



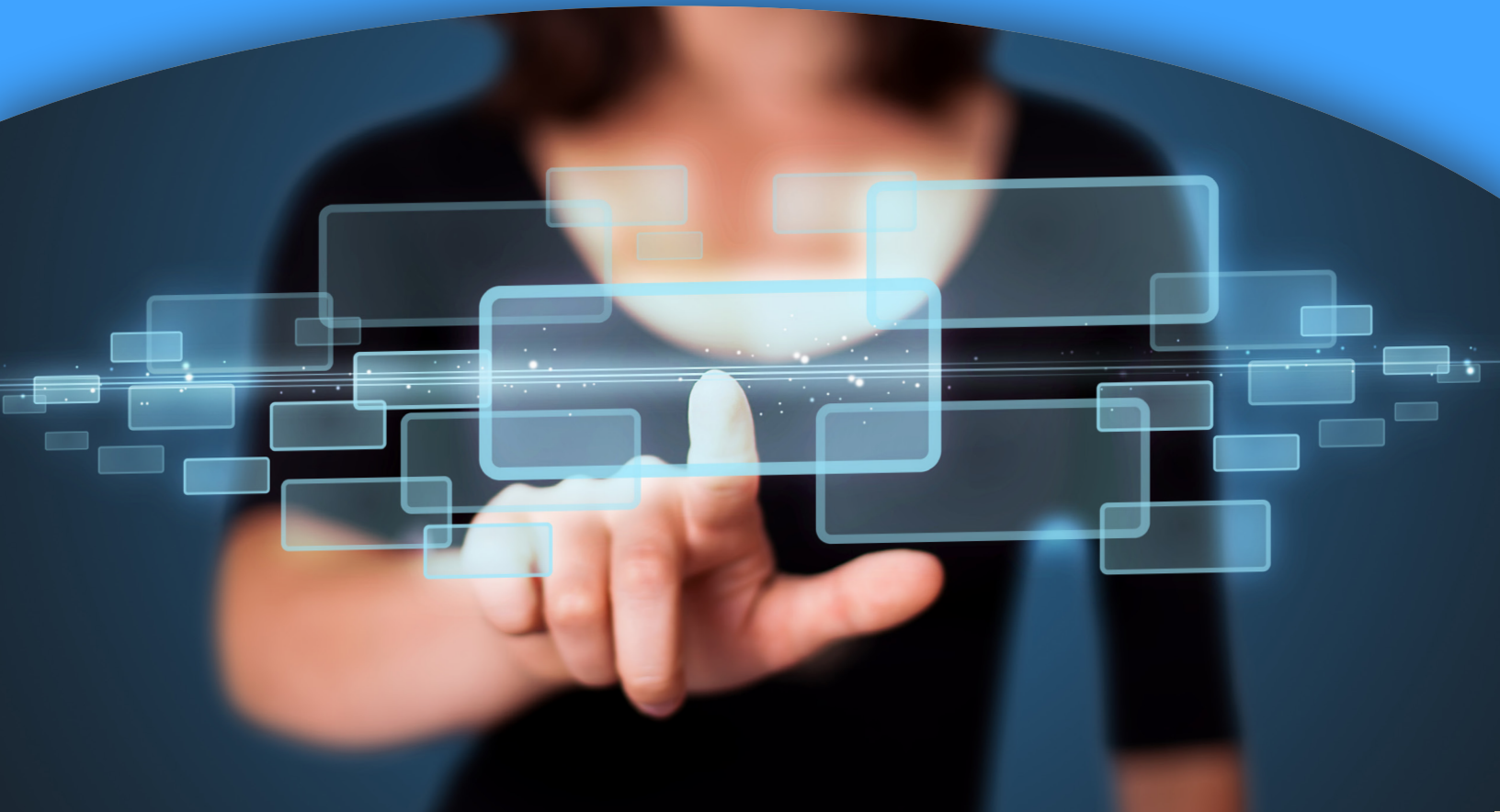
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Liberty &  
Your Health:

# Surviving Obamacare

by John Hunt, MD





# SURVIVING OBAMACARE

## GUIDE 1.0

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MD

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## THE ISSUE

**T**he Affordable Care Act (referred to as “Obamacare” hereafter) sounds like a law Ayn Rand would imagine her antiheroes writing. It is an intrusion of government—and therefore other people’s values—into our individual lives by force and can be viewed as simply another power grab by the US government.

