a staggering 60,000 unvaccinated soldiers. If the Pentagon successfully kicks out all of its unvaccinated members, American taxpayers will have spent somewhere between $4.5 and $6 billion on recruiting and training service members who, despite being fully capable, the Pentagon has deemed unworthy to serve. Those figures must actually be doubled in order to recruit and train replacements.

This undermines one of the Biden Administration's stated reasons for its vaccine mandate: cost savings. Despite the fact that the actual numbers fail to account for the financial cost to recruit and retrain replacements for each separated service member, the Pentagon's dubious argument also does not account for the degradation in trust, morale, and esprit de corps that is necessary for any effective military force. This has led to a recruiting and retention crisis.

Just three years ago, the Army met its recruiting goal of 68,000 recruits. But this year it faces the dismal prospect of only achieving 40 percent of its goal. Economic factors make these numbers even worse. Consider that military recruiting typically fares worse during times of relative economic strength and low unemployment, and better during more difficult economic circumstances and high unemployment. In 2019, the economy was strong and unemployment was 3.6 percent. Contrast that with today's economic woes, and one would think recruiting would be strong. The outlook for America's military is bleak. Meanwhile, China and Russia are licking their chops.

A weak America spells danger for the world. Our nation has long stood as a beacon of strength and hope for the free world. If we do not

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have a military capable of defending us then nefarious actors who do not share our values will take full advantage.

One solution is elegant in its simplicity. If the Pentagon won't lift the vaccine mandate, it should at the very least begin honoring its constitutional obligation and grant religious accommodations for service members with sincere religious objections to the vaccine. This first step in recognizing that the Constitution applies to those defending it will also ensure we can continue to attract, recruit, and retain; the best military on earth.

Instilling younger generations with a sense of patriotism and civic pride will inevitably make them more likely to join the military. We must teach our children and our grandchildren that America has not always been perfect, but she is good. For example, look no further than the incredible success of the "Top Gun: Maverick" movie and the brief but noticeable recruiting boon that followed its box office success.

Contrast the Top Gun effect with the Pentagon's full embrace of woke ideology. Our best and brightest military minds are at wit's end trying to figure out why young Americans reject military service after having been force-fed anti-American rhetoric and propaganda since preschool. The classic, sardonic bumper sticker that was once a mainstay on military installations rings as true as ever: "the beatings will stop when morale improves."

Thankfully, there are still many young Americans who love their country and have a heart to serve in uniform. General Jimmy Doolittle, who masterminded the legendary Doolittle Raid, famously said "there is nothing stronger than the heart of a volunteer." Doolittle understood that a military comprised of those who serve because of their love of country is far superior to a conscripted one.

Today, America still has an all-volunteer force and young patriots are the lifeblood of our military. Many cite their religious belief as the primary motivation for joining. If our nation's leaders continue to prioritize politics and fulfill their promise to kick out service members because of their religious beliefs, we run the serious risk of losing that lifeblood.

My firm, First Liberty Institute, represents 35 Navy SEALs and other Naval Special Warfare members who will not be kicked out. These courageous men stepped forward, just as Doolittle's Raiders did nearly 80 years ago, and dared to challenge the Pentagon's refusal to grant even a single religious accommodation to the vaccine mandate.

In the first successful challenge to the military vaccine mandate, Judge Reed O'Connor recognized "there is no Covid-19 exception to the First Amendment. There is no military exclusion from our Constitution." Tragically, there are still thousands of service members across the entire military facing the purge. The cost to America in lost military manpower, leadership, combat experience, and skills, goes far beyond a dollar value. The harm to national security by kicking out service members because they object to an experimental vaccine is immeasurable.

PUTTING PATIENTS FIRST

by John C. Goodman is a leading thinker on health policy and "the father of Health Savings Accounts."

For millions of Americans, health insurance has become increasingly unaffordable and useless in meeting real health care needs:

- If you combine the average premium with the average deductible faced in 2019 by people in the Obamacare exchanges, a family of four (not getting a subsidy) had to pay $25,000 before getting any benefit at all from their health plan.
- All across the country, people with insurance purchased in the exchanges are denied access to the best doctors and the best hospitals, even though these providers accept private insurance and Medicare.
- Parents of a child with special needs may comb through the published information to find a plan with the right doctors, only to discover that while they are locked into their choice for the next 12 months, while the health plan can change the doctors in its network.

