CCHF is actively working to restore health freedom. For example, we’ve had a conference call with the federal Office of Management and Budget (OMB). CCHF asked for parent consent to be reinstated for research using newborn DNA. We also had a phone call with Roger Severino, director of the HHS Office of Civil Rights to discuss patients who are denied treatment when they lawfully refuse to sign the HIPAA form. These meetings result from building relationships with congressional staffers who are now in the Trump administration.

Our president Twila Brase attended an invitation-only health policy summit in Washington, D.C. led by a former member of Congress. Several current members dropped in to speak, giving her an opportunity to ask Rep. Mark Meadows, head of the GOP Freedom Caucus, to repeal the ACA’s prohibition on the sale of affordable catastrophic coverage (true insurance).

Brase countered the GOP proposals to save Obamacare. She said the billions in ACA "stabilization" funds will "take money from your back pocket in taxes so you can take less from your front pocket to pay premiums." This does not reduce health care costs, but it makes people think Congress has done something to help them. Brase also told the conservative groups around the table to refuse the premise of socialized medicine: guaranteed issue of insurance for people with uninsurable (pre-existing) conditions. Once this seemingly compassionate, but dangerous idea is accepted, it’s just a matter of how socialized medicine looks in America, not if we’ll have it. Better to target the root of the problem (third-party payment) and restore personal ownership of insurance.

Continued on Page 2
Speaking on “Winning the Individual Health Decision War,” at the Constitutional Coalition conference in St. Louis, MO, Brase discussed The Wedge (jowiththewedge.com) and presented 5 facts for understanding health care:

1) There is no such thing as “health care.” There is health insurance and medical care. The merger of financing for and delivery of medical care in people’s minds and language has advanced socialized medicine (treatment decisions under outside control).

2) The Affordable Care Act, the individual mandate and its penalty have not been repealed. The only thing the GOP tax bill did was zero out the penalty. Instead of $695 or 2.5% of your income, the law now says $0 or zero percent of your income.

3) Health plans are not insurance. They are a corporate version of socialized medicine. True insurance does not have networks, prior authorization or medical necessity definitions. True insurance determines payment, pays you and then you pay your hospital and doctors. Single-payer advocate Sen. Ted Kennedy’s HMO Act of 1973 merged the delivery and financing of medical care by establishing HMOs, now called “health plans.”

4) The mandate to cover uninsurable, pre-existing conditions eliminated health insurance in the US. The ACA has socialized coverage. Real insurance insures against conditions you don’t yet have, so it’s affordable.

5) Too many Republicans in power are socialist in their thinking when it comes to health care. Witness WI Gov. Scott Walker, who wants federal “save ACA” funds and is pushing for a state law to mandate insurers cover uninsurable pre-existing conditions.

Back in Minnesota, CCHF legislative specialist Matt Flanders worked to oppose repeal of the state medical privacy law. And Brase reminded a business group, “He who holds the dollars and the data makes the rules.” She also said no one has to become or stay a doctor. A 2016 study found 48% of physicians plan to end or severely limit patient load. One attendee thanked her because she “hit a few nerves from 2 different sides.”

Health plans are not insurance. They are a corporate version of socialized medicine.
A Letter From The President

I’m glad my book is coming out soon. The mandated government-certified electronic health record (“government EHR”) is socializing our health care system at a rapid rate. See page 7.

That’s not all. Congress wants to strip Americans of the last vestiges of privacy/consent requirements:

DATA CLEARINGHOUSES: If passed, H.R. 4613 would give health data clearinghouses the power to share, analyze and use patient data freely. Clearinghouses have 90% of all medical claims. But HIPAA currently restricts their use of the data to claims processing. Three data clearinghouses have started a “Claim Your Health Data Coalition” to convince Congress to permit sharing and use of data as broadly as HIPAA allows “covered entities” (hospitals, clinics, health plans, practitioners) to use and share data without patient consent. They envision a centralized lifelong record of a patient’s data, which would mean nowhere to hide—unless you use cash.

SUBSTANCE ABUSE RECORDS: The House and Senate have bills that would repeal current patient consent requirements for sharing substance abuse records. If passed, the substance abuse records of patients could be shared as broadly as all other data under HIPAA. NOTE: The kind of consent that patients with substance abuse issues have is the kind we should all have—the kind HIPAA eliminated. (S. 581 and H.R. 5009)

The exception to the above is if a state has stronger privacy laws than HIPAA’s no-privacy rule. Patients in those states have privacy protections no matter what Congress does. Congress is giving citizen health data away with no thought of privacy, or 4th Amendment or private property rights.

This is a government taking.

As the Legal Information Institute says, “A taking is when the government uses, regulates and seizes private property. This action is governed by rules set by legislatures. In addition, the Fifth Amendment requires the government to pay ‘just compensation’ when taking property for public use. This requirement applies to the states as well as the federal government.” And “the Fifth Amendment’s compensation requirement is not limited to government seizures of real property. Instead, it extends to all kinds of tangible and intangible property, including easements, personal property, contract rights, and trade secrets.”

