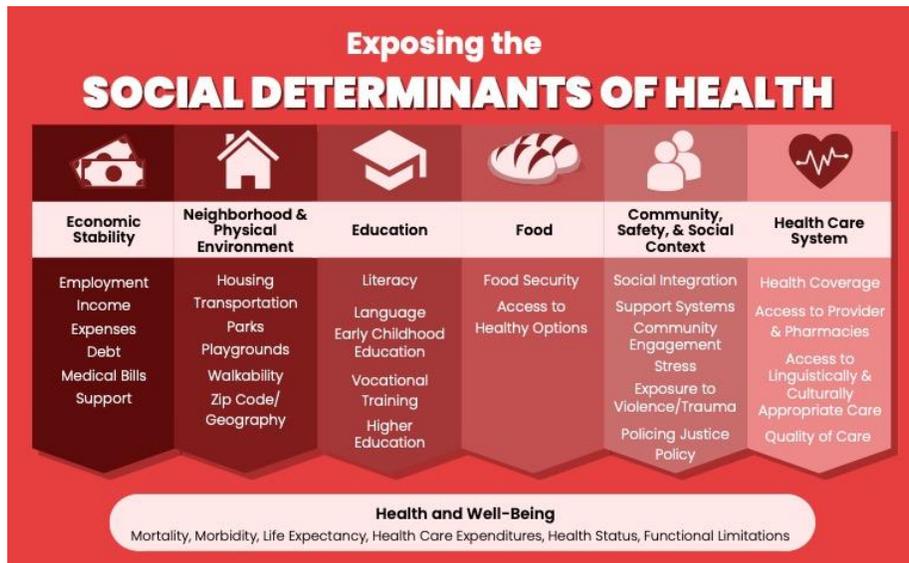


## Federal Plan to Use Health Care to Centralize America’s Economy



An initiative known as the “Social Determinants of Health” (SDOH) is advancing in all 50 states and in the halls of Congress. The Biden Administration’s American Rescue Plan of 2021 requires **“health centers to tailor their efforts to improve health outcomes and advance health equity.”**<sup>2</sup> This initiative, funded with \$90 million, expands SDOH data collection.<sup>3</sup> The current push to use health care to socialize and impose central control across America has been growing since its introduction at the end of the 20<sup>th</sup> century.

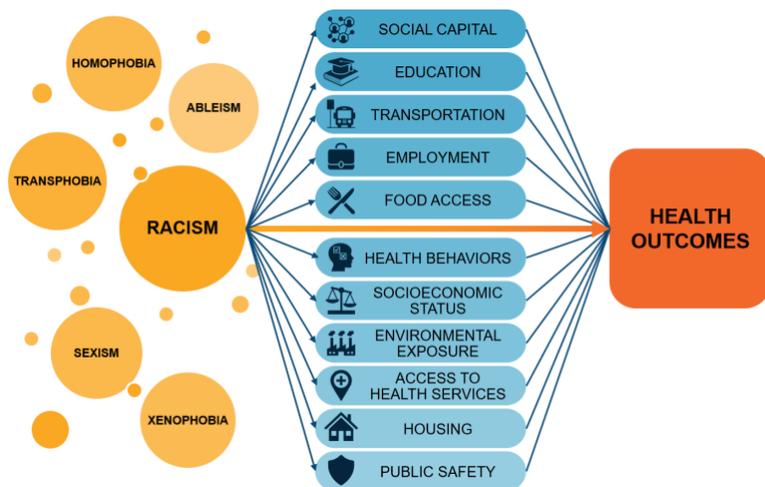
**History of SDOH:** In 1999, two professors at University College London, coined the term in a book called *Social Determinants of Health*. In an abstract of their book, they wrote:

Health is a matter that goes beyond the provision of health services...The social determinants covered by the book include the impact of early life; the life course, the social gradient, and health; labor market disadvantage unemployment, non-employment, and job insecurity; the psychosocial environment at work; transport; social support and social cohesion; the politics of food; poverty, social exclusion, and minorities; social patterning of individual behaviors; social determinants of ethnic/racial inequalities; social determinants of health in older age; neighborhoods, housing, and health; sexual behavior and sexual health; and social vulnerability.<sup>4</sup>

In 2007, the World Health Organization (WHO) released a *Conceptual Framework for Action on the Social Determinants of Health*.<sup>5</sup> According to WHO, government has a “downstream” impact on the health of individuals through creating policies that impact (among other things) a person’s socioeconomic status, access to education, and access to health services. WHO suggested three strategies to address SDOH: address the context; encourage intersectional action; and enable social participation and empowerment.