However, from the perspective of the healthcare providers, Obamacare is just one more in a very long series of excesses, of thoughtless inane policy designed by special interests and government toadies to layer on top of an already enormous pile of dung that has been our government-befouled healthcare debacle since before Obama even emerged from diapers. The system has long been crony-collectivist in its nature, a system against which the providers of healthcare have struggled to provide loving individual care to their patients.



The purpose of this guide is to inform you, the reader, of the various steps you can take to gain back your rights to pursue your healthcare needs as you see fit. At the conclusion of the guide are the “8 Biggest Lies about Healthcare,” a list of misconceptions and outright lies that pass as “common knowledge” but are wholly false.

Costs are high in healthcare because of [moral hazard](http://en.wikipedia.org/wiki/Moral_hazard),<sup>1</sup> which is the situation that exists when someone else is paying part or all of the costs incurred by decisions that you make. As long as someone else is paying, you as a patient will not put as much, or indeed any, effort into getting the best deal for the money; because of this failure to appropriately obtain best value, prices are not subjected to competitive downward pressure—and the prices charged for healthcare rise ad infinitum. Prices rise because others are paying. It is that simple. Moral hazard is the cause of the disease of our healthcare system.

Moral hazard  
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healthcare  
system.

The healthcare system has been poisoned by health insurance. By entirely ignoring moral hazard, the government actors and

<sup>1</sup>[http://en.wikipedia.org/wiki/Moral\\_hazard](http://en.wikipedia.org/wiki/Moral_hazard)



the voters that support them have made an egregious misdiagnosis of the cause of the illness in our healthcare system, and therefore have prescribed the wrong therapy—indeed a contraindicated therapy—more of the very poison that made the system sick. Furthermore, and in defiance of all medical ethics, these politicians have forced their calamitous physic on all us defenseless patients caught within the healthcare system. It is wanton negligence on their part, outright malpractice, and if a doctor did this to a patient, it would also be considered assault.

Let's assume for the moment that Washington will not identify their failed diagnosis, but bullheadedly push onward against all reason in its collectivist progression. And let's assume that Washington politics won't change even if the party in charge gets more power, or even if the "other party" takes power. Unfortunately, I think these are reasonable assumptions, and that the malpractice of government will continue unabated.

Patients are financial prisoners of the health-insurance system. Because of the healthcare-price hyperinflation that moral hazard causes, prices for the uninsured are unconscionably elevated: the uninsured do not get the benefit of the price controls established by the Center for Medicare and Medicaid Services, but the uninsured still suffer from the supply-demand imbal-



ance caused by those price controls and the additional loss of price signals. For this reason, even people who despise health insurance and all it stands for will buy health insurance. They understand that without it, the prices they will have to pay within the distorted economic system would be unbearable.

So, how can you best maintain your integrity when dealing with the profoundly disturbed healthcare system? How do you find a sane, non-coerced market in the middle of the entirely non-free market of medicine today? It takes a little effort. If you can set aside a few hours, you will likely find the means to honorably deal with most of your medical needs in a manner that is financially acceptable.

## SOLUTIONS

I use the term “doctor” in this document as an umbrella term. There are other non-doctor types of healthcare providers who can serve you very well indeed, and as a doctor I am thrilled to have them working alongside or in competition with doctors. The more the merrier, but of course there will be differences in skills and expertise among the many professions, just as there are differences in skills among doctors. Where you see the term “doctor” here, consider also other providers, because you won’t always need a doctor.

First, it is good to explore your legal options when it comes to Obamacare. The Citizens’ Council for Health Freedom has put together a [one-page pamphlet](http://www.cchfreedom.org/files/files/Legal%20Alternatives%20to%20Obamacare.pdf)<sup>2</sup> discussing what you need to do if you desire to comply with the law but refuse to enroll in the Obamacare exchanges. It is wise, when possible, to remain “legal,” even while you try to defend yourself against the government’s illicit intrusiveness.

