

Conservative Review

Issue #89

Kukis Digests and Opines on this Week's News and Views

August 23, 2009

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Too much happened this week! Enjoy...

The cartoons come from:

www.townhall.com/funnies.

If you receive this and you hate it and you don't want to ever read it no matter what...that is fine;

email me back and you will be deleted from my list (which is almost at the maximum anyway).

Previous issues are listed and can be accessed here:

<http://kukis.org/page20.html> (their contents are described and each issue is linked to) or here: <http://kukis.org/blog/> (this is the online directory they are in)

I attempt to post a new issue each Sunday by 2 or 3 pm central standard time (I sometimes fail at this attempt).

I try to include factual material only, along with my opinions (it should be clear which is which). I make an attempt to include as much of this week's news as I possibly can. The first set of columns are intentionally designed for a quick read.

My intention is, if you read this entire publication, you will be better informed about this week's news and views than anyone else you know.

I do not accept any advertising nor do I charge for this publication. I write this principally to blow off steam in a nation where its people seemed have collectively lost their minds.

This Week's Events

The Scottish government frees Abdel Basset Ali al-Megrahi, the only terrorist convicted in the hijacking of Pan Am Flight 103 over Lockerbie, Scotland. The Dec 21, 1988 flight ended with the bombing of the plane, resulting in the loss of the entire flight.

Boycott is called against Whole Foods Market because CEO John Mackey's expressed in the Wall Street Journal views on health care which

can be seen as disagreeing with President Obama's plan.

CBO estimate is that 10 year deficit will be \$9 trillion rather than \$7 trillion.

The White House shut down its tattle-tale email address.

California unemployment at record 11.9%.

Stock Market hits a 2009 high on Friday.

Woodstock celebrated its 40th anniversary.



Although most car dealers are hurting because they have not been reimbursed for the clunkers they have, General Motors, which has received billions of dollars in loans from taxpayers, is making loans to its own car dealers, until they are reimbursed by Uncle Sam.

Cash for Clunkers program is being phased out this coming week.

Senator Ted Kennedy, in 2004, pushed through legislation which required an election within 145 days of a vacancy in either of the Massachusetts

Senate seats. He is now calling for legislation to allow the governor to fill the seat by appointment.

David Axelrod is owed \$2 million by a company which is doing commercials to sell Obama-care.

R. B. Thieme Jr., pastor of Berachah Church of Houston, TX for 53 years, left this life to be face to face with the Lord.

Quotes of the Week

"Obama's health care plan will be, one, written by a committee whose head says he doesn't understand it -- that would be John Conyers -- his health care plan will be, two, passed by Congress that has not read it; number three, signed by a president who smokes; four, funded by a Treasury chief who didn't pay his taxes; five, overseen by a Surgeon General who is obese; and, six, financed by a country that's nearly broke. What could possibly go wrong with this?"
Rush Limbaugh.



"Obama said, 'We are God's partners in matters of life and death.' That's audacious even for a guy who's written two autobiographies by age 48."
Rush Limbaugh.

"As crazy as Michael Jackson was, he would still be alive under Obama-care." Dennis Miller.

"I'm not sure, but in 150 generations of my family no one has known Jesus. I am the first one. Imagine the honor in killing me. There is great honor in that." Rifqa Bary, a girl from a Muslim family in the U.S.

"[Obama] believes in his principles more than he is concerned with being reelected." Dick Morris.

Joe Biden Prophecy Watch

Libyans greet terrorist as national hero.

Must-Watch Media

Theda-care: I don't know how good this really is, but the video sold me on Theda-care (and this is a result of innovation under the concept of free enterprise):

<http://www.foxnews.com/search-results/m/25995733/collaborative-care.htm>

Fact check on Obama statements:

<http://www.youtube.com/watch?v=kRdl0DOtAAk>

Karl Rove gives 7 pieces of advice to Obama:

<http://www.foxnews.com/search-results/m/25953499/priceless-advice.htm>

JFK makes his case for tax cuts (this would include tax cuts for the wealthy).