We are experiencing the “Kelo” of patient data.

In 2005, the city seized Suzette Kelo’s home and neighborhood for a planned commercial development expected to increase the tax rolls (Kelo vs. City of New London). The U.S. Supreme Court ruled against her. But many troubled state legislatures passed state laws to prohibit such takings.

Similarly, Congress is taking the personal property (data) of patients and allowing it to be used to generate private wealth, seize control of physician decisions, profile patients, limit choices, penalize physicians who think out of the box, and allowing it to be used to generate private wealth, seize control of physician decisions, profile patients, limit choices, penalize physicians who think out of the box, and take over the entire health care system. If you want to buy a copy of the first printing of my book, email our office: info@cchfreedom.org. We’ve started a list!

Twila Brase, RN, PHN President and Co-founder
CCHF Releases Cutting-Edge Report on Biometrics

CCHF has long believed a national ID will become a national patient ID. The Clinton health plan proposed a Unique Patient Identifier (UPI), HIPAA made it law, and former U.S. Rep. Ron Paul prohibited funding for it for nearly 20 years. Thus, CCHF opposed REAL ID because it could be required for access to medical care (“no card, no care”) and used to track patients and control doctors. Now U.S. Rep. Bob Goodlatte (R-VA) has proposed a biometric ID for all American workers.

During our 2016 battle against REAL ID, we learned about a global corporation called MorphoTrust (see the photo sent to us above), which has since been sold, merged and re-named IDEMIA. It produces driver’s licenses and ID cards for Americans in 42 states and 100 percent of American passports. But there’s more.

IDEMIA calls itself number one in civil identity solutions and is involved in the world’s largest biometric ID program: Aadhaar (India). It has issued over 3 billion ID documents in 135 different identity programs across the globe. In CCHF’s new report, Exposing Idemia: The Push for National Biometric IDs in America, we discuss “augmented identity,” biometric surveillance and biometric requirements for access. IDEMIA is planning for a future where a person’s biometrics are used for every day transactions, travel, purchases, and verifying identity. View their video (idemia.com).

IDEMIA facilitates biometric data collection from Americans, works with TSA Precheck, and has developed the software for a FBI biometric database and the facial recognition software soon to be deployed in every airport. It’s already at the McCarran International Airport in Las Vegas, NV.

Under biometric ID mandates, Americans lose control over data that is uniquely theirs and, unlike a password, cannot be altered to protect against intrusions. As Adam Schwartz at the Electronic Frontier Foundation says, “Biometrics are a menace to privacy... Credit-card numbers can be changed but faces and fingerprints can’t.” He further notes, “Once biometric data is captured, it frequently flows between governmental and private sector users.”

To read the full CCHF report, go to: http://bit.ly/cchfidemia.
Big Business, Healthcare Industry and MN Health Dept. Push to End Patient Privacy

CCHF has discovered a plan to take away patient privacy rights currently protected by the **MN Health Records Act (MHRA)** – one of the nation’s strongest privacy laws. HIPAA, the federal “privacy” rule, which does NOT protect privacy, allows states to write laws that DO protect privacy. Over the past few years, CCHF has stopped multiple industry-supported Democrat bills to repeal these privacy protections, often with the help of a few pro-privacy Democrats.

But now big business, industry lobbyists and government officials are telling Republicans that MN needs to “follow the HIPAA standard,” which means the end of patient privacy and consent requirements. They say it’ll save health care dollars, but it’ll only boost their profits because data is the 21st century version of gold. They’ll use it to profile patients and doctors and limit care. They hope the public won’t act to stop their plan.

For “optimal” health info. exchange, the MN Dept. of Health (MDH) recommends full repeal of MHRA, or repeal of consent for payment (64-word HIPAA definition) and/or treatment (62-word definition), and/or health care operations (nearly 400-word definition).

MDH admits, “This approach may raise privacy concerns because of the broad scope of health care operations,” and it would remove privacy protections for “sensitive information such as mental health, HIV/STD, and genetic information.”

We need your help! You must hold their feet to the fire! We’re meeting with MN legislators asking them to vote “no” on repealing the MHRA.

**TELL your MN state legislators:**
“Don’t repeal one word of MN’s patient privacy law.” **Let us know what they say.** Senate info: 651-296-0504; House info: 651-296-2146.
British Hospital Cuts Cancer Care
January 16, 2018

A top hospital in England is delaying chemotherapy for cancer patients. And those with terminal illness may get fewer treatments. The hospital has a shortage of specialist nurses, so administrators described the cuts in a memo to staff. The cancer unit has a 40 percent shortage of nurses skilled in chemotherapy.

England’s national health care system has tens of thousands of vacancies and there are no prospects for improvement in the next two years. Experts blame the shortages on central planning, as they should. Universal coverage is not care, and in the U.S. fight over socialized medicine, Americans should remember that no one has to become a doctor or a nurse.