Then find yourself a Health Savings Account (HSA) and catastrophic insurance. From the

<sup>2</sup><http://www.cchfreedom.org/files/files/Legal%20Alternatives%20to%20Obamacare.pdf>





viewpoint of the liberty-minded, the HSA provides a way to avoid some taxes. HSAs leave us in control of more of our own earned pre-tax dollars so that we have more available to spend on healthcare as we see fit. They replace a big portion of the current, foolish health-insurance paradigm by cutting out much of the nosiness of the insurance company middlemen (clerks). I am not a fan of any government program and would rather everyone not be taxed at all; but as there are taxes, HSAs do make sense.

Insurance is not supposed to, and cannot, protect your health. It is but a financial product. Almost everyone other than the very wealthy should consider catastrophic insurance. Catastrophic insurance protects your finances in case of a calamitous disease or injury. Interestingly, an unexpected positive consequence of Obamacare is that, because many people cannot afford the low-deductible insurance anymore, they choose high-deductible plans, and as the deductible increases, the insurance becomes de facto “catastrophic.” The high deductible decreases the net moral hazard and therefore will help lower costs. Additionally, the increased number of patients paying their own money and therefore demanding lower prices will trigger an increase in the supply of physicians who will make themselves specifically available to see patients who pay cash, and who will be able to charge low prices because of the decreased insurance overhead for their practice. The government must not have anticipated this, as they haven’t yet prohibited this market response to the higher insurance costs that their legislation triggered. Freedom finds a way!

You should consider the highest deductible insurance possible for you to manage. You must be able to pay the high deductible if you have a bad medical problem, but you will be able to make all of your own choices without approvals by insurance. Once the catastrophic insurance minimum is met and your insurance kicks in, your finances are protected. But moral hazard inevitably returns, along with the external decision makers sticking their noses into your health.

Catastrophic  
insurance  
protects your  
finances in  
case of a  
calamitous  
disease or  
injury.



## POSSIBLE RESOURCES TO AID YOUR CAUSE

### Employers

If you are stuck in employer-paid health insurance, ask for an HSA/catastrophic option. If your employer doesn't offer it, ask them to add it. You can't change the US government, for its cancer is deep and terminal, but you may be able to change some of the less bureaucratic organizations in the private sector. Working your way up from the bottom is fruitless: to win you have to get approval from all sorts of people in the enterprise who have no authority to make the changes you seek. Instead, I recommend starting at the top. Schedule an appointment with your CEO to make your case for HSA/catastrophic insurance. If you convince your CEO, then human resources will most likely come around.

### Doctors

The good news is that an increasing number of doctors and other healthcare providers are growing more and more frustrated, furious, and rebellious. This is good news for liberty-loving people, for many of those doctors are starting to once again provide services at cash prices that are not inflated by the moral hazard of health insurance.

To get the best prices, as well as the best service, seek out doctors and other providers who do not interact with insurance companies or Medicare/Medicaid in any way whatsoever. Such doctors will not have the huge overhead of staff dedicated to dealing with insurance—the coders and billers and compliance staff, who provide no medical service, but whom the insurance-enslaved doctor has to pay for by charging you higher prices—and such doctors will not be beaten down and distracted by insurance paperwork as almost all doctors are today. They can spend their time taking care of you, the patient, and in

They can  
spend their  
time more  
productively  
towards you,  
the patient.





addition be happier physicians themselves. It is important that you choose a happy doctor. Freedom will make happier doctors. As an aside, the medical system is thoroughly ensconced in the collectivist mentality that has been advancing in the government arena. Please don't imagine otherwise. Collectivism is opposed to the medical ethic. As doctors, we are supposed to take care of our individual patient. Collectivism, and its spawn called "evidence-based medicine," teach us instead to treat the obesity in a child by making a law demanding mandatory gym classes in school, even for the non-obese, and even at the sacrifice of art or music instruction. It is unconscionable yet the accepted wisdom of academics in medicine. Collectivism has infected medicine; it defies doctors' core values, and doctors are therefore unhappy. Most don't even know why. The doctors who don't accept insurance will be the most free and the happiest, and that will help you as a patient.

If you cannot find an insurance-free doctor in your area, you will still benefit from any doctor who knows what "cash for service" even means, for at least such a doctor will be able to tell you up front what a service will cost you, whereas insurance-paid doctors won't have a clue what you will have to pay them. In the insurance-paid medical world, it is as if there are no prices at all, just enormous bills that you receive months later. How insane is that?