<http://www.youtube.com/watch?v=F05q0YMyOxA>

Dee Dee, the Latina Freedom Fighter, on Health Care Reform (she uses the Massachusetts health care model is a failure):

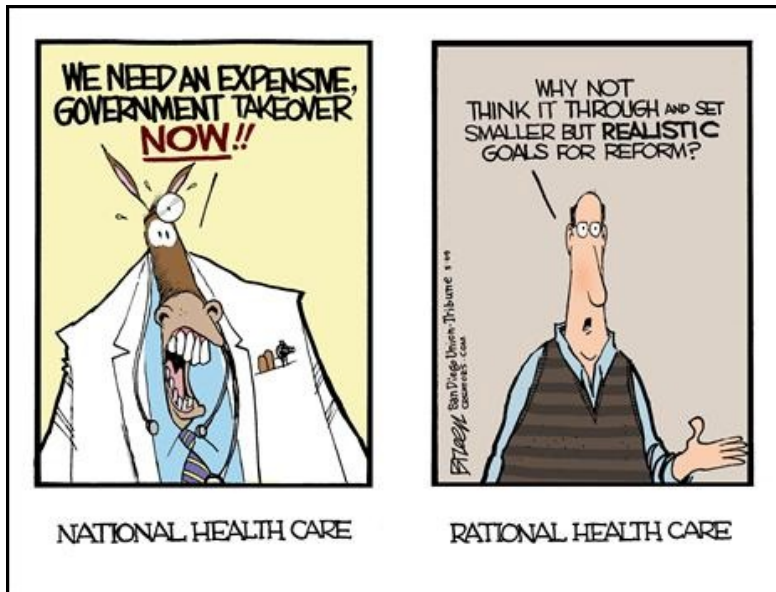
<http://www.youtube.com/watch?v=WqNWd-Nhc2s>

More Betsy McCaughey; the newsman guy interviewing her is a bit distracting:

<http://video.newsmax.com/?bcpid=2097246001&bclid=22770166001&bctid=30616902001>

From far-left Air America radio, discussion of Obama's secret deal with *Big Pharmaceutical*:

<http://www.breitbart.tv/charming-liar-progressives-turn-on-obama-as-air-america-exposes-fascist-drug-deal/>



Something which I pointed out months ago was the difference in signage; true grassroots signs are made by the people themselves; Pelosi's descriptor "astrodturf" signage is produced by someone else.

<http://www.youtube.com/watch?v=4lGqEliPkV0>

I posted this video before, but if you did not see it before, it is excellent. This is an AARP meeting (this is entitled *Thuggish mob of elderly Nazis attacks AARP with questions about health care*).

<http://hotair.com/archives/2009/08/06/video-t-huggish-mob-of-elderly-nazis-attacks-aarp-with-questions-about-health-care/>

A Little Comedy Relief



Short Takes

1) Several people have noticed the change in Obama's promise that we can keep our employer health insurance. Now, it is *most likely* that you can keep your presence health care insurance.

2) I must admit, Obama has totally outflanked Hillary Clinton. People questioned whether Obama could safely bring her into his administration and not get stabbed in the back. Obama places her in arguably the most powerful position with regards to foreign policy, and then takes away all of her power.

3) I have heard many Democrats tout just how wonderful Cash for Clunkers is, and how

Republicans want to rain on their parade over this. Four points: a) Most car dealerships have not been paid yet, and it is hurting them financially; b) the program had no clue how much money would be involved; c) the program was suddenly shut down and with no explanation as to why. Why do you shut down a *successful* program? Remember, only Democrats could shut down this program; Republicans do not have that kind of power. d) This represents only 0.1% (or 0.3%) of the Stimulus package. Is this the only successful stimulus program Democrats are willing to praise to the world? Is there nothing else in this package Dems want to be vocal about?

4) John Meacham, the editor of Newsweek Magazine, recently complained that President

Obama was not making the health plan clear. Did I mention already that John Meacham is the editor of a news magazine which makes some attempt to inform the public. Say, John, I have an idea...

5) Cindy Sheehan, to her credit (for being consistent), is protesting Obama about the wars in Iraq and Afghanistan. I recall one week of hearing news and interviews of Miss Sheehan every single half hour on the *conservative* radio station that I listen to. Will the news cover her now? I doubt it.

6) Even though I don't mind David Gregory, for the most part (although he will never be another Tim Russert), he tied Tim McVey (the Oklahoma bomber), to a guy carrying a weapon and a sign which references water the tree of liberty (which is to be watered with the blood of revolutionaries and tyrants), and somehow impugned this all to those who are showing up to townhall meetings to express their disapproval of Obama's health care scheme. It is wrong to imply that McVey (who was more of a crazy environmentalist than a crazy conservative) and this man carrying the gun and the sign (this man is Black, by the way, something ignored by the media) somehow, in some odd way, are representative of those who have attended these townhall meetings, many who are doing so for the very first time in their lives.

7) 29 items for sale on the NBC news website are Obama items. GE, NBC's parent company, is poised to make a great deal of money if cap and trade legislation is passed. Even if you are a Democrat, doesn't that strike you as being somewhat of a conflict of interest?