Some employer plans — especially in low-wage industries — are almost as bad, which explains why millions of employees turn down their employer 's offer of health insurance. Employees who do sign up often cannot afford to enroll their families.

More than 80 research organizations have studied these problems and produced detailed recommendations in Health Care Choices, a project initiated by the Galen Institute with input from the Goodman Institute and the Heritage Foundation.

End Obamacare's narrow networks, which deny patients access to the best doctors and the best care.

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According to its supporters, a primary benefit of Obamacare is protecting people who enter the individual market with a pre-existing condition. Yet the Affordable Care Act triggered a race to the bottom by giving health plans perverse incentives to attract the healthy and avoid the sick. The most successful Obamacare insurers are Medicaid contractors. The plans that have survived in the exchanges look like Medicaid managed care with a high deductible.

As a result, in Dallas, Texas, no individual insurance plan includes UT Southwestern Medical Center and cancer patients don't have access to MD Anderson Cancer Center in Houston. This pattern is repeated all over the country.

How could the individual market be different? In an ideal health care system, health plans would compete to attract patients with medical problems, because risk-adjusted premium subsidies would make it profitable to compete to enroll the chronically ill, which is already being successfully done in the Medicare Advantage program.

Let families have access to insurance that meets their medical and financial needs without Obamacare high deductibles and premiums.

The most important reform is reinsurance — setting aside funds for the care of the sickest, most costly enrollees. Absent these catastrophic risks, insurers can afford to charge lower premiums.

This reform has already led to lower costs in seven states that got a waiver to try it. The Center for Health and Economy estimates that a more liberal version of the concept would lower health-care premiums by as much as a third, and would insure about the same number of people as Obamacare.

A second reform is "limited benefit insurance." Young families, with moderate incomes and routine health needs, will almost never willingly choose a plan with very high deductibles. They want to know that they can take a sick child to the doctor's office or to the emergency room without having to worry about whether they can afford it. That's why they will almost always choose first-dollar coverage over last-dollar coverage.

So why not allow people to have the kind of insurance that meets their needs? Let families have a partial tax credit for the kind of insurance they want and send the remainder of the credit to a safety net fund that will cover those rare and unusual circumstances of high medical bills.

Workers need portable health insurance.

People should own their own health insurance and take it with them as they travel from job to job and in and out of the labor market. Because of a Trump administration executive order, employers can now give tax-free funds to employees to buy health insurance that they will own. This is a major change from the Obama regulations, which threatened to fine employers $100 per employee per day for giving their employees the opportunity to own their own insurance. Congress needs to codify this change.

Give families access to 24/7 care.

Atlas MD in Wichita offers round-the-clock care by means of phone, email, Skype, Zoom and Facebook if needed. The cost: $50 a month for mother and $10 for a child. This model, called "direct primary care," not only offers patients the entire range of primary care services, it helps patients make appointments with specialists and helps them get discount prices on MRI scans and other medical tests.

This type of care needs to be an option throughout the health care system — in individual plans, in the Obamacare exchanges, in employer plans, and in Medicare.

Let patients manage their health care dollars.

There is mounting evidence that patients suffering from diabetes, heart disease and other chronic illnesses can (with training) manage a lot of their own care as well as — or better than — traditional doctor therapy. If they are going to manage their own care, they should also have the opportunity to manage the money that pays for that care.

Unfortunately, the Health Savings Account law does not allow employers and insurers to pay for drugs and other services that should be made available to chronic patients or allow patients to put additional funds into their HSA account.

Guidance issued by the Trump administration was a major step in the right direction. People who use HSAs are now exempt from the high-deductible requirement for the purchase of drugs for 13 chronic conditions. This means that the employer or insurer can now provide first-dollar coverage for drug therapy without running afoul of HSA regulations. These changes need to be codified and expanded.

Let seniors use HSAs.