Which doctors are most likely to have freed themselves from the bonds of insurance? Of course, alternative practitioners of many sorts have always stayed free from the insurance boondoggle, primarily because they are "alternative," and the government-medical industrial complex likes to pretend they aren't there at all. But if you seek allopathic (MD) or osteopathic (DO) trained doctors, it is the freedom-loving generalists—Family Practice doctors, internists, and maybe some very few non-socialist-leaning pediatricians—who are most likely to have converted to using cash. Pioneers in the rebirth of medical freedom have to earn their living from the local market of insurance-avoiding patients, and that local market has been small, but is now paradoxically growing: patients must liberate themselves from the health-insurance prison before they can become patients of doctors who understand free markets. It is important to note that with the smaller prevalence of diseases in their field, medical specialists have an even tinier number of patients yet freed from the bonds of insurance in their geographic



region, and therefore most specialists still have both hands manacled in third-party handcuffs.

There will be numerous specialists who believe in freedom, and are trying, but it is simplest and best to start with identifying the primary-care, generalist doctors. First, ask your doctor—if you still have a doctor you consider “yours”—to see if he or she is interested in cash for service. Make your case to your doctor, in advance of any need (rarely will there be time in any appointment slot). Invite your doctor to a “business” lunch that you pay for (they may have one lunch break per week). Talk it out with your doctor. Introduce him or her to the concept of negotiating prices with the individual instead of with insurance companies. You may convert your doctor through informing him of the problem. Freedom does ring after all.

## The Internet

The Internet is full of resources to help you navigate your personal way through the corrupt mass of the healthcare system, but there is not yet one website that is dominating as the best place to go for information. There is no dominant healthcare-freedom version of Google, Amazon, or eBay just yet.

[The Self-Pay Patient](http://theselfpaypatient.com/selfpayhealthcaremarket/)<sup>3</sup> website has what may currently be the most comprehensive listing of free-market medical resources, and goes far beyond just doctors to include labs, pharmacies, and many other useful assets. However, this site is not currently set up to just enter your city name and find the local resources. It will definitely require exploration. Take your time and read what they well present, for your exploration will provide you with information essential to your medical-financial planning. It's worth an hour or two of your time as it contains concentrated general information as well as links to other valuable websites.

[SimpleCare](http://simplecare.com/index2.asp)<sup>4</sup> is a program of the American Association of Patients and Providers. It contains a database of healthcare providers readily searchable by state and specialty. Founded in Washington state, it seems to be growing outward from there. For example, there are hundreds of

<sup>3</sup><http://theselfpaypatient.com/selfpayhealthcaremarket/>

<sup>4</sup><http://simplecare.com/index2.asp>



family-practice doctors on the West Coast, but also many who are listed in Texas. Check your state out and see who is available close enough to you.

The American Medical Association has worked hand in glove with the US government to establish their monopoly, as well as setting price controls (through their lucrative copyrighted “CPT” billing codes), but there are many doctors who adamantly oppose such shenanigans, and they have formed other organizations promoting freedom. The members of the [Association of American Physicians and Surgeons](#)<sup>5</sup> have been fighting against government intrusion into healthcare for decades, and they have compiled a list of [500 cash friendly medical practices](#).<sup>6</sup> Not all of these practices are completely third-party free. The list is organized by state, not by specialty, but because it is still a small list, it is not hard to navigate. With only 500 practices so far, they are spread out quite far geographically, so you may not have local luck there just yet. But keep an eye out. Freedom in medicine is growing fast and more doctors will sign up!

If you happen to live in Texas, you are in luck. [Snaphealth](#)<sup>7</sup> is a site created by Houston emergency medicine physician David Wong, MD, that lists numerous Texas doctors who are eager to participate in free-market medicine, and have opened their doors to cash-paying patients. They are very focused on price transparency and post their prices for patients to see. I bet that hasn’t happened for you in a doctor’s office in the last three decades! Friends of liberty, Snaphealth is not entirely limited to Texas, but so far that’s where most of the action is.