8) Dick Morris points out that the Democratic party depends upon Blacks, Latinos, single mothers, unions, the poor and the elderly as their chief constituencies. They may lose the elderly because of Obama-care.



Health Care Reform Short Takes

1) You will notice that no pro-Obama-care politician points to a particular state or country as an example of how good government health care is. They know that, the minute the point to this or that example, it will be examined in the light of day. At least Michael Moore was honest enough (?) to point to Cuba as a shining example of well-run health care.

2) Let's say the government could snap its fingers and all 47 million uninsured people become insured tomorrow. Where in any of the bills is there a provision for more doctors, more hospitals or more medical centers? When you increase the demand for a product, but keep the product production the same, price goes up. If you increase the demand for a service, but do not actually increase the availability of the service, then the quality of that service goes down. This is not rocket science.

3) Let me add, there is nothing that government can do to increase the number of doctors, unless, of course, you favor decreasing the standards doctors must meet and/or increasing their salaries (which will not bend the cost curve down, by the way).

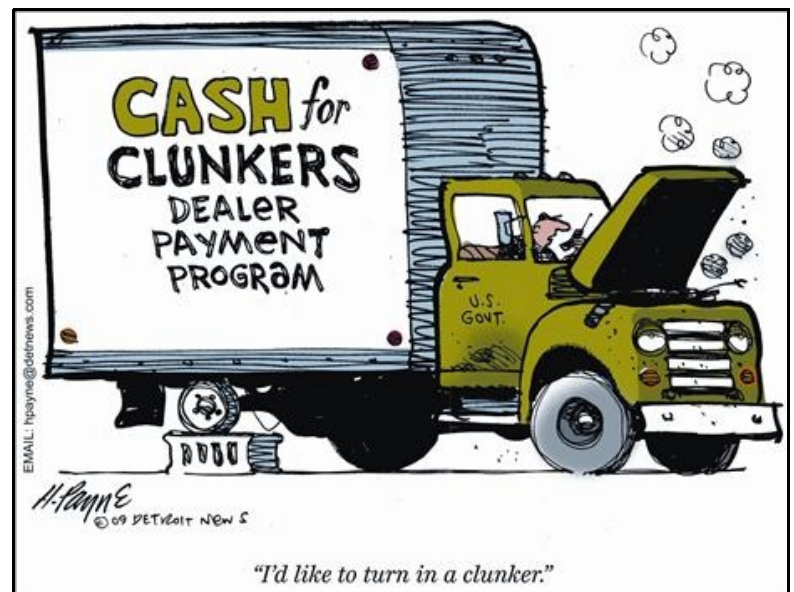
4) I may think that my church or some mission downtown does a wonderful job with the homeless and hungry; it is compassionate and moral for me to financially support these good works. However, it is not compassionate or moral for me to vote so that government takes money from you in order to support these organizations. This is the fundamental problem with most liberal social programs.

5) There are thousands of multi-millionaires in the Los Angeles area, and yet a number of hospitals between there and the border have been shut down due to lack of funds. If these people were really compassionate, they would

not allow hospitals to close down. Hollywood actors and actresses should bond together and have a fund to keep hospitals (and, ideally speaking) clinics open. My thinking of that is not compassion; my suggesting it is not compassion; my voting for this is not compassion. However, if a group of Hollywood millionaires got together to do this, *that* would be compassionate.

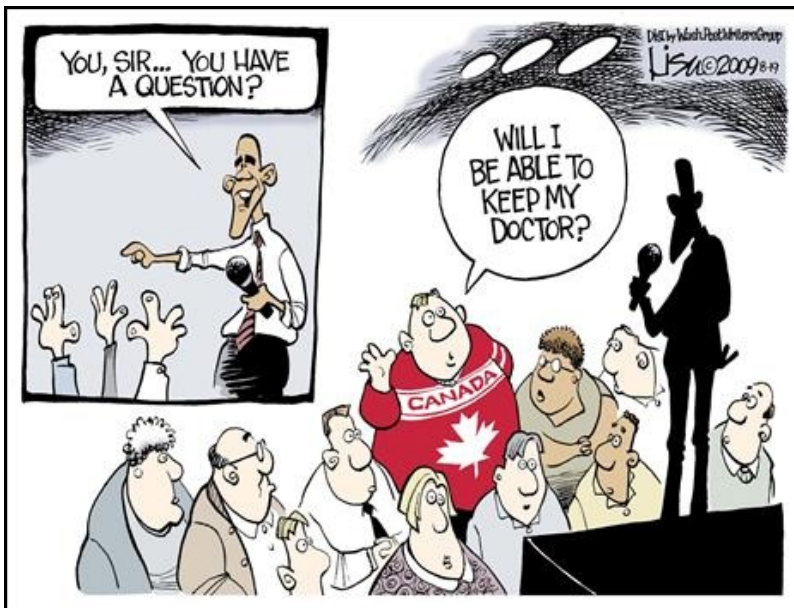
6) It is fascinating that those who are opposed to government health care spend a great deal of time going to the available bills and quoting them chapter and verse. Those in support of these bills give us broad, utopian promises, but *never* go to the bill and say, "Here is where you can find this."

