Common Sense Proposals to Replace Obamacare

Earlier Proposals Updated

Jan 1, 2017
Conrad LeBeau.

My first proposal was mailed to the White House in August of 2009. It would have avoided the insurance mandates of Obamacare with the establishment of Public VA hospitals that would offer health care to both Veterans and the uninsured public including those with pre-existing conditions. Treatments would emphasize natural low cost remedies.

With the appointment of Congressman Dr. Tom Price to head the Dept of Health and Human Services (HHS) by President-elect Donald Trump, the time has arrived for a revised update to proposals I made for affordable health care in 2009.

My updated plan will provide quality low cost health care for those with pre-existing conditions, and those below the poverty level who have no insurance at all. Medical corpsmen and women trained by the military would be offering health care services throughout the nation.

They would work in local hospitals and community treatment centers. Payment for health services would be on a sliding scale based on assets and ability to pay which is what the VA currently does.

Besides reducing the cost of hospital stays, it will focus on preventive medicine, and affordable natural remedies (health foods, water, herbs, nutritional supplements, edta chelation, ozone, hydrogen peroxide, non-addictive natural pain relievers, vitamin and mineral therapy and other non-patented remedies including the off label use of low cost generic drugs.

This plan will bypass the use of over priced patented drugs that are currently bankrupting the country. Experimental low-cost treatments approved by both the doctor and patient would be made legal and covered by insurance providing it cost no more than conventional (patented drugs) treatments for the same condition. The drug companies are expected to oppose this, as it would introduce thousands of new treatments and bring substantial competition in the marketplace.

Early in 2017, Congress and the new Administration need to set a date for the final repeal of Obamacare that allows for about a one-year transition period. The date of Dec 31, 2017 seems like a logical choice. This will allow an adequate period for a transition from Obamacare to whatever will replace it.

To repeal Obamacare and improve our health care system, it needs to be replaced with health care laws that restore complete ***freedom of choice in medicine***, ending the current medical monopolies for patented drugs.

Proposal No 1
End Medical Monopolies - allow unencumbered competition from low-cost natural health remedies that are legally classified as foods (not drugs)

Competition drives prices down. The current laws and regulatory schemes creates exclusive marketing privileges for patented drug holders who have no restrictions on how much they charge or sometimes gouge the public. The marketing of low-cost traditional food and herbal remedies for the prevention of disease would either bring the cost of patented drugs down or render them less important by preventing many of the diseases for which the patented drugs were invented in the first place.

The existing legal framework of the U.S. Food and Drug Administration (FDA) should be limited to patented or patentable drugs only. To accomplish this, the legal definition of a "Drug" must be based primarily on the "composition" of the product and not solely its "intended use" as

it now is defined under 21 USCS 321, Sec g(1)(B). The definition of a drug should be limited to those substances listed under the "Controlled Substances Act" plus all patented or patentable drugs including new synthetic compounds invented by man and intended for use for their medicinal value. For purposes of clarity, an **Exclusion clause** needs to be added to 21 USCS 321 g(1)B that states: "*Food, water, dietary supplements, and non-patented remedies are excluded from the drug definition."*

This narrower definition will free up thousands of low-cost natural, traditional, alternative remedies that today cannot be legally marketed. The availability of natural remedies in the market place will lower health care costs up to 90% or more.

Treatments that cost $10,000 a month including many patented chemotherapy drugs for cancer could be replaced by lower cost remedies costing just a couple hundred dollars a month. The FDA would end its paternalistic role limiting health treatment choices as Dr. No.

In a truly free society, both doctors and patients need unencumbered access to all remedies including not only the products themselves but labeling that includes their ***intended use for the prevention or treatment of disease***. This must include unencumbered access to scientific research and patient testimonials.

The Federal Government should acknowledge that it has no Constitutional authority under Art 1, Sec 8 to mandate preapproval of commercial speech for any natural remedy. The only legitimate government interest is that the drugs and natural remedies are safe to use based on their composition - that the substances are not contaminated with harmful ingredients, and are not addictive substances as defined under CSA.