If you live in Wichita, KS, you can see if [AtlasMD](#)<sup>8</sup> is available, which is a three-doctor concierge family practice. Concierge practices often charge set fees per month (as low as \$10/month) and provide ready access to their care. I personally prefer the fee-for-service model over the concierge model (to minimize moral hazard), but concierge practices are spreading around the country and will provide a very worthwhile choice that at least keeps the government and insurance companies out of your life for a while. AtlasMD is just one of many examples of concierge practices. Google the term “concierge medicine” and the name of your town, and check out what is around. Or check out [Private Physicians](#),<sup>9</sup> which

<sup>5</sup> <http://www.aapsonline.org/>

<sup>6</sup> <https://aaps.wufoo.com/reports/m5p6z0/>

<sup>7</sup> <https://www.snaphealth.com/>

<sup>8</sup> <https://atlas.md/>

<sup>9</sup> <http://www.privatephysicians.com/>

<sup>10</sup> <http://www.aapp.org/>



lists concierge and other non-insurance physicians from the folks at the [American Academy of Private Physicians](#).<sup>10</sup> Also, [IWantDirectCare.com](#) is a site created by the AtlasMD staff that plots the US practitioners who have signed up as direct-pay primary-care practices on a map, as well as patients who want such medical freedom. Hit that site just for a moment

and add your pushpin to their map to help people learn how much demand there is for medical freedom.

## MediBid is a site on which patients can submit requests for the cash prices of various medical procedures.

[Citizens' Council for Health Freedom](#)<sup>11</sup> is another site filled with information particularly helpful for those who wish to join the political fight against the expansion of government into private matters. The CCHF is working on building a list of cash practices as well, although it is not yet up.

[MediBid](#)<sup>12</sup> is a site on which patients can submit requests for the cash prices of various medical procedures.

It is designed to assure transparency of pricing to help competition bring rationality to a new medical economy. I love the concept of MediBid. It is so in contrast with the notions of the politicians who see transparency and competition as interference in their ability to make deals with their cronies.

[DocCost](#)<sup>13</sup> is a site under development focused on adding transparency to medical costs, not through political rules, but through freedom. It is new, free, and not well subscribed as yet, but worth checking out and supporting.

For pharmaceuticals, absolutely shop around. The range in cash pricing from one pharmacy to another can range over a log order. Comparing prices online sort of helps, but the telephone works. For online, try [GoodRx.com](#),<sup>14</sup> or do a Google search to compare pharmaceutical prices

<sup>11</sup> <http://www.cchfreedom.org/>

<sup>12</sup> <http://www.medi.bid.com/>

<sup>13</sup> <http://www.doccost.com/>

<sup>14</sup> <http://www.goodrx.com/>



and see what pops up. And stay generic for everything that has a generic version or a generic alternative in the same therapeutic class. I cannot imagine that anyone needs expensive Nexium (on patent) instead of Prilosec (off patent with cheap generic omeprazole). Interestingly, they are both manufactured by the same company (AstraZeneca), and, other than the dose being smaller for Nexium, there is really no important difference that I would pay even a penny per pill extra for. And indeed right now, Nexium is twenty-five times more expensive than omeprazole!

Be willing to pay your free-market doctor \$5 per prescription that he writes to help you get the cheaper alternative drugs (same class, different compound).

I would not hesitate to turn to the Canadian online pharmacies either. They get their drugs mostly from India, and they may or may not be abiding by FDA-style manufacturing controls and regulations. If you trust the FDA to keep you safe, then you may want to skip Canada. I don't trust the FDA to keep me safe at all. Perhaps I will set up a testing service to take a pill you send and make sure it is what they claim. The free market may demand such a service! There is one downside of using the Canadian online pharmacies: they will badger you incessantly with phone calls thereafter, and the "do-not-call list" is meaningless to them.

Of course, when traveling outside of the country, stock up on pharmaceuticals and bring them back with you. Drugs that are prescription here are almost all over-the-counter in much of the rest of the world—and much, much cheaper, often shockingly cheaper. Our nanny state is bigger than their nanny states! And tablet forms of most drugs last far longer than their expiration dates (although liquids don't).

What about moderate or major surgical procedures that you may need, but not urgently? Well, there are wonderful options. For example, the [Surgery Center of Oklahoma](http://www.surgerycenterok.com/)<sup>15</sup> is a groundbreaking site that lists cash prices of various surgical procedures they provide. Dr. Keith Smith has garnered national attention from John Stossel and has been featured in the *New York Times*. He lists his prices online, right there for you to see.

