Biden Wants To ‘Woke’ Up Your Doctor

Description

Authored by Wesley Smith, op-ed via The Epoch Times,

The Biden Administration wants to pay doctors to create office “anti-racism plans” that could soon bring full blown critical race theory into your examining room…

What’s that you say? You didn’t hear about Congressional legislation to that effect? That’s because there is no such law. Rather, the idea was pushed quietly into implementation by the blob-like federal bureaucracy that exercises primary control over the details and minutia of federal law.

Despite what you may have been taught in high school government class, federal statutes do not provide the specifics that will apply once a bill becomes law. Instead, legislation merely establishes a skeleton outline, usually directing the Secretary of this or that Department to write the details after the bill has passed through the arcane rule making process. In other words, the contemporary administrative state run by the executive branch has substantial quasi-legislative authority never dreamed of by our Founding Fathers.

There are few limitations to rule making other than that the regulation must be relevant to, and consistent with, the governing statue. But laws are often so vaguely written, that isn’t difficult. Moreover, the promulgated rules are where the devil in the details of federal law is to be found.

How do we know what has been proposed or promulgated by the bureaucrats? All rules—whether preliminary or finalized—are published in a gargantuan volume called the Federal Register.

Oh good. That means we can just look them up, right?

Well, sure: In theory. But good luck trying. Each year *more than 70,000 pages* of very small print are

published in the FR. Imagine digging through that eye-glazing text! Talk about needles and haystacks.

Yes, there is a modicum of societal input in rule making. But it is very indirect. When a new rule is proposed, time is allowed for public comments that—in theory and sometimes in fact—influence the bureaucrats who write and promulgate the rule. Bureaucrats may also attend meetings with "stake holders" about the contents of proposed rules.

But like everything else in Washington, D.C., this administrative process is highly political. Whether commenters have any impact on the final rule usually depends on their political clout and/or whether they are allies of the sitting administration, not policy acumen. Needless to say, individual citizens rarely know what is going on, much less, have a meaningful chance to directly participate in the process.

Alright, enough dismal civics.

Here is what the new rules on Medicare payments to doctors—that begins on page 64996 of the 2021 FR and ends on page 66031—states about the anti-racism plan bonus: In Appendix 2—are your eyes rolling back in your head yet?—doctors are offered a percentage of their Medicare income "to create and implement an anti-racist plan."

Among other consequences, this means establishing an anti-racist bureaucracy within physicians' offices (my emphasis*):*

> "The plan should include *a clinic-wide review of existing tools and policies, such as value statements or clinical practice guidelines*, to ensure that they include and are aligned with a commitment to anti-racism and an understanding of race as a *political and social construct, not a physiological one*."

In other words, the rule states quite specifically that the plan isn't about medicine. And it isn't about science. Rather, it furthers naked ideology and insinuating very woke politics into the clinical setting.

That isn't all:

> "The plan should also identify ways in which issues and gaps identified in the review can be addressed and *should include target goals and milestones for addressing prioritized issues and gaps* …. The … eligible clinician or practice can also consider including in their plan ongoing *training on anti-racism and/or other processes to support identifying explicit and implicit biases in patient care and addressing historic health inequities experienced by people of color*."

Think of the money to be made by leftist anti-racist trainers and organizers, which is part of the point.

Moreover, the call for “anti-racism” could be interpreted as calling for *discrimination in medical settings against people who are not of color*. For example, Ibram X. Kendi, the intellectual leader of the Anti-Racist Movement wrote in his book “How to Be an Anti-Racist,” ***“The only remedy to racial discrimination is antiracist discrimination.”***

This invidious thinking has seeped into the medical establishment. Consider a relevant advocacy column entitled “Advancing President Biden’s Equity Agenda,” published last April in the New England Journal of Medicine. “T*o promote equity,” psychiatrist* Neil K. Aggarwal wrote, “*the Biden administration should distribute resources differentially in order to benefit groups that are persistently disadvantaged.”*

That would be to pit some of us against others of us *in our own doctor’s office*. This obsession with differences—ever more thinly sliced—isn’t healthy. And it isn’t right.

All patients should be treated equally. No patient should be considered “favored” or “disfavored.” Everyone should receive optimal care. But such equality isn’t within the value system that “anti-racism” generally—and the new rule, specifically—promotes.

It is no surprise that the Biden administration has gone woke. But the real danger against true equality isn’t in the president’s speeches but in the power of the bureaucracy swamp. Indeed, what other “equity” landmines are being laid quietly within the hundreds of thousands of pages of the Federal Register?

Today, the bureaucrats are offering doctors a bonus to enlist in the “anti-racism” cause. Tomorrow, they may make critical race theory mandatory in the medical office. And we probably won’t know until the deed is done. This much is sure: Pushing “equity” in healthcare is a prescription for tearing this country apart.