Under a fair and balanced government health care law, the laws must not be rigged in favor of Big Pharma and campaign donors. The public should be free to purchase or not purchase health insurance, and have the right to any treatment of their choice. Preapproval of natural remedies (non-patentable) must always be advisory, never mandatory in a free society.

Proposal No 2
Mandate that insurance company health policies pay for experimental treatments and non-patented remedies (the off-label use of drugs, the medicinal use of food, herbs, and dietary supplements)

The FDA and other regulatory agencies need to remove themselves from the doctor patient relationship and the treatment choices they decide upon. This will allow doctors and patients to determine for themselves what works and what does not work.

The FDA and other regulatory agencies including the FTC, the DEA, and others must be prohibited from exercising paternalistic authority that limits choices to patented drugs over natural non-patented remedies for any and all health conditions.

The replacement for Obamacare should include the mandate that Insurance companies be required to pay for any treatment if both the doctor and patient decide to try an alternative, off-label, food-based, dietary supplement, or experimental remedy.

The insurance companies obligation to cover cost for a non-conventional treatment should be limited to the comparable cost of an FDA approved drug for the same purpose.

Experimental treatment options should also be extended to all federal programs including Medicare and Medicaid.

No insurance company, hospital or doctor shall be held liable for monetary damages if an experimental treatment used with the patient informed consent has an unsatisfactory outcome.

Proposal No 3
Create a database on the results of Natural Remedies and Experimental Treatments

Doctors should be required to report the protocols followed for the experimental non-FDA approved treatment and the results. This database will build gradually and eventually will contain tens of thousands of experiments and results. The database will be available publicly

through a link at the NIH. This information will enable researchers, doctors and patients to access the results of any therapy for any health condition or disease. It will include the doses used, special diets, the cost and the product sources.

Combination protocols need to be included in the database as well including not only FDA approved drugs, but off-label use of drugs used in combinations with special foods, diets, herbs, water, and all other natural and non-patentable remedies for a specific health conditions or disease(s).

Why this change in the law is critical to increase patient choices and lower health care costs

Increased availability of thousands of treatment options and competition in the market place will significantly lower the cost of health care for all Americans over time. Natural and traditional non-patentable remedies will compete with each other and with patented drugs in the marketplace. This will give millions of Americans a vast increase of affordable treatment options that are not now available. It will lower the cost of their drugs, dietary supplements and food based remedies used in the prevention or treatment of disease.

Proposal No 4 - Setup multiple boards of experts

qualified by training and experience in their respective areas to create **a "Natural Medicine Database"** within the NIH

Doctors who skills could help this board of experts include Dr. Sanjay Gupta MD and Dr. Mehmet Oz, Dr. Joseph Mercola MD, James Balch MD, James Dowd MD, Ronald Peters MD, Andrew Weil MD, Julian Whitaker MD and Louise Tenny M.H (Master Herbalist). This is a short starting list.

These doctors are experienced in specialized areas of health and can recommend other experts in alternative, nutritional, dietary, and integrative medicine for their input. These doctors can develop training manuals for use in teaching health care professionals at the VA and in the private sector on the use of home remedies, and all other natural remedies for the prevention and mitigation of disease.

When doctors and patients have unencumbered access to scientific opinion and research, and new treatment options, the results of those single case reports can be fed into a database accessible to both doctors and patients to help them determine what treatments have worked or not worked for others in similar conditions. This will advance the value and use of common remedies for all health conditions.

Proposal No 5 Utilize Existing Natural Remedy Databases

In addition to **PubMed** and other databases at the National Institute of Health, the following websites are well worth the time to scrutinize and utilize. These include herbal and nutritional remedies at **naturaldatabase.com**. Also **earthclinic.com** a source of home remedies for over 300 health conditions with thousands of reader postings. **acam.org** is a source of local integrative physicians. Also review numerous websites like those at the **Mayo Clinic, WebMD** and keephopealive.org

Proposal No 6 Fund, research and develop low-cost non-patentable remedies for all health conditions.