<sup>15</sup> <http://www.surgerycenterok.com/>



You will know exactly what you will be paying for your surgery, in advance, without the ridiculous hassle of the month after month of multiple uninterpretable bills and insurance adjustments that you receive from the standard hospitals and clinics.

Or combine foreign travel with surgery or other medical interventions. Medical tourism is a growing opportunity. Singapore and Thailand are wonderful places to visit: stay in the nicest hospitals that you may ever see in your life, staffed with English-speaking doctors and administrators, many from the West, providing fantastic care at prices (including the transportation and hotel) that are often 10–30 percent of what our dysfunctional system in the United States would hit you for. Closer to our shores, Mexico is among the many medical-tourist destinations. Costa Rica is a beautiful country and a beautiful place, particularly for dental surgery at low prices. There are so many medical tourism sites, but for starters, check out the [Medical Tourism Association](http://www.medicaltourismassociation.com/en/index.html).<sup>16</sup> And I encourage you not to expect medical care overseas to be worse than ours here in the United States. Our system has been so burdened with regulatory nonsense, loss of price signals, and insane counterproductive rules for training doctors that the care itself has gone to hell fast. Overseas, just a plane trip away, there are free markets to jump into, eager for your business, eager to provide you your medical needs at prices that you will consider sane.

Break the  
manacles of the  
health insurance  
paradigm as  
soon as you can.

The United States is not the bastion of freedom anymore. In my opinion, it is you and I that now need to be that bastion. We can serve that role simply by doing what is in our own self-interest. Break the manacles of the health-insurance paradigm as soon as you can. Doing so is like breathing again after almost drowning.

<sup>16</sup> <http://www.medicaltourismassociation.com/en/index.html>





# THE 8 BIGGEST LIES ABOUT HEALTHCARE

## Lie #1

*“High technology causes healthcare to be so expensive.” Baloney.*

Advancing tech in every sector of the private economy lowers costs. Think computers. They are cheaper than ever and yet trillions of times better. That could have been our healthcare but for moral hazard.

## Lie #2

*“Tort reform will solve our healthcare financial problems.” Baloney.*

Without fixing moral hazard, nothing will solve these financial problems. Do doctors order more tests in order to defend themselves in potential lawsuits? Absolutely they do, and it is a very expensive and pervasive problem. Would they do this nearly as much if the patients were paying for these tests out of their own wallet? Nope. The patients would increasingly say, “No, I don’t want to pay for such a test, and you, Doctor, have not convinced me it is worthwhile.” You see, people care when it is their own money on the line; they care enough to learn about their own health.

## Lie #3

*“The government provides important assistance in the healthcare arena.”*  
**Nope.**

You are told that the Food and Drug Administration (FDA) is supposed to protect you, the patient, from bad drugs. Hah! Analysis shows that FDA rules since 1962 have saved several thousand lives. But those very same rules have delayed the introduction of lifesaving and life-improving drugs for many years—drugs that eventually were approved—delays that have resulted in MILLIONS of people having died before they should have, and millions more having suffered from other morbidities that would have been



avoided but for FDA delays. As dangerous an organization as it is, perhaps there should be a regulation to ban the FDA (actually there is: the US Constitution, but it did not hold). What the FDA really does is grant effective monopolies to large pharmaceutical companies by making the approval process so incredibly costly. The FDA is a crony-collectivist organization, not a protector of health.

## Lie #4

***“The food pyramid taught in government schools is healthy.” Probably not.***

The Food Pyramid teaches the eating of primarily carbohydrates, which the body converts to fats anyway. It also teaches collectivist thinking. It may well be that some people should be on high-fat diets, others on low-fat diets, but the Food Pyramid pays no heed to the differences among individuals. The lack of humility associated with the one-size-fits-all thinking is another example of the loss of individualized thinking in the health world. I wonder if the Food Pyramid should be blamed for the obesity of so many individuals.