Many U.S. leaders and agencies have embraced these strategies. SDOH legislation is popping up everywhere in statehouses and Congress, including in health care legislation. SDOH advocates claim that individuals are helpless against their personal situations and government is needed to assure healthy lives for all Americans. **If not stopped, the SDOH initiative will end personal freedom, destroy free markets, build intrusive surveillance and data systems, and create comprehensive profiles on every American.** In

the health care system, SDOH may be used to force physicians to give preference to “population health” instead of individual patients. To the detriment of patients, doctors may opt to withhold care to avoid “health disparity” penalties issued by the government under the SDOH terms of “health equity” and “equitable” access to care. In some cases, the push to make health care an arm of the Marxist social justice movement isn’t even being disguised. The Boston Public Health Commission published this graph under its **Racial Justice and Health Equity Initiative**.<sup>6</sup>



7

#### Major Concerns of SDOH:

- **Violates patient privacy rights** through the widespread collection of clinical, behavioral, social, economic, and personal data, often occurring without the patient’s knowledge.
- **Increases the control of third parties over medical decisions**, forcing physicians to follow standardized algorithm-based treatment protocols to avoid possible civil rights lawsuits.
- **Wastes medical expertise** by forcing doctors to focus on non-medical aspects of patient’s lives.
- **Discourages personalized care** by requiring physicians to treat all patients the same (and therefore “equitably”) instead of as the unique individuals they are.
- **Directs the physician’s mind and energy from personalizing patient care** to avoiding possible penalties or lawsuits if one-size-fits-all “health equity” treatment protocols are not followed.
- **Advances socialized medicine and a centralized economy** through “equity” initiatives.

**Conclusion:** Everything that happens in a person’s life has an impact, positive, negative, or neutral on their health. This longstanding fact does not give government officials the right to monitor Americans, collect data on and make judgments about every facet of their lives, try to control medical treatment decisions, create “health disparity” scores on the treatment decisions of their doctors, or try to regulate the entire American economy under the false rubric of “social determinants of health” and “equity.”

<sup>1</sup> Graph adapted from Kaiser Family Foundation, [Tracking Social Determinants of Health During the COVID-19 Pandemic | KFF](#)

<sup>2</sup> “HHS Announces \$90 Million to Support New Data-Driven Approaches for Health Centers to Identify and Reduce Health Disparities,” HHS, April 21 .2022:

<sup>3</sup> “HHS Announces \$90 Million to Support New Data-Driven Approaches for Health Centers to Identify and Reduce Health Disparities,” HHS, April 21 .2022: <https://www.hhs.gov/about/news/2022/04/21/hhs-announces-90-million-support-new-data-driven-approaches-health-centers-identify-reduce-health-disparities.html>

<sup>4</sup> “Social Determinants of Health,” Michael Marmot and Richard Wilkinson, Oxford Scholarship Online, Accessed June 22, 2022:

<https://oxford.universitypressscholarship.com/view/10.1093/acprof:oso/9780198565895.001.0001/acprof-9780198565895>

<sup>5</sup> Perez, D., Feb. 21, 2021, *Deanna Perez*, [WHO’s “Conceptual Framework for Action on the Social Determinants of Health” – A Synopsis – Deanna Perez \(oregonstate.edu\)](#)

<sup>6</sup> Boston Public Health Commission’s Racial Justice and Health Equity Initiative, <http://www.bphc.org/whatwedo/health-equity-social-justice/racial-justice-health-equity-initiative/Documents/RJHEI%202015%20Overview%20FINAL.pdf>

<sup>7</sup> Health Equity, Massachusetts Health Policy Commission, [Health Equity | Mass.gov](#)