The Counterfeit Toggle:

Deceptive Health Feature Design as Disability Discrimination Under ADA Title III and Section 5 of the FTC Act

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Abstract

Consumer artificial intelligence platforms now ship dedicated, gated "health" features whose name, branding, and gating toggle signal a special, protected clinical environment. The signal is false. The Health Insurance Portability and Accountability Act is defined by the actor holding the data rather than by its sensitivity, so it cannot attach to a relationship between a company and an individual consumer at all: an individual is not a covered entity, and no business associate agreement is possible. What the consumer receives is a revocable privacy policy commitment, not the enforceable regime the same company gives its enterprise customers.

This article argues that the resulting design is a single fact pattern reachable through two doctrines at once: the reasonable modification and equal access obligations of Title III of the Americans with Disabilities Act, and the unfair and deceptive practices prohibition of Section 5 of the Federal Trade Commission Act. The disability injury is not incidental; the false reassurance operates through the very trait that defines anxiety and paranoia disabilities, and the resulting clinical decompensation is disability specific and severe. Meaningful access, not a freestanding disparate impact rule, carries the discrimination claim; the eggshell skull rule, already extended to psychological fragility, answers the objection that a resilient user would not have been harmed; the defendant's own illegality bounds an otherwise unbounded accommodation duty; and the fundamental alteration and undue burden defenses fail three ways.

The contributions are three: distinguishing a HIPAA compliant product from a product to which HIPAA applies, and naming the deception trust laundering; locating the disability wrong in meaningful access under Title III rather than an overstated disparate impact rule, measured through the eggshell skull rule; and identifying the antecedent illegality that converts an idiosyncratic reliance into a cognizable harm, with an injunctive menu that closes the burden defense. The argument turns on one contested premise, that Title III reaches a purely digital service, defended in a companion work.

Keywords: disability discrimination, ADA Title III, meaningful access, FTC Section 5, deceptive design, dark patterns, consumer health data, HIPAA.

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I. Introduction

Consider a switch. It is labeled with a heart. It sits behind a gate the user must find and turn on, which signals that what lies beyond it is a distinct and protected space, separate from ordinary conversation with a chatbot. Beyond it, the user is invited to connect laboratory results, medical records, and wearable data, and to speak candidly about their health. The name of the feature, the marketing around it, and the ritual of the toggle all communicate one message: this is a health space, and health spaces are protected.[1]

The message is false, and this article is about the specific and compounding harm the falsehood causes to a protected class.

The protection a user imagines is the protection of the clinic, governed by the Health Insurance Portability and Accountability Act (HIPAA). That protection is not present, and it cannot be made present through this relationship, because of how the statute is built. The company can and does provide clinical grade protection to hospitals and payers, and it advertises that fact.[2] It provides no such regime to the individual consumer, whose data is governed instead by a privacy policy the company may change at will, together with the terms of any connected platform. The gap between what the design signals and what it delivers is the wrong at the center of this article. I call the mechanism trust laundering: the credibility of the enterprise product, and the reputation of the statute, are borrowed and spent on a consumer product that carries neither.

For most users, trust laundering is an ordinary consumer protection problem. For a specific and identifiable protected class, it is something worse. The design does not merely disappoint them; it exploits the exact cognitive trait that defines their disability, and when the truth surfaces, the injury is clinical rather than commercial. That is the argument, and the balance of this article develops it,

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1. See Anthropic, *Advancing Claude in Healthcare and the Life Sciences* (Jan. 2026), `https://www.anthropic.com/news/healthcare-life-sciences` (last visited July 4, 2026) (in the United States, Claude Pro and Max subscribers may give Claude access to their lab results and health records through the HealthEx, Function, Apple Health, and Android Health Connect integrations, and Anthropic states that it does not use users' health data to train models). A comparable consumer health capability was launched by a competing platform in the same period.

2. Anthropic draws the line expressly: its business associate agreement covers its HIPAA-ready enterprise and application-programming-interface services and excludes the consumer plans, while the personal health integrations for individual users are governed instead by the consumer terms. See Anthropic BAA, *infra* note 5.

shows why the standard defenses fail, distinguishes the closest existing scholarship, and names the single doctrinal question on which the whole structure depends.

