

*****NEWS RELEASE*****

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The Watched Are Never Free

New Book ‘Big Brother in the Exam Room’ From Citizens’ Council for Health Freedom Shines Light on Impact of Electronic Health Records on Privacy, Personalized Care, Costs, Patient Safety and More

ST. PAUL, Minn.—It’s impossible for patients and doctors to have an effective relationship when they are being watched. The patient will always try to protect themselves if they think they are being monitored or surveilled, and therefore won’t be entirely open and transparent with their doctor.

This hurdle, says [Citizens’ Council for Health Freedom \(CCHF\)](#), takes away frank and forthright exam room conversations. The exam room should be a sanctuary, much like the attorney-client privilege, but patients are not privy to that same kind of confidentiality. And it’s detrimental to medical care in America.

CCHF has released a new, groundbreaking book called [“Big Brother in the Exam Room: The Dangerous Truth About Electronic Health Records”](#) that exposes how and why Congress forced doctors and hospitals to install a data-collecting, command-and-control surveillance system in the exam room.

Written by CCHF president and co-founder Twila Brase, RN, PHN, and published by Beaver’s Pond Press, *“Big Brother in the Exam Room”* also includes the impact of electronic health records (EHRs) on privacy, personalized care, costs, patient safety and more, according to doctors and data from more than 125 studies.

“The watched are never free,” Brase says. “Surveillance is and has always been a tool of control. That’s why America’s Founding Fathers put privacy protections in the U.S. Constitution, as part of the Bill of Rights. However, the emergence of new surveillance-enabled technologies today—such as computers, smartphones, digital driver’s licenses and biometric scans—create new tracking and analytic powers. Unless Americans remain watchful and engaged, their freedom can be taken away, one law and one technology at a time.”

In *“Big Brother in the Exam Room,”* Brase reports that in 2009, Congress mandated the use of government-certified EHRs. Certified EHR technology (CEHRT) means the EHR is built not to improve patient care but to do what the government wants it to do: government reporting, patient and doctor profiling, data analytics, health services research, linking to a national medical-records system, population health, standardized treatment protocols, compliance tracking and much more.

The government calls this “Meaningful Use” of the EHR, Brase adds. Doctors and hospitals that refuse to install a government-certified EHR and refuse to demonstrate Meaningful Use receive reduced Medicare

payments. As a result, this surveillance technology is now present in virtually every doctor's office and every hospital room.

Brase notes that the government-controlled, government-mandated and government-certified EHR system is not the same as the free-market EHR many doctors purchased before the mandate—and were forced to give up. Those free-market EHRs worked for the doctor. The government-certified EHR works for the government.

Dr. Ralph Grams, a professor of medical informatics quoted in the book, says the EHR mandate will centralize power in the federal government and “move our entire economy into a socialized system with czars and unelected dictators in control.” The rationing of care, he says, will be enforced through this “federally controlled EHR.”

“The EHR in doctor’s offices today is a command-and-control surveillance system meant to put medical treatment decisions under the scrutiny and control of government agencies and their health plan collaborators,” adds Brase. “Taxpayers have paid more than \$30 billion to put this system in place—but they have no idea what it is or what it’s doing to their care, their choices, and the confidentiality of their private information. The systems of health surveillance are growing, not shrinking. When Congress forced doctors to set up government-certified EHRs in exam rooms nationwide, it compromised confidentiality, jeopardized patient safety, infringed on medical ethics, and let the government unconstitutionally interfere in medical treatment decisions.

“Big Brother is perfectly happy in the exam room,” she continues. “He won’t leave willingly. Significant citizen engagement, physician resistance and legislative action are required. But it could be as simple as pulling the plug on the EHR and going back to paper, as the Illinois Pain Institute did in 2015. Some people say privacy is lost forever, that this battle for patient and doctor freedom has no chance of success. But once Americans understand the critical relationship between privacy and freedom, I believe they’ll take steps to secure the rights they’ve lost. There is no freedom without privacy. There is no freedom under Big Brother.”

“Big Brother in the Exam Room” is available at [Amazon.com](https://www.amazon.com) and www.BigBrotherInTheExamRoom.com.

For more information about **CCHF**, visit www.cchffreedom.org, its [Facebook](#) page or its Twitter feed @CCHFFreedom. Read more about **“Big Brother in the Exam Room”** [here](#), and view the [media page for CCHF here](#). For more about **CCHF**'s free-market, cash-based care initiative, **The Wedge of Health Freedom**, visit www.JointheWedge.com, **The Wedge** [Facebook](#) page or follow **The Wedge** on Twitter @wedgeoffreedom.

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To interview Twila Brase of **Citizens’ Council for Health Freedom** or for a review copy of **“Big Brother in the Exam Room,”** contact Deborah Hamilton, Media@HamiltonStrategies.com or 610.584.1096, ext. 102, or Patrick Benner, ext. 104.