7) Since 70–85% of all Americans are happy with the health care which they have (except, perhaps, the cost), what sense does it make to redo health care entirely?



8) A point made by many: if government cannot run *cash for clunkers*, which is a relatively small and simple program, how on earth can they run health care?

9) I am so sick of hearing *our health care system is broken*. This is, at best, an incorrect bumper sticker; and, at worst, and out and out lie. If a huge majority of Americans are happy with their present health program, then the system is not broken. If Obama has to repeat 2 or 3 times in a sales presentation that, "If you like your doctor, then you can stay with him," then the system is not broken. President Obama has said this more often than he has said anything else. If our system is broken, then why would he keep reassuring us that we can keep what we have?



10) Almost no one leaves the United States to seek health care elsewhere. Some who lack insurance might go to Mexico or the Philippines to get the same procedures at a lower cost; but if someone has the insurance or the money, they will go with a U.S. physician or a U.S. hospital.

11) One problem that people have with Obama-care is his honesty. Everyone knows that his most oft-repeated statement, "If you like your own doctor than you can keep him" is absolutely false. When he talks about how his plan must be deficit neutral, that is known to be absolutely false. He either is just making stuff up in order to get this plan passed or he does not know what is

in the House plan. Obama has, again and again, blamed Republicans for resistance to his health care plan. Most people know—including Obama—that there are enough Democrat votes to pass anything that Obama wants. Blaming Republicans is nonsensical. Obama has said that he does not favor a single-payer system; yet there are at least two instances where he has said he supports a single-payer system, and believes that this may take a decade or two to get to. When Obama clearly says one thing which contradicts what he has said in the past, people begin to question his honesty.

12) Another problem people have with Obama-care is his lack of understanding of medical issues. President Obama has suggested that physicians might take out tonsils or saw off a foot in order to make more money. He has demonized health insurance companies, which are already tightly regulated by the state and federal government. He has suggested that it might be better for a woman to take a pain pill rather than to have a pacemaker put in; two things which have nothing to do with one another. Obama has suggested that, a patient is given a test, and, if passed along to a specialist, he will be given the exact same test again.

13) On Obama's televised infomercial, he talked about such things as cutting down paperwork, reducing costs, eliminating unnecessary procedures and tests; things which are contraindicated when the government takes charge. The simple cash for clunkers illustrates just how much the government loves paperwork and moves slowly and inefficiently.

14) In every nation with federal health care, there are people who make decisions about life and death. In Britain, it is called N.I.C.E. You cannot go from not covering 47 million people to covering 47 million people without there being some changes. Particularly if many of these people go from not having health care to having almost free health care. When something is free,

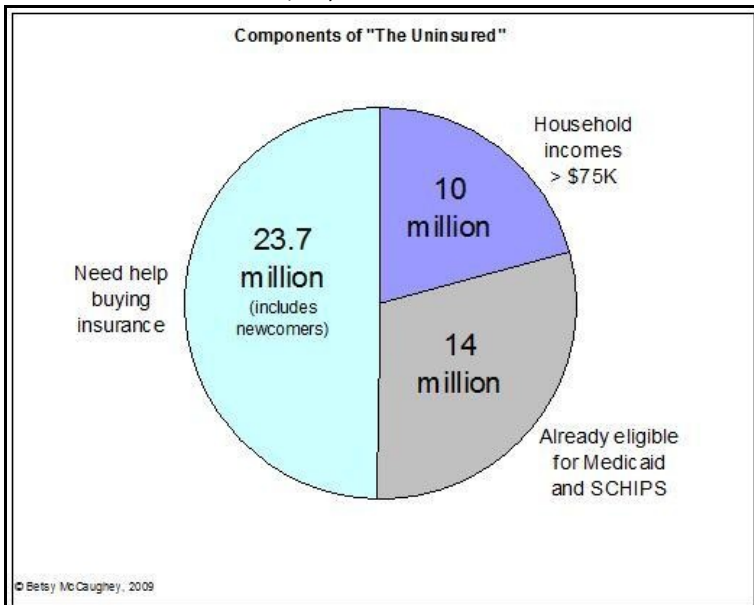
people use more of it, whether they need it or not.