The Office of Alternative Medicine at the NIH should be upgraded into the Department of Alternative Medicine, and given the mission to search all the existing scientific literature and catalog the search terms used and the number of scientific articles retrieved for each search term. Literature searches shall use no more than 2 words initially – the name of a disease and the name of a plant or nutrient. Additional searches can follow with expanded search terms of 3, 4 or 5 word combinations for more restrictive searches.

The results of all searches used and results should be publically available on an NIH

database. All available data must be cited including single case reports. Searches available for public access cannot be limited to double blind or randomized controlled trials.

Proposal No 7

The VA to rent office space inside hospitals to service the health care needs of both Veterans, and the public. Negotiate with hospitals for diagnostic and lab services

The Veterans Administration to rent office space located in existing hospitals or nearby for serving the health care needs of both veterans and the public. The VA should also seek to negotiate a general lower rate for specialized doctor services including diagnostic services.

Proposal No 8

VA is authorized to purchase drugs and low cost non-patentable supplements at wholesale costs within the U.S. or import these from foreign countries to reduce the cost to the VA and the public, if necessary

Pass a law to mandate the drug companies and other vendors including manufacturers of dietary supplements sell their products at the wholesale cost to the Veterans Administration.

The VA will also have authority to purchase and import drugs, dietary supplements and other remedies from any foreign country at the lowest competitive prices. The VA will evaluate these products for their label contents, purity and quality.

Proposal 9

Move "Cannabis" from a Category I to Category 5 in the Controlled Substances Act classification system and add this qualifier ***"Cannabis with a THC content greater than 0.3% is a Category 5 substance"***

Cannabis with a THC content of less than 0.3% is not psychotropic and should be immediately removed from any classification in the Controlled Substances Act period.

This qualification will remove the CBD component with its medicinal properties from any adverse legal classification or regulations. It is dishonest to equate CBD with THC just as it would be dishonest to call Hemp oil with little or no THC "Pot Oil." Recreational marijuana is not medicinal hemp; CBD from commercial hemp does not get you high. Cannabinoids or CBD are not addictive, and scientific research has found significant medicinal value using CBD for many health conditions.

Proposal No 10

Training doctors in the use of Ozone, Chelation, and other Integrative Therapies

The VA will train health care practitioners in the use of EDTA chelation therapy both intravenous and oral chelation to offer patients a low cost alternative to by pass surgery to open clogged arteries and increase blood flow. The purchase of ozone equipment to provide medical ozone treatments to patients will be considered at VA treatment centers. The use of ozone therapy in treating the blood with ozone will be taught at specialized seminars. Other specialized training will be provided from time to time on the use of dietary supplements, herbal medicine and other low cost non-conventional remedies.

Questions and Answers

How and who pays for these heath care services?

Utilizing the existing VA sliding scale for paying for health care, patients, veterans and persons with pre-existing conditions may get healthcare free if they are indigent or unemployed, or pay a reduced or sliding scale based on their income or assets. Payment through private insurance policies will also be accepted.

Hospitals may rent office space to the U.S. Government for healthcare services for both Veterans and the general public (TrumpCare?).

These outreach centers will either reside inside existing hospitals or at nearby community health centers. Trump-Care health services will

initially be manned by Military Medical Corpsmen and women who have had training in providing basic emergency health care, including general physical examinations, diagnosis, and training to prescribe drugs, antibiotics, pain relievers, nutritional supplements, herbal medicine, ozone therapy, UV light therapy, and other non-traditional low cost remedies. These outreach centers will not provide Emergency Health Services – the hospitals will do that.

The health care corpsmen, nurse practitioners and doctors will have authority to order diagnostic and laboratory test from the hospital they practice at or that is located nearby.