Once seniors become eligible for Medicare, they are no longer able to make deposits to HSAs. This restriction should be replaced with the opportunity to have a Roth-style savings account, with after-tax deposits and tax-free withdrawals.

Price of care should be transparent.

In medical markets where patients pay out of pocket, buyers always know the price in advance of purchase, and competition based on price and quality. Cosmetic surgery and LASIK surgery are examples. In addition, when Canadians come to the United States

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for knee and hip replacements (to avoid long waits in their own country) they are almost always given package prices, covering all elements of their procedure — by American hospitals! In the third-party payer sphere, by contrast, providers rarely compete for patients based on price. When they don't compete on price, they don't compete on quality either.

Pursuant to Trump's executive order, hospitals are now required to post their prices for common procedures in a consumer-friendly manner. Congress should codify this rule.

Give patients with chronic diseases access to specialized health plans.

Outside of Medicare, insurance plans are not allowed to specialize but required to offer a full range of services to all enrollees. Yet if health plans are not allowed to focus and get good at meeting some patient needs, they are likely to be mediocre when they try to meet all patient needs.

Medicare Advantage Chronic Condition Special Needs Plans can specialize in 15 chronic conditions. These plans can exclude applicants who don't have the condition. Congress needs to apply the same concepts to reforming the Obamacare exchanges.

Empower patients — not special interests and bureaucrats.

Obamacare was created through secret meetings, cynical emails, and hidden contributions to political action funds. Industry was too willing to accept additional regulations in exchange for bigger government subsidies. Real reform starts by setting aside the special interests and transforming our health care system to meet the needs of patients and their doctors.

BANKRUPT BY FREE HEALTH INSURANCE

by David Balat, Director of the Right on Health Care at Texas Public Policy Foundation.

As the federal government is seeking to expand the Obama Affordable Care Act by extending subsidies and giving more people coverage, bankruptcies linked to medical debt have not fallen. Instead, they have risen. Most Americans filing for bankruptcy over medical bills have medical insurance.

The Affordable Care Act failed to cure medical bankruptcies. A 2019 study found that "Medical problems contributed to 66.5% of all bankruptcies, a figure that is virtually unchanged since before the passage of the Affordable Care Act."

Another study, in the American Journal of Public Health, found that, "Despite gains in coverage and access to care from the ACA, our findings suggest that it did not change the proportion of bankruptcies with medical causes."

Why? It's simple. Costs get shifted; they don't simply go away.

"Patient debt is piling up despite the landmark 2010 Affordable Care Act," Kaiser Health News admits. "For many Americans, the law failed to live up to its promise of more affordable care. Instead, they've faced thousands of dollars in bills as health insurers shifted costs onto patients through higher deductibles."

Health insurance does not protect you from medical bankruptcy.

One Illinois woman who filed for bankruptcy in 2016 says she felt powerless. "One of the biggest hurdles you face as a patient is just the sheer confusion of the process. You think you just show up and present your card, sometimes pay a copay, and that's it. You don't expect all these plan limitations and authorizations," Jessica Hillman explained. "What are you going to do if your authorization gets denied? You don't really have a choice to not go get care. All these processes that are in the finest of fine print. And sometimes it feels like you are literally paying for nothing."

That's especially true for Medicaid recipients. They have trouble getting appointments, and when they do, they don't get much time with a health care provider.

It's no wonder Americans have a very dim view of the U.S. health care system. Gallup says that 70% of Americans feel the system has major problems — or even that it's in crisis.

Politicians are focusing their efforts on Medicaid expansion and other insurance-based approaches; but Americans wish they would focus on the real problem: health care costs.

What prescription will work? Let's start with price transparency. People deserve to know up-front what they'll be expected to pay.

Health care price transparency is incredibly popular with Americans. More than 50% of Americans have received or know someone who has received an unexpected and overpriced medical bill. Nearly 90% of Americans support requiring hospitals to post actual prices, not estimates. And 82% support strengthening penalties on noncompliant hospitals.

Just like "you can keep your doctor" and "you can keep your policy," the pledge that the Affordable Care Act would reduce medical bankruptcies has proven to be a hollow promise.

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