II. The HIPAA Gap

A. The Statute Follows the Actor, Not the Data

The common intuition is that HIPAA protects health information because the information is sensitive. It does not. HIPAA protects health information held by particular actors, covered entities, and by the business associates who handle protected health information on their behalf.[3] The same laboratory value that is protected inside a hospital record is unprotected the moment it is copied into a consumer application that is not offered by, or on behalf of, a covered entity.

This distinction is not a technicality; it is the whole architecture. When a consumer types health information into a general purpose AI product, no statutory right attaches to the transaction, because there is no covered entity in the chain for the company to be a business associate of. An individual cannot be a business associate of themselves.[4]

B. The Enterprise and Consumer Split

The same company that offers the consumer health feature also offers a genuinely regulated enterprise product. Hospitals and payers can execute a business associate agreement, and under that agreement the company is bound to protect the data at the statutory grade.[5] The consumer

3. See 45 C.F.R. §160.103 (defining "covered entity" and "business associate"); *id.* §§164.104, 164.500 (setting the entities to which the privacy and security rules apply).

4. The Department of Health and Human Services has stated that the HIPAA Rules do not apply to health information maintained by anyone who is not a covered entity or business associate, and that a developer offering services directly to consumers, rather than on behalf of a provider, health plan, or clearinghouse, is not likely to be subject to HIPAA. U.S. Dep't of Health & Human Servs., Off. for Civ. Rts., *Health App Use Scenarios & HIPAA* 1–2 (Feb. 2016), `https://www.hhs.gov/sites/default/files/ocr-health-app-developer-scenarios-2-2016.pdf` (last visited July 4, 2026).

5. Bus. Assoc. Agreements (BAA) for Commercial Customers, Anthropic Priv. Ctr., `https://privacy.claude.com/en/articles/8114513-business-associate-agreements-baa-for-commercial-customers` (last visited July 4, 2026) [hereinafter Anthropic BAA] ("For clarity, the BAA does not cover Workbench and Console, Claude Free, Pro, Max, or Team plans, Cowork, or features currently in beta such as Claude in Office and Claude Design"). The signed agreement covers the enterprise and API surface only; the consumer plans have no business associate agreement and cannot obtain one.

feature has no such agreement, cannot obtain one, and is governed by the privacy policy and by the terms of any connected platform.[6]

The federal floor for consumer health data is therefore not HIPAA at all. It is the Federal Trade Commission, acting through Section 5 and through the Health Breach Notification Rule, together with a growing set of state consumer health data statutes.[7] None of that floor is disability antidiscrimination law, and none of it, standing alone, reaches the harm this article describes.

C. Trust Laundering

The wrong can now be stated plainly. The company holds out a consumer product as a health space, borrowing the trust signal of clinical protection, while providing only revocable consumer grade handling. It launders the credibility of the regulated enterprise product into the unregulated consumer one. The toggle is the instrument. Naming the feature for health and gating it behind a switch manufactures the impression of a protected environment, which is precisely the impression that induces disclosure. This is not a hypothetical wrong. The Commission has already ordered relief against a mental health service that displayed a HIPAA compliant seal it was not entitled to, and against a prescription service that falsely claimed HIPAA regulation, treating the false invocation of clinical grade trust as itself deceptive.[8]

III. One Fact Pattern, Two Handles

The design is a single fact pattern, and two distinct bodies of law reach it at the same time. The first is consumer protection: an unfair and deceptive practice under Section 5. The second is disability antidiscrimination: a facially neutral practice that denies a protected class meaningful

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6. Launch coverage confirms that the consumer health integrations are governed by the privacy policy and the connected platform agreements rather than a business associate agreement, and that the connected health data is stated to be excluded from model training and model memory. Those are revocable policy commitments, not the enforceable regime provided to enterprise customers. See *supra* notes 1, 5.

7. 16 C.F.R. pt. 318 (Health Breach Notification Rule), as amended effective July 29, 2024, extending breach notification duties to health apps and connected devices not covered by HIPAA; Wash. Rev. Code ch. 19.373 (My Health My Data Act), the leading state statute filling the consumer health data gap.

8. See *infra* note 12.

access to a public accommodation on equal terms. These are not alternative characterizations of loosely related conduct. They describe the same conduct, and, for the protected class, they share a mechanism. The deception is not adjacent to the disability harm. The deception operates through the disability. Because the disability handle carries the distinctive contribution of this article, and is the more contested of the two, it receives the fuller treatment below.