Emergency room nurses can refer patients with no insurance, and non-emergency medical needs to the government offices for further evaluation, testing and treatment. This will reduce Emergency room costs for hospitals. The hospitals will also earn income from diagnostic testing ordered by government health care practitioners.

The History of Obamacare:

On March 23, 2010, President Obama signed the Patient Protection and Affordable Care Act into law, otherwise known as "Obamacare."

The main beneficiaries of the new law were people with preexisting conditions and those who were too poor to buy their own insurance. Thus, Obamacare directly benefited about 25 million Americans with a majority receiving either free medical care or subsidies. For everyone else, the cost of health case has either doubled or tripled in most areas although there are variations from state to state.

My First National Health Care proposal

In August 2009. I wrote my first proposal for low cost affordable health care and published it in this Journal Vol. 7, No 2. This plan called for Public VA Hospitals that would service the needs of veterans as well as the uninsured poor and those with pre-existing conditions using low cost non-patentable natural plant based remedies, dietary supplements and organic foods, generic drugs, natural non-addictive pain relievers, including thousands of other low remedies that are by passed because they generate very little profit for the Wall St monopolists. Patients would pay for these health care services on a sliding scale according to their ability to pay.

I submitted my proposals to the White House in a USPS priority envelope. I also requested a meeting with President Obama to discuss its contents. A few weeks went by and a message was left on my answering machine from "Mary Ann" a White House staffer who said my proposal was read by White House staff. However, I was told that Pres. Obama would not be able to meet with me.

That was the end of the exchange - the discussion never got started. Apparently the fix was already in. The drug companies, the health insurance companies and the lawyers would write the 2800 page law called the Affordable Care Act. It has become overtime an unaffordable health care mandate. The Obamacare mandates have doubled and tripled the cost of health insurance for the working middle class, and for businesses, both small and large that had offered health care insurance to their workers.

The failures of Obamacare are that the law continues the medical monopoly of large drug companies who hold highly profitable patents on their over-priced drugs. The medical monopolies are further solidified by the elimination of competition in the marketplace from low cost non-patentable natural remedies.

The suppression of competition can be easily observed by following the money trail from Wall St bankers, corporations like Monsanto and big drug companies to the campaign coffers of politicians in Washington.

The result is pay for play laws and regulations, and the appointment of former employees and attorneys for these drug companies to key regulatory positions in the FDA, the FTC, the DEA and the Dept. of Agriculture. Ralph Nader as a corporate take-over of our Federal Government has accurately described this.

Employees from Wall St in government agencies are puppets for their corporate sponsors who oppose the use of organic health foods, fiber, both soluble and insoluble, nutrition, dietary supplements, herbs, Medical Marijuana (cannabis sativa cannabinoids with little or no THC), minerals, vitamins, anti-oxidants, enzymes, pro-biotics, bio-oxidative remedies (ozone and H2O2), chelation therapies, traditional Chinese Medicine, acupuncture, Ayruvedic medicine, magnetic therapy, homeopathy, and hundreds of other non-patentable remedies for the prevention or mitigation of disease.

Key Elements of the Health Care Plan

Health Care professionals would receive training in newly developed low cost protocols for treating all diseases. The program would be funded from payment for services from patients, General Revenues of the Federal Government and the minting of Platinum coins if needed. Specifics:

1. **Redefine the legal definition of drug** to exclude food, water, dietary supplements, and all other non-patentable products.
2. **Require Insurance policies to cover experimental treatments** and non-patented health remedies at a cost no greater than patented drugs.
3. **Create public databases** to follow the results of alternative and experimental remedies.
4. **Panels of experts in multiple alternative health categories to be set up**. Priority in developing low cost treatment programs goes initially to the top disease killers - cancer, heart disease, diabetes, obesity, and non-narcotic pain relief.
5. **NIH to train all health-care professionals** in the use of new low cost treatment modalities and protocols for all disease conditions.
6. **Military Medical Corpsmen** would offer patient evaluation, counseling, prescriptions at VA Hospitals and at local hospitals as well through locally leased facilities in or near hospitals. This would provide for low cost health care for both Veterans and the uninsured public.
7. **Pre-existing conditions and the uninsured are covered**.
8. **Pay according to ability to pay on a sliding scale** similar to what the VA has done for several years.
9. **Veterans would have the choice** of going to an existing VA hospital or a local treatment center that is also open to the public.