## Lie #5

***“The bigger the study of a new drug (the more patients enrolled in studying it), the more you can trust the drug.” This is false!***

Some studies are huge, 30,000 patients or more, and it is true that sometimes such studies are indeed necessary to see if there is an effect of the drug. An example of this is if the effect of the drug is, on average, seen only after 40 years of taking it every day. So, if a company is going to see evidence of the benefit of their drug before patents expire, they need to enroll a ton of people and see if a few of those people benefit in the first few years of the study. That is reasonable. However, if the drug is something that is supposed to work in a day or a month, like inhaled drugs for emphysema or antibiotics, then only 20–40 patients in a study are needed to prove or disprove whether there is a clinically useful effect. Why, then, would a pharmaceutical company want to



enroll 30,000 patients in a study of a drug for COPD/emphysema treatment, in which the effect should be rapidly visible?

The answer is that the big pharma company fully expects that their drug will only work at all in a small percentage of COPD patients who have, in fact, a subtype of the disease. They realize this, but they also realize that it's far more profitable for all patients with COPD to be prescribed their drug anyway, even though it only works in a few; so they perform a massive study including just enough people with the variation of the disease to move the needle into the “statistically better-outcome” range for the group as a whole.

Additionally, the smaller the effect of the drug, the more research subjects are required to reach “statistical significance.” Maybe even 30,000 patients if the effect is small enough. If big pharma achieves this tiny little effect in their study, then through a process of extensive influence peddling, they might next manage to get their relatively useless drug into government-mandated or medical association-sponsored treatment guidelines that physicians are compelled by various agencies or liability insurance to follow. Soon, all the patients are on the drug, although perhaps only 7% benefit from it.

The worst lie here is that statistical significance in this setting has any meaning to you at all. Clinical significance IN YOU is what really matters. The statistics only tell you how others do with the medication, and the effect on others only matters if you have no way to figure out whether the drug works in yourself; either because it takes years to show effect, or because the severity of your condition limits your time to decide. The basis of this lie is the Canadian-developed concept called [evidence-based medicine](http://en.wikipedia.org/wiki/Evidence-based_medicine)<sup>17</sup> (EBM), which, in my opinion, is absolute pseudoscience engineered to justify their

Soon, all the patients are on the drug, although perhaps only 7 percent benefit from it.

<sup>17</sup> [http://en.wikipedia.org/wiki/Evidence-based\\_medicine](http://en.wikipedia.org/wiki/Evidence-based_medicine)



collectivist healthcare system. The original intent of EBM was to use group or population data to provide insights and assistance in the management of individual patients, but the culture has changed. Now, doctors use group data to dictate their management so that all individuals are managed the same exact way, or as close as possible to the same way. The reality is that the larger the study that is used to support the marketing of some drug, the LESS likely that the drug will have any benefit for any one individual. Remember, for a short-term outcome (meaning a month or less to achieve cure or improvement), any drug worth paying for should be proven effective with a study of 40 people or less, not 30,000.

## Health insurance is the problem, not the solution.

### Lie #6

*“You are mandated to sign up for Obamacare.”* **This is not true.**

You are, however, going to have your property stolen from you by the government if you don't sign up for health insurance. So you can choose to have the government steal your money, or pay your money to buy “health insurance.” Obamacare doesn't mandate; it just steals your money in one way or another.

### Lie #7

*“Forty-seven million people without adequate health insurance is a national tragedy.”* **Baloney.**

Health insurance is the problem, not the solution. Health insurance—as Obama wants it—has been effectively present for most people for decades, and creates the moral hazard that causes our healthcare financial problems. Healthcare access in no way requires health insurance. It requires healthcare providers, such as doctors, and their willingness to accept your money in exchange for their services. Obamacare does nothing whatsoever to improve the availability of doctors.



## Lie #8

*“Health insurance is a critical component of your financial planning.” Baloney.*

Having enough money available to pay for your potential healthcare needs is critically important. Health insurance is the big lie. The real financial planning comes from finding doctors who will charge you market prices for their services, and finding the doctors before you need them. That is medical financial planning!

Armed with knowledge of the lies, we can go fight for a little bit of truth.



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Medical Freedom

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<sup>18</sup> <http://www.trustedangels.org/>

<sup>19</sup> <http://www.amazon.com/ASSUME-THE-PHYSICIAN-Medicines-Catch-22/dp/0985933208>

<sup>20</sup> <http://www.amazon.com/HIGHER-CAUSE-John-Hunt-ebook/dp/B00BBOO6VS>