By the Numbers

Of the 47 million without health insurance:

14 million are already eligible for Medicaid, but they have not signed up for it. Since you can sign up for Medicaid at any time with any preexisting condition, these people avoid paying Medicaid's small premiums by not signing up for it until they need it.

10 million belong to households with incomes in excess of \$75,000.



27 million have personal incomes in excess of \$50,000 (obviously, there is some overlap here).

The House bill on health care reform sets up 87 new programs or agencies requiring at least 150,000 employees.

13.5–15.3% is the percentage range of those without health insurance between 1987–2007.

60,000 AARP members have quit AARP since July 1st.

About 60% of medical insurance companies are non-profit.

½ the cost of a person's health care occur during the final 6 months of life.

9 people killed by sharks in 1 year;
271 people killed by toasters in 1 year.

Polling by the Numbers

USA TODAY/Gallup Poll

57% of adults say the stimulus package is having no impact on the economy or making it worse. 60% doubt that the stimulus plan will help the economy in the years ahead.

18% say the stimulus bill has done anything to help improve their own personal situation.

Saturday Night Live Misses

Back and forth between Sebelius, Obama, Pelosi and Hoyer (their quotes could be used verbatim), ending with Obama blaming Republicans for stalling health care.

Yay Democrats!

This is a shout-out to President Obama who, for all his faults, has continued the Bush policies, philosophy and direction in both Iraq and Afghanistan. Will he be able to keep this up?

Obama-Speak

[New Regular Feature: More than any president that I recall, President Obama tends to use language very carefully, to, in my opinion, obfuscate what he is doing rather than to clarify. This seems to part and parcel of the Obama

campaign and now of the Obama presidency. This has become a mainstay of the Democratic party as well. Another aspect of this is offering up a slogan or an attack upon some villain rather than to make a clear statement or to give a clear answer.]

Obama continues to argue there were no *death councils* in the House Health Care Bill; and that, if you like your doctor you can keep your doctor. Obama is able to say almost anything that he wants, and he never backs it up by going to the bill.

Questions for Obama

These are questions for Obama, Axelrod, or anyone on Obama's cabinet:

Name 3–5 health insurance goals and tell me how these goals will be achieved in the House bill.

You Know You're Being Brainwashed when...

If you think that Republicans are the ones holding up Obama-care.

If you think that those showing up at townhall meetings in opposition to Obama-care are organized by health insurance companies.

News Before it Happens

Here is what is going to happen with the health care bill. It will be split into two packages: one with stuff that most people can vote for and one that is strictly a Democrat bill (this is suggested by the WSJ). The problem is, I cannot see Democrats putting real torte reform into a bill or allowing health care policies to be sold across state lines (unless these items are hamstrung elsewhere in the bill, e.g., by setting national

standards for health care insurance). The plan is to pass the first bill with some Republicans and then to pass the more disturbing bill with 51 votes in the Senate, using to so-called nuclear option. The problem is, this health care bill has become such a poison pill, I cannot envision it getting a majority vote.

What seems to be the most reasonable is to try this, and when it fails, to blame Republicans for its failure (Democrats can pass anything that they want, as they have a super-majority in both the Senate and the House).

The problems again are: the people are solidly against Obama-care. Obama is an ideologue who expects to get his way no matter what. Rahm Immanuel is more of a political realist who knows that Obama has to pass something with the words *health care reform* on the title of the bill. And the Democrats are incredibly splintered, the blue dog Democrats realizing that, if they do not support the bill, the Democrat party will not support them; and if they do, their constituents will not support them.

Obama will not be a 2-term president (unless we go to war); however, he will throw his hat into the ring for a 2nd term in 2016. Michelle Obama will at least put our presidential feelers in 2020 or 2024.

Bob Beckel, not me, suggests that torte reform will be a part of the Obama health care reform bill. I don't see this as happening; I see the end result of any Democratic health bill as being a fiasco.

Prophecies Fulfilled

This morning, on NPR, they did a marvelous piece on one area in Afghanistan which hopefully will be a model of things to come. There are businesses, factories, people are working. And they, along with the rest of Afghanistan, looked

forward to an election run completely by Afghans—a first in the history of this nation. Now, there is some corruption in this city, which NPR pointed out, as well as a recent car bomb which went off. Under Bush, the corruption, drugs and car bomb would have been the focus of the story; under Obama, the focus of this story is the great and marvelous progress which has been made.

Right now, in the midst of the bleakest economy that we have had in years, we read story after story about how we are seeing glimmers of hope and how our economy is beginning to come around. Remember that, for the first 3/4 of 2008, we heard nothing but how terrible the economy was, and the words *the Great Depression* were found in story after story after story, even though, at that time, it was a booming economy.