While Medical Corpsmen have provided medical services to civilians in the wars in Iraq and Afghanistan, and elsewhere, they can also offer the same services to the American people and at a fraction of today's costs.

Self – Financing by minting platinum coins to create a [savings] account

To finance this low cost health care plan, and pursuant to Constitutional authority granted to Congress to coin money, the US Government can monetize platinum, gold, silver and copper bullion in Fort Knox and coin money in sufficient amounts to create a reserve savings account for the federal government in an amount sufficient to eliminate the need for more taxes or future borrowing.

The president already has authority to have the Treasury Secretary mint platinum coins in any denomination. He could issue 30 platinum coins each containing one-ounce of platinum with a legal tender value of One Trillion dollars per coin. This would create 30 trillion dollars that could be deposited at the U.S Governments checking account at the Federal Reserve Bank. This would be enough money to pay off the National Debt in the next 4 years and have at least 10 trillion left over to deposit in a savings account for other needs.

Note: The legal tender value stamped on the coins is far more important than the market value of the metal in the coins. Congress has to authorize the minting of gold and silver coins in specific weights and legal tender value but has already authorized the Treasury Secretary to mint platinum coins in any denomination.

FTC attacks the labeling of Homeopathic Products

The Federal Trade Commission (FTC) attacks the First Amendment rights of distributors of Homeopathic products. Depending on whom President-elect Donald Trump picks for key regulatory agencies including the Food and Drug Adm, the FTC and the Dept of Agriculture may determine whether first amendment rights of distributors of dietary supplements are restored or are further suppressed.

The following article is reprinted from the FDA Law Blog: "Our Question Has Been Answered; FTC (not FDA) Attempts to "Kill" OTC Homeopathic Products.

"Posted: 15 Nov 2016 07:45 PM PST "By Riëtte van Laack – As we blogged previously, there have been activities both by FDA and the FTC foreboding a bleak future for homeopathic products. Both FDA and the FTC questioned the policies and standards applicable to homeopathic products. The FTC threatened to hold homeopathic products to the standard of modern science, i.e., substantiation by clinical studies, not by homeopathic proofing. The threat has become real.

"On November, 15, 2016, the FTC issued an enforcement policy for homeopathic products. Essentially, the FTC has decided to hold homeopathic over-the-counter (OTC) products to the same standard as any other OTC products bearing a health-related claim, i.e., the products' claims must be supported by modern scientific (not homeopathic) evidence.

The Policy Statement applies only to OTC products intended for self-limiting disease conditions amenable to self diagnosis of symptoms and treatment. It does not apply to the practice of medicine and it also does not apply to prescription homeopathic products. The FTC does not outright prohibit claims for homeopathic products that are not supported by scientific evidence.

"The Commission asserts that an effective disclaimer (e.g., a disclaimer clarifying that the product claims are based on theories of homeopathy not accepted by most modern medicine) that accompanies the efficacy claim may correct the misleading nature of the claim. At the same time, however, the FTC recognizes that there is an "inherent contradiction in asserting that a product is effective and also disclosing that there is no scientific evidence" for the claim and questions whether any disclaimer can be sufficient to prevent consumer deception.

However, the question remains whether an alternative but truthful disclaimer informing consumers of the facts pertaining to homeopathy, a practice that is recognized by inclusion in the Federal Food, Drug, and Cosmetic Act (FDC Act), would survive an FTC challenge based on First Amendment grounds. Maybe homeopathics are not dead yet?