IV. Handle One: Section 5 Unfairness and Deception

A practice is deceptive under Section 5 when it involves a representation, omission, or practice likely to mislead a consumer acting reasonably under the circumstances, and material to the consumer's decision.[9] The named health feature, the gating toggle, and the surrounding marketing together create a net impression of clinical grade protection. The impression is false and it is material, because the protection level is exactly what a person deciding whether to disclose sensitive health information would weigh. The materiality is, moreover, of a kind the Commission expressly recognizes: a misrepresentation is material where the maker knows that the recipient, because of the recipient's own peculiarities, is likely to consider it important.[10]

The unfairness prong is the more powerful one here. A practice is unfair when it causes or is likely to cause substantial injury that is not reasonably avoidable by consumers and is not outweighed by countervailing benefits.[11] The middle element is where the protected class lives, and Part VI returns to it: injury is not reasonably avoidable where the population cannot protect itself, and avoidance here would demand the exact vigilance the disorder strips away in the presence of a doctor grade trust cue. Design that induces a false belief in order to drive behavior

9. FED. TRADE COMM'N, POLICY STATEMENT ON DECEPTION (Oct. 14, 1983), *appended to* Cliffdale Assocs., Inc., 103 F.T.C. 110, 174 (1984) [hereinafter Deception Policy Statement]; 15 U.S.C. §45(a). Available at `https://www.ftc.gov/system/files/documents/public_statements/410531/831014deceptionstmt.pdf` (last visited July 4, 2026).

10. Deception Policy Statement, *supra* note 9, 103 F.T.C. at 182 n.45 (citing RESTATEMENT (SECOND) OF TORTS §538(2) (AM. L. INST. 1965)).

11. 15 U.S.C. §45(n); FED. TRADE COMM'N, POLICY STATEMENT ON UNFAIRNESS (Dec. 17, 1980), *appended to* Int'l Harvester Co., 104 F.T.C. 949, 1070 (1984).

the consumer would not otherwise choose is, moreover, the paradigm of the deceptive design the Commission has moved against.[12]

V. Handle Two: Disability Discrimination Under Title III

A. The Statutory Frame, and Why It Is Title III Rather Than Section 504

The defendants here are private companies offering a service to the public. The governing statute is therefore Title III of the Americans with Disabilities Act, which prohibits discrimination on the basis of disability in the full and equal enjoyment of the goods, services, facilities, privileges, advantages, or accommodations of any place of public accommodation.[13] Title III requires a public accommodation to make reasonable modifications in policies, practices, or procedures when necessary to afford those goods and services to individuals with disabilities, unless it can demonstrate that the modification would fundamentally alter their nature.[14] Section 504 of the Rehabilitation Act, which reaches only recipients of federal financial assistance, is a secondary vehicle that becomes available where such funding is present, for example in a government deployment; it is not the primary hook for a purely private consumer product.[15]

B. Meaningful Access, Not a Freestanding Disparate Impact Rule

The discrimination theory must be stated with care, because the tempting overstatement is unavailable. It is not the law that any facially neutral practice with a disproportionate effect

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12. FED. TRADE COMM'N, BRINGING DARK PATTERNS TO LIGHT (Staff Report, Sept. 15, 2022), `https://www.ftc.gov/reports/bringing-dark-patterns-light` (last visited July 4, 2026). The Commission's 2023 health-data enforcement is directly in point, and two of the matters turned on a false invocation of clinical-grade trust: *United States v. GoodRx Holdings, Inc.*, FTC Matter No. 2023090 (N.D. Cal. Feb. 17, 2023) (stipulated order; $1.5 million penalty; the company had also falsely claimed to be regulated by HIPAA, and the order bars dark-pattern consent flows), *In re BetterHelp, Inc.* (F.T.C. Mar. 2, 2023) (consent order; $7.8 million; the company displayed a HIPAA-compliant seal the Commission alleged was a misrepresentation), and *United States v. Easy Healthcare Corp.* (Premom) (N.D. Ill. 2023) ($100,000 penalty).

13. 42 U.S.C. §12182(a).

14. 42 U.S.C. §12182(b)(2)(A)(ii); 28 C.F.R. §36.302(a), `https://www.ecfr.gov/current/title-28/chapter-I/part-36/subpart-C/section-36.302` (last visited July 4, 2026). Title 28 is current as of June 25, 2026, and Section 36.302 retains the reasonable modification standard promulgated in 1991 and amended in 2010.