I Got it Wrong

I predicted that Obama would continue to repeat and repeat and repeat again that, *if we like our health care insurance, that we can keep it*. I was wrong. He no longer is saying that. He is now saying that we can *most likely* keep our presence health insurance. However, to be fair, he seems to be going back and forth between these two statements.

Missing Headlines

Majority of Americans Oppose Obama-care

2 Top Dems Disagree on Health Care Bill

Obama Comfortable as One-Term President

Come, let us reason together....

Arguments for a Public Option and why these arguments are faulty by George Will

[These are 4 arguments in favor of the public option which George Will takes on; I have adapted these points to a written format]:

The Public option [a government-paid for insurance company] will keep private insurance companies honest.

The argument is made as though the government is a shining example of honesty and integrity, an idea which is refused by the examination of the budget of any administration, Democratic or Republican.

The government option will play by the same rules as the private companies.



Robert Gibbs has said that, President Obama is comfortable being a one-term president if he can get his legislation passed.

Then what is the point of having a government option?

Health Care today is far too complex for the average American. We need a simple, public option.

Two points: the House bill is anything but simple and easy-to-understand. Furthermore, Americans seem to have fared quite well with computers and the internet.

There is not enough competition in the health insurance market.

There are 1300 insurance companies out there, so the competition exists. So far, government regulations have reduced, not increased competition. Not being able to buy insurance across state lines reduces choice and competition; that is a government regulation. Setting up certain minimum services which a health-care plan must have reduces competition and increases costs.

A Modest (H1N1) Proposal

by [a spokesman for] Barack Obama

We are presently in a crisis which could turn into a catastrophe, unless we act now and with all the power, wisdom and careful, deliberative action of the federal government.

The first thing that we need is to appoint an H1N1 Czar, someone who will implement the legislation which needs to be passed.

This is a crisis now; this is a crisis today. No one can deny that. All medical experts, from the left and the right, are warning us that the H1N1 epidemic this fall and winter could be disastrous. It is a crisis and, in a situation like this, only the government can act appropriate to this nationwide crisis.

Experts estimate that our action will cure or prevent an H1N1 infection of as many as 1 million people, many of them children, many of them the working poor.

We cannot delay. Flu season is ready to kick into high gear, and we must be ready with a measured and appropriate response.

I need to emphasize several things about this legislation which will be proposed: you will not lose your primary health care physician. If you like your present doctor, you will be able to keep him. If you have a doctor who usually handles your H1N1 needs, we will let you keep that doctor. There is no reason to be alarmed by that.

In the recent health care bill, we were criticized for not providing enough detail, so I will try to provide you with both details as well as broad performance objectives.

First of all, there will be no death panels and no rationed care in this bill; these words will not be found in any portion of this bill. You have my word on that.

This proposal will result in the greatest success if it is implemented from the bottom up and not from the top down. Therefore, we will set up a veritable army of H1N1 troops—young people primarily—who will go into the community and perform the appropriate functions.

For instance, for every 50 people in a school, business or army barracks, there will be 1 member of the H1N1 troop assigned to that school to monitor coughs and obvious signs of sickness, as well as make several trips between his assigned area and the temporary on-site public health station. He will be properly outfitted to prevent his own contraction of this disease, with a cellphone where the White House H1N1 headquarters emergency number on speed dial, so that these individuals will have the most up-to-date information. The second number on

speed dial will connect this representative with a nearby secure and sterile emergency ambulance distribution center, so that those thought to have the H1N1 virus can be quickly picked up and thoughtfully dispatched.

There are other details, which deal with the recruitment and training of H1N1 representatives (to be called H-reps), as well as an establishment of a contract with General Motors to immediately produce the sterile, high-speed ambulances which will be necessary; and, quite obviously, land must be purchased and buildings put in place to house these emergency ambulance centers. In order to build these centers so that they are environmentally-sound, this bill will also create or save 5 million green jobs. These details are in the bill, and we are more than willing to take amendments from Republicans, so that this can be a bi-partisan effort. What is important is that we act now; we are standing on the precipice of the greatest health crisis since the influenza flu crisis of WW1.

This bill needs to be passed on or before September 1, 2009; and all systems are expected to be up and running and fully coordinated by February 1, 2012, with ambulances and all buildings to be established and fully-functioning by March 1, 2014.