Dec 15 2016 Update Report

U.S. v. LeBeau (A First Amendment case for Health Freedom) - is now docketed at the U.S. Supreme Court

Conrad LeBeau

To all interested persons who have been following this case since 2010. Today I received some very good news. This First amendment case for health freedom rights was docketed (filed) at the U.S. Supreme Court this past Friday. December 9th. The case number for this docket is **16-7125.**

I was allowed to proceed in forma pauperis (IFP) which means I won't be required to pay a $300 filing fee and spend $3000 or more to have my petition published in booklet form. The downside is that IFP petitions statistically have only a 1% chance of being certified for review by the Supreme Court. The more pricey petitions in booklet form have a 5% chance. However, a 1% chance is better than 0%.

The following is an excerpt from the letter I received Dec. 13 from the U.S. Supreme Court:

Conrad E LeBeau , Petitioner
vs.
United States, Respondent.

"NOTICE IS HEREBY GIVEN pursuant to Rule 12.3 that a petition for a write of certiorari in the above entitled case was

filed in the Supreme Court of the United States on October 13, 2016, and place on the docket December 9, 2016. Pursuant to Rule 15.3, the due date for a brief in opposition is Monday, January 9, 2017."

Within the next 30 days, the government and the FDA's reply is expected. After that, one or more judges of the Supreme Court will decide whether or not they want to review the issues I presented.

A word of caution: Most cases die when the Supreme Court decides not to review the issues presented before them. The decision is short: certiorari denied. There is no explanation offered and no right of appeal. However, I believe that our chances of being reviewed are greater than 1%.

Finally, I want to thank Alice Coon from Michgan for sending me a card on November 10th that stated - *"Votive Lights will burn for 30 days for you and your intentions at the National Shrine of Our Lady of the Miraculous Medal in Washington D.C."*

This is the first step in a multistep process for the pursuit of the rule of law and for justice before the Supreme Court. If Certification is granted. I will have to write a brief on the merits of the case, and the FDA/DOJ will respond. Possibly a date will then be set next summer for oral presentation before the high court.

At this juncture of the proceeding, prayers made in good faith for Divine intervention from all sources are welcome.

DEA creates a new code in a brazen attempt to stop the interstate shipment of CBD

Naturalblaze.com reports the DEA files a new code for CBD extracts on Dec 14, 2016 is an effort to stop the interstate shipment of CBD. The full story and a legal forum commentary on why the DEA's has over reached its authority violating the First Amendment and federal law can be read at -

naturalblaze.com/2016/12/cbd-ban-dea-reclassify-non-thc-cannabis-oil-schedule-1.html

Sources of CBD Oil and CBD powder

Bluebird Botanicals
(manufacturer, wholesale and retailer)
580 Burbank St #120
Broomfield CO 80020
720-726-5132
bluebird-botanicals.com

The CBD Store
32825 8th Place SW
Federal Way WA 98023
253-344-4543
cbdstore.co is a reseller for 26 manufacturers

Cannabis Clinicians
http://www.cannabisclinicians.org
Locate a doctor trained in the use of Cannabis at cannabisclinicians.org/contact-us
http://cannabisclinicians.org/patient-resources

The above website has several links to articles written by health care professionals and is a treasure trove of helpful information and resources. It has a form to be referred to a medical clinician who can help you design a personal therapeutic program using cannabis CBD for your health needs.

Aloe Vera v. Cancer

Aloe Vera Juice heals jawbone in a senior citizen

California: An elderly citizen in his 80's who was diagnosed with cancer in his jawbone decided to delay surgery by drinking ½ cup of aloe vera juice twice a day. He used a brand called "**Georges**" that he bought at a local health food store. One gallon lasted him 16 days.

Since he has nearly finished his second gallon of aloe vera juice, his doctor is amazed at how the tumor has reduced in size and how the healing has progressed. For now he will continue using the aloe vera juice to avoid what could have been a painful surgery with an uncertain outcome.

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