15. 29 U.S.C. §794. The Section 504 case law nonetheless supplies the foundational standards Title III borrows, as the next subsection explains.

on disabled people is automatically actionable. In *Alexander v. Choate*, the Supreme Court expressly declined to decide whether Section 504 reaches all disparate impact claims, rejecting what it called the boundless notion that every disparate impact showing states a prima facie case, and adopting instead a standard of meaningful access to the benefit in question.[16] The correct theory is meaningful access. Facially neutral practices that disproportionately deny disabled people meaningful access to a public accommodation, because of their disability, are actionable as discrimination under Title III.[17] That the wrong need not be intentional is a settled and recently reaffirmed feature of this body of law.[18]

C. The Population and the Mechanism

For a person with generalized anxiety disorder centered on the security of their health information, or with a paranoid condition about data, the disabling feature is the anxiety itself.[19] A truthful assurance that the data is protected at a clinical grade would lower that anxiety, and a modification that truthfully lowers the disabling effect is an accommodation in the ordinary doctrinal sense. The counterfeit toggle offers the feeling of that assurance without the substance. It calms the disabled user by lying to them, and it does so precisely because their condition makes them dependent on the very signal that has been counterfeited. The exploited vulnerability is the disability.

A necessary clarification. The claim is not that a public accommodation owes every user an open ended duty to construct and maintain whatever idiosyncratic comfort a given individual relies on. Standing alone such a duty would be unbounded, and the objection to it is correct. Part VI

16. *Alexander v. Choate*, 469 U.S. 287, 299 (1985) (assuming without deciding that some disparate impact claims might lie under Section 504, and resolving the case on the meaningful access standard).

17. *Crowder v. Kitagawa*, 81 F.3d 1480, 1483–86 (9th Cir. 1996) (facially neutral quarantine policy that burdened visually impaired persons differently and more greatly than others stated a Title III claim); *Rodde v. Bonta*, 357 F.3d 988, 997–98 (9th Cir. 2004) (neutral closure that would deny certain disabled individuals meaningful access because of their unique needs).

18. *A.J.T. v. Osseo Area Schools*, No. 24-249, slip op. (U.S. June 12, 2025) (Sotomayor, J., concurring) (observing that much of the conduct the Rehabilitation Act targets would be impossible to reach were the Act read to require discriminatory intent, and that the point applies with equal force to Title II of the ADA).

19. Anxiety disorders are impairments that substantially limit major life activities and are disabilities within the meaning of the statute; the regulation directs that the definition be construed broadly and that an impairment which is episodic or in remission qualifies if it would substantially limit a major life activity when active. See 28 C.F.R. §36.105(d)(1)(iv).

shows how the defendant's own antecedent illegality is what bounds the duty and converts an otherwise private reliance into a cognizable legal harm.

D. Injury Magnitude, and the Eggshell Skull Answer

The injury is not the mild disappointment an average user feels on learning that a product oversold itself. When the truth surfaces, the disabled user does not return to baseline. The false calm was a diving board; the truth is the board snapping back, and the rebound overshoots the point where the anxiety began. The clinical sequelae, the panic episode, the deepened depressive spiral, the paranoid decompensation, and in the gravest case the suicidal turn, are foreseeable and disability specific.

The predictable objection is that a reasonable user would not have been fooled and would not have decompensated. The objection assumes an able minded baseline, and the assumption is misplaced, because the wrong landed on someone whose protected trait is precisely the departure from that baseline. The common law already supplies the answer. Under the eggshell skull rule, a wrongdoer takes the victim as it finds them and owes the full extent of the resulting harm, even harm a person of ordinary resilience would not have suffered.[20] Decisively for this argument, the rule already reaches psychological, not merely physical, fragility: a defendant must take the victim as it finds them, extraordinarily sensitive or not, including a predisposition to mental illness.[21] The magnitude of the harm is thus not an empirical add on to the claim; it is what the eggshell rule takes as given once the protected trait is the exploited vulnerability. The same neutral design that mildly disappoints an average user decompensates the disabled one. That asymmetry is the case, and it does two things at once: it supplies the substantial injury the Section 5 unfairness analysis

20. RESTATEMENT (SECOND) OF TORTS §461 (AM. L. INST. 1965) (a negligent actor must bear the risk that liability will be increased by reason of the actual physical condition of the person toward whom the act is directed); *Figueroa-Torres v. Toledo-Davila*, 232 F.3d 270, 275–76 (1st Cir. 2000) (applying the eggshell skull rule where a preexisting condition made the plaintiff prone to the fatal injury).