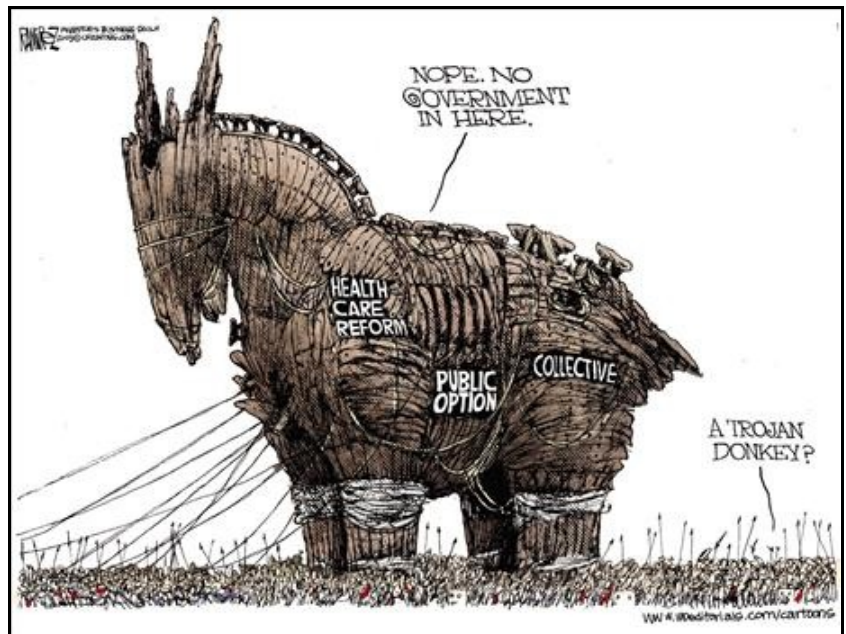
Again, we need to act quickly to keep this crisis from becoming a catastrophe.

Deception is at the Heart of Dems' Plans **By Thomas Sowell**

Amid all the controversies over medical care, no one seems to be asking a very basic question: Why does it take more than 1,000 pages of legislation to insure people who lack medical insurance?

Despite incessant repetition of the fact that millions of Americans do not have medical insurance, hardy souls who have actually read the mammoth medical care legislation being rushed through Congress have discovered all sorts of things there that have nothing whatever to do with insuring the uninsured-- and everything to do with taking medical decisions out of the hands of doctors and their patients, and transferring those decisions to Washington bureaucrats.

That's called "bait and switch" when an unscrupulous business advertises one thing and tries to sell you something else. When politicians do it, it is far more dangerous to far more people.



Deception is not an incidental aspect of this medical care legislation, but is at the very heart of it.

That such a massive change of the entire medical care system, from top to bottom, was attempted to be rushed through Congress before the August recess-- before anybody in or out of Congress had time to read it all-- should have told us from the outset that we were being played for fools.

Despite President Obama's statements that he is not advocating a "single payer" system for medical care-- which is to say, a government monopoly of power over life and death decisions-- just a few years ago, he was telling a union audience that he was in favor of a "single payer" system. At that time, he pointed out that it was unlikely that such a system could be put in place all at once, that it might take a number of years to advance, step by step, to that goal.

In other words, Barack Obama fully understood the "entering wedge" political strategy that has allowed so many government programs to start off small, and apparently innocuous-- and then grow to gigantic size and scope over the years.

If telling us that he is not for a single payer system will soothe us into going along, then it is perfectly understandable why he said it. But that is no reason for us to believe him.

uninsured, despite the incessant repetition of the fact that they are.

The endless repetition serves a political purpose but digging into the underlying facts might undermine that purpose. Many find it sufficient to say that the uninsured cannot "afford" medical insurance. But what you can afford depends not only on how much money you have but also on what your priorities are.

Many people who are uninsured have incomes from which medical insurance premiums could readily be paid without any undue strain. But they choose to spend their money on other things. Many young people, especially, don't buy medical insurance and elderly people already have Medicare. The poor have Medicaid available, even though many do not bother to sign up for it, until they are already in the hospital-- which they can do then.