"Top Oxford Hospital Cuts Cancer Care Due to Lack of Staff," Chris Smyth. The Times, January 10, 2018: https://www.thetimes.co.uk/article/churchill-hospital-in-oxford-cuts-cancer-care-due-to-lack-of-staff-t6nswqm5b

Insurer’s Medical Director Makes Shocking Admission

A former medical director of Aetna, the nation’s third-largest insurer, admitted under oath he never looked at patient’s medical records when approving or denying care. California’s insurance commissioner, Dave Jones, stated his office is investigating. He remarked, “If the health insurer is making decisions to deny coverage without a physician actually ever reviewing medical records, that’s of significant concern to me as insurance commissioner in California—and potentially a violation of law.” Jones is asking patients who suffered harm to contact his office.

Nearly 1/3 of Americans Believe Trump Repealed Obamacare

Trump signed the tax bill into law and said that the bill “essentially” repeals the Affordable Care Act (ACA). Although it zeroed out the penalty for not maintaining coverage, the ACA mandate language and the rest of the law remain intact. Despite this fact, 31 percent of 1,500 Americans surveyed thought that Trump had repealed Obamacare and 21 percent were unsure. Republicans (44 percent) were more likely to believe that the ACA had been repealed than Democrats (27 percent).

“Metric Fixation” Reduces Quality of Care

Institutions from businesses to schools to government and health care suffer from “metric fixation” — the idea that performance can be measured by collecting data and setting penalties or rewards based on results. However, collecting, reporting and analyzing the data take time away from the activity being measured and adds costs. These performance-based metrics often lead to unintended consequences such as doctors focused on processing quantities of patients instead of individualizing treatment, and seeing easier cases while avoiding sicker, more complex patients.

Virtual Medicine Does Little to Help Patients

According to the Centers for Disease Control and Prevention (CDC), 86 percent of health care expenses in the U.S. are for chronic illnesses. Some believed that Virtual Medicine would help patients do more for their personal health care. Recent studies involving digital timer pill bottles, wireless blood pressure cuffs, digital symptom-monitoring devices, wireless scales, and other high-tech devices failed to make any difference compared with conventional care — unless coupled with financial incentives.
Help CCHF Sound the Alarm!

The electronic health record in your doctor’s office is not what it seems. The government-certified electronic health record (“government EHR”) mandated by Congress is collecting your private information, sharing it with the government, using it to control your doctor’s decisions and threatening lives.

This EHR is a surveillance system imposed to establish socialized medicine in America—doctors who refuse it are paid less—and it must be stopped.

**BIG BROTHER IN THE EXAM ROOM**, authored by CCHF’s president, is nearing publication. This book will warn Americans about the serious dangers, including death and injury, resulting from this $30 billion political experiment on America’s patients. There’s no time to lose. Americans must learn how close we are to government control of our entire health care system.

We need your help to sound the alarm.

We’re working with a publishing company for editing, proofing and design, but we must raise at least $30,000 to print, market, and distribute this book. It is urgent that we grab the attention of the public and the news media.

Can you help? There’s no time to lose!

With your financial support, we will expose the dangerous truth about the government EHR and share our list of specific action steps for lawmakers, clinicians and citizens—steps back to health freedom.

To join this groundbreaking effort, donate at [http://bit.ly/give2cchf](http://bit.ly/give2cchf) or use the enclosed envelope. Please give today!

Help us get the word out – and get the government OUT of the exam room.

STOP SOCIALIZED MEDICINE IN AMERICA!

Use my gift* to sound the alarm! Enclosed is:

- $35
- $50
- $100
- $500
- $1000
- $2,500
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- Donation of Stock. (Please contact CCHF office at 651-646-8935 for instructions)

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Thank you for your support! Your tax-deductible gift supports health freedom, medical and genetic privacy rights, health care choices, physician freedom, and the protection and preservation of individualized patient care.

*CCHF has received 501(c)3 non-profit status from the IRS. CCHF has received permission to solicit charitable donations in all states except California. In August 2016, we withdrew our registration in CA to avoid the AG’s demand that we share the confidential names of certain donors. The full disclosure regarding solicitation is found on page 2 of this newsletter.
“There can’t be a free market if I don’t know what the prices are.”

– Chris Raymond, former medical reporter for the Journal of the American Medical Association who called her insurance company recently to get the price of a brain scan, “Consumer Choice for Health Care Lags Behind Rhetoric,” RollCall.com, December 4, 2017

“I just made the decision. I wanted to take a stand against anybody telling someone what they have to do especially when it comes to an invasive procedure. That’s totally against what medicine has stood for in the past.”

– Dr. David Laposky, fired from Essentia Health for refusing to get the flu vaccination, Fox 9 News, November 30, 2017

“Today’s search engines are better at helping doctors diagnose disease than our EMRs.”

– Lloyd Minor, Dean of Stanford School of Medicine, Quartz, August 28, 2017

“Without the individual mandate, the exchanges will not die but will continue as zombies offering high-cost coverage, fed by the federal government and stumbling around the health system failing to serve their original purpose — access for all regardless of age, health status or pre-existing conditions.”


“Public spending on health care only knows one way to go.”

– Charles M Silver, Prof. of Gov’t, Univ. of TX at Austin, 1/5/2018.)