21. *Jenson v. Eveleth Taconite Co.*, 130 F.3d 1287, 1296 (8th Cir. 1997) (rejecting the argument that a plaintiff's psychological predisposition relieves the defendant of responsibility), *quoting McKinnon v. Kwong Wah Rest.*, 83 F.3d 498, 506 (1st Cir. 1996).

requires, and it establishes that the harm falls on the protected class in a way it does not fall on the general user, which is what the meaningful access theory requires.

VI. Defeating the Defenses

A. How the Defenses Are Judged

Title III supplies two escape routes. A modification of policy need not be made if it would fundamentally alter the nature of the goods or services.[22] An auxiliary aid or service need not be provided if it would work a fundamental alteration or impose an undue burden, meaning significant difficulty or expense.[23] Undue burden is measured against the entity's overall resources. For a provider of the relevant scale, the expense at issue is negligible against means, so a cost based defense is weak before the analysis even reaches feasibility. Fundamental alteration asks whether the change alters the essential nature of the service; handling data more protectively, or telling the truth about how it is handled, does not change what the product is.

B. Three Independent Defeats

The defense fails through three separate mechanisms, and each attaches to a different remedy. First, honest disclosure. Telling the truth is neither an undue burden nor a fundamental alteration, by definition, and this defeat requires no proof of feasibility at all. Second, affirmative provision of real protection. Here the defense fails on proven feasibility: a defendant that already provides the identical protection to its enterprise customers, and that already produced an accessible plain language version of its terms for a jurisdiction that required it, cannot credibly call the same build too burdensome for its consumers. A modification already provided in another context is strong

22. 42 U.S.C. §12182(b)(2)(A)(ii); 28 C.F.R. §36.302(a), *supra* note 14; *S.E. Cmty. Coll. v. Davis*, 442 U.S. 397, 410 (1979) (a change that works a fundamental alteration is more than the modification the regulation requires); *PGA Tour, Inc. v. Martin*, 532 U.S. 661, 682–83 (2001) (applying the fundamental alteration analysis in the Title III setting).

23. 42 U.S.C. §12182(b)(2)(A)(iii); 28 C.F.R. §36.303(a). A public accommodation also may not pass the cost of a required modification on to the individual with a disability. *Id.* §36.301(c).

evidence that it is neither burdensome nor a fundamental alteration.[24] Third, cessation. Removing the offending design is simply stopping the practice, and a defendant cannot characterize the cessation of its own unlawful conduct as a cognizable burden.

One caution belongs on the second mechanism. *Davis* holds that Section 504, and by extension the reasonable modification duty, requires evenhanded treatment rather than affirmative action to overcome disability.[25] A court could therefore characterize the demand to build consumers the enterprise grade protection as an affirmative action the statute does not compel. Honest disclosure and cessation do not carry that vulnerability. Of the three remedies, affirmative provision is the one to plead last.

C. The Injunctive Relief Menu

The three defeats map onto the forms of injunctive relief a court may order, and the defendant may choose among them: corrective disclosure that is clear and conspicuous to every consumer; affirmative provision that extends the real protections to the consumer product; or cessation that removes the feature. Title III's remedial regulation expressly authorizes equitable relief including the modification of a policy, practice, or procedure.[26] The plaintiff's structural point is that all three are available and not one of them is an undue burden, so the burden defense has no ground left to stand on.

One further caution belongs in the remedy analysis itself. Cessation, the removal of the feature, is the remedy that would injure the very population the claim protects, because for the anxious or paranoid user a genuine and truthful reassurance is protective. The disability protective remedy is therefore corrective disclosure or affirmative provision. A court, and an advocate, should prefer

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24. Undue burden is significant difficulty or expense judged against the entity's overall resources. 28 C.F.R. §36.303(a). A defendant that already builds and operates the identical protection for its enterprise customers cannot show significant difficulty in providing it here, because the existing enterprise build is itself direct evidence that the modification is feasible. On the separate question of what a fundamental alteration turns on, see *PGA Tour*, *supra* note 22.