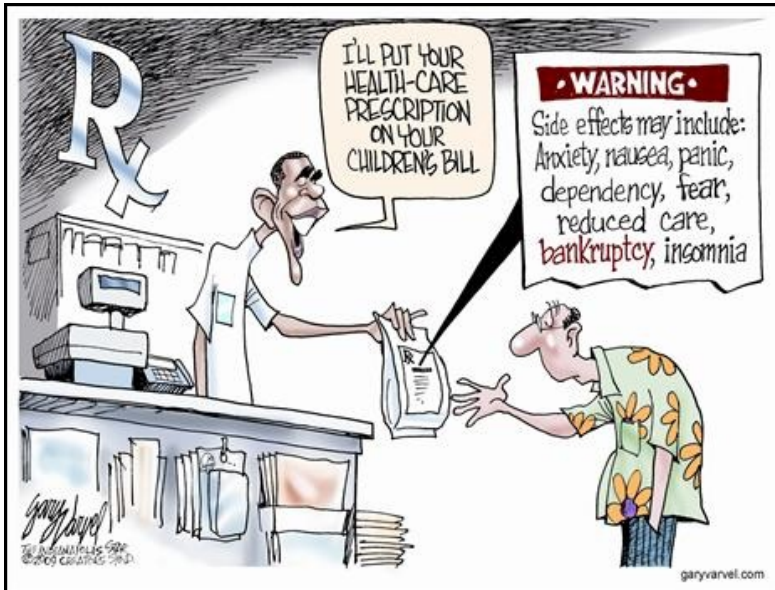
As for those uninsured Americans who are supposedly the reason for all this sound and fury, there is remarkably little interest in why they are

Throwing numbers around about how many people are uninsured may create the impression that the uninsured cannot get medical treatment, when in fact they can get medical treatment at any hospital emergency room.

Is this ideal? Of course not. But nothing is going to be ideal, whether the current medical care legislation passes or not. The relevant question is: Are the problems created by the current situation worse than the problems that will be created by the pending legislation? That question never seems to get asked, much less answered.

No small part of our current medical care problems have been created by politicians who drive up the cost of medical insurance by mandating that insurance cover things that many people are unwilling to pay for.

Many of us are willing to pay for treatment of a sprained ankle ourselves, if we can get less expensive insurance to cover us just for catastrophic illnesses. But that is one of many decisions that politicians have taken out of our hands. There will be many more decisions taken out of our hands if Obamacare passes.



Simple Government Regulations for Health Care

When we go to the movies, we have an idea just who the movie is designed for. We do not take our children to an R-rated movie, and we do not take our toddlers to a PG13 movie.

We need a similar classification of health care plans, so that from the outset, without looking at the fine print, we know the health care plan we are getting.

Basic Catastrophic Coverage:

This will be a low-cost, high deductible insurance which protects you against losing your life savings in the event of a catastrophic illness. This will be the least expensive coverage, and something you

would not apply to an occasional trip to the doctors.

Gold-Plans:

These are high-cost, low-deductible coverage which protects one against both minor and major medical problems.

HMO coverage:

This will limit you to a very limited network; often to a specific set of medical buildings.

Specialized coverage:

This covers a person for a variety of medical concerns which are not generally a part of most people's coverage: optional cosmetic surgery (unrelated to an injury), abortion, mental health coverage, etc. Specialized coverage would not be found in these other plans unless a premium is paid.

Fitness reductions:

In any of the plans above, there can be a reduction in price for meeting specific health goals, e.g., a proper height-weight ratio; being a non-smoker; etc.

No-Refusal Plans:

This would be a special set of health insurance plans where one could not be refused for any pre-existing condition. There would be different types of *No-Refusal plans*; one in which you pay a premium for this acceptance; or, there are a large number of policies sold to the same company (e.g., a school district), so that the risk and cost is spread out over a large group; or, you could be taken with a waiting period.

These plans could be mixed and matched; that is, you could get a Gold-Plan HMO coverage with fitness reductions. The point is, you could look

at the first page of the plan and understand the kind of coverage which is being sold to you.

Now, you may object and say, *how is that going to lower cost or increase competition?* If this sort of variety of plans are allowed, the public is able to make a easy choice of the programs which are offered him; and when more plans offered, health care insurance costs are often reduced.

Also, this is very similar to the car and house insurance coverage which we receive. Aetna might issue the same policies for two homeowners, but these two homeowners can choose between a variety of deductibles and coverage.

**The Whole Foods Alternative to ObamaCare
Eight things we can do to improve health care
without adding to the deficit
By JOHN MACKEY**

"The problem with socialism is that eventually you run out of other people's money."
-Margaret Thatcher

With a projected \$1.8 trillion deficit for 2009, several trillions more in deficits projected over the next decade, and with both Medicare and Social Security entitlement spending about to ratchet up several notches over the next 15 years as Baby Boomers become eligible for both, we are rapidly running out of other people's money. These deficits are simply not sustainable. They are either going to result in unprecedented new taxes and inflation, or they will bankrupt us.

While we clearly need health-care reform, the last thing our country needs is a massive new health-care entitlement that will create hundreds of billions of dollars of new unfunded deficits and move us much closer to a government takeover of our health-care system. Instead, we should be trying to achieve reforms by moving in the opposite direction-toward less government control and more individual