The Voice for Firearm Rights in the Pikes Peak Region

Volume 22, Issue 7

July 9th PPFC Meeting

Michael Horanburg, the NRA Field Coordinator for Colorado, will be our speaker at our July meeting. His topic will be “getting ready for 2016”. The 2016 presidential election will be especially important to those of us who fight to protect our right to keep and bear arms since the next president will likely be appointing up to three US Supreme Court Justices. This is a great opportunity to hear how the NRA is preparing for the 2016 elections and what we can do.

You May Feel Some Pressure

By David Kopel

When you go to a doctor’s office, you expect that the doctor will ask you some health-related questions, about such things as weight, exercise, sleep and so on.

Doctors adhere to this “standard of care”—the term used for what an average, prudent doctor would do—because that’s what they are trained to do, and because it’s necessary in order to avoid malpractice lawsuits. But some doctors are expanding the standard to include asking you about firearms ownership and telling you that all guns in the home should be unloaded and locked up, with the ammunition locked separately. That begs some questions, such as: What will happen to you if you disclose this personal information? What if you refuse to answer?

...Pursuant to the 2009 Obama “stimulus,” patient records are now being digitized. Physicians are rewarded with up to $44,000 for adopting Electronic Medical Records (EMRs).

EMRs can be helpful when a specialist wants to look at your lifetime medical history from your general practitioner. EMRs allow insurance companies and the government to process claims more efficiently.

When EMRs include the gun question, though, it means that the health care system is being used to accumulate records of who owns guns. This is gun owner registration.

What if you don’t like a doctor’s intrusive and irrelevant questions about your personal life? In rural areas and small towns, there may not be any other doctor available. In larger cities, your ability to change medical providers is much smaller than it was 20 years ago, and your ability to choose continues to shrink. One of the objectives of Obamacare is to force physicians to stop operating as independent small businesses; rather, physicians are being squeezed to abandon independent practice, and to become employees of large entities, such as hospital chains. In truth, federal law does not require that the gun question be included in every medical history. The federal Centers for Medicare and Medicaid Services confirmed this fact to the Woodward News.

The decision about the gun ownership question is typically made by the large companies that lease EMR software to doctors. Once that question is in the EMR program, 99 per-

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UPCOMING EVENTS

- July 9, 2015, 6:00PM: PPFC board of Directors Meeting, VFW Post 4051
- July 9, 7:00PM: PPFC General Membership Meeting
- July 11-12: Prospector Sertoma Gun Show, Event Center at Rustic Hills, 3960 Palmer Park Ave (NE corner of Academy & Palmer Park)

PPFC Officers

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So who is pushing the software companies to include the gun question? Most of all, it’s the American Academy of Pediatrics. AAP is the leading professional association for pediatricians, and it publishes medical research on topics such as “Case Report of Successful Treatment of Pallid Breath-Holding Spells With Glycopyrrolate.” But for many years, the AAP has been under the control of social justice warriors who believe deeply in the nanny state in general, and gun prohibition in particular.

AAP’s best-known anti-gun spokesperson is Dr. Katherine Christoffel, professor emeritus at Northwestern University’s Feinberg School of Medicine. According to her, “Guns are a virus that must be eradicated.” (J. Somerville, “Gun Control as immunization,” American Medical News, Jan. 1994, p. 9.)

The AAP’s “gun safety instruction” manual is based on information from a gun prohibition organization, the Center to Prevent Gun Violence (a group that later changed its name to “Brady Center”). According to the manual, “The safest home is a home without guns.” That is unless, of course, there is a home invasion, in which case the absence of a gun leaves your family defenseless. The American Medical Association is another supporter of the anti-gun agenda. For a quarter of a century, it, too, has used its professional journal to promote anti-gun propaganda.

So if somebody writing EMR software doesn’t know much about the gun debate, it’s easy to see why that person might think including the gun question is just a routine part of medical history. After all, that’s what the AAP and AMA have been promoting for years.

Dr. Timothy Wheeler is head of Doctors for Responsible Gun Ownership. The group’s website is drgo.us, and it also has a Facebook site. Wheeler explains that physicians promoting an anti-gun agenda are violating medical ethics by committing a “boundary violation.”

Because a patient is in a vulnerable position, he or she can be especially susceptible to a doctor’s wishes—even if those wishes have nothing to do with the doctor’s medical expertise. One classic example of a boundary violation is a doctor initiating a sexual relationship with a patient. Likewise, using the doctor-patient relationship to convince a patient to make a particular financial investment is a boundary violation, since doctors have no more expertise about investments than does the general public.

Before your next doctor’s visit, read David’s full article at: https://www.nraila.org/articles/20150625/you-may-feel-some-pressure