25. *Davis*, 442 U.S. at 410–11; *Olmstead v. L.C.*, 527 U.S. 581, 603 n.14 (1999) (Section 504 requires evenhanded treatment, not affirmative efforts to overcome disability).

26. 28 C.F.R. §36.504(a).

them, and should let the defendant reach cessation only if it would rather abandon those users than protect them.

VII. The Nexus Dependency

Every step above assumes that Title III reaches a service offered only through software, with no physical place a customer visits. That assumption is contested, and the contest is the load bearing question under this entire structure. The courts of appeals divide on whether a website or a purely digital service is a place of public accommodation, or must instead bear some nexus to a physical location. If Title III does not reach the digital product, the disability handle has no forum, and the argument collapses to its consumer protection half. The resolution of the physical nexus question is therefore not a neighboring issue to this article; it is the foundation the disability handle stands on, and it is treated at length in a companion work. To keep the present argument self contained, I take as a stated premise the position defended there: that a functional reading of the statutory categories reaches a consumer facing digital service that offers the public a good or service, and that the physical nexus requirement lacks a statutory basis.

VIII. Relation to Existing Scholarship

The deceptive design literature is substantial and largely European in orientation, and no honest treatment can present deceptive design as a new discovery.[27] The closest work, and the one this article must engage directly, argues that interface design itself can be a provision, criterion, or practice reachable by antidiscrimination law.[28] That is the same fundamental move made here.

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27. See, e.g., Jamie Luguri & Lior Jacob Strahilevitz, *Shining a Light on Dark Patterns*, 13 J. Legal Analysis 43 (2021); Ryan Calo, *Digital Market Manipulation*, 82 Geo. Wash. L. Rev. 995 (2014); Ari Ezra Waldman, *Cognitive Biases, Dark Patterns, and the Privacy Paradox*, 31 Current Opinion in Psych. 105 (2020); Philipp Hacker, *Manipulation by Algorithms*, 29 Eur. L.J. 142 (2024), `https://doi.org/10.1111/eulj.12389`; Fabiana Di Porto & Alessandro Egberts, *The Collective Welfare Dimension of Dark Patterns Regulation*, 29 Eur. L.J. 114 (2024), `https://doi.org/10.1111/eulj.12478`; MARK R. LEISER, DARK PATTERNS, DECEPTIVE DESIGN AND THE LAW (2025).

28. Jonathan Meers, *Discrimination at the Interface: The Equality Act 2010 and Platform Interface Design*, 87 Mod. L. Rev. 640 (2023), `https://doi.org/10.1111/1468-2230.12855`.

Three differences mark the present contribution as distinct. First, that work proceeds under the United Kingdom Equality Act 2010, whereas this article proceeds under United States law, ADA Title III and Section 5. Second, that work addresses sorting and structuring functions that facilitate discrimination by third parties, whereas this article addresses a false reassurance that exploits the trait defining an anxiety or paranoia disability. Third, that work has no analogue to the two mechanisms that do the distinctive work here: the antecedent illegality that bounds the accommodation duty, and the eggshell skull rule that measures a disability specific injury. The corner this article occupies, the interaction of deceptive health feature design with United States disability antidiscrimination law, appears to be substantially unoccupied.

IX. A Forward Note on Idiosyncratic Accommodation Plaintiffs

A working theory, offered as a direction for later work rather than as a load bearing claim. If it is the antecedent illegality that converts an individual's idiosyncratic reliance into a cognizable harm, then plaintiffs whose accommodations are highly individual, and who would ordinarily struggle to frame a broad claim, may be unusually effective vehicles for reaching conduct that is unlawful but has evaded disability framing. The illegality supplies the trigger; the disability supplies the disproportionate injury; and the combination may reach, through antidiscrimination law, a class of unlawful design practices that consumer protection law alone has been slow to deter. This is a working theory, and it needs its own development.

X. Conclusion

The counterfeit toggle is a single artifact that two bodies of law reach at once. It is deceptive to everyone and it is discriminatory to the protected class whose defining trait it exploits, and for that class the deception and the discrimination are not two harms but one, seen from two sides. The remedy is neither exotic nor burdensome. It is the truth, plainly stated, or the protection, actually

provided. What the law cannot allow is the counterfeit: the reassuring click that delivers the feeling of safety and none of its substance, sold hardest to the people it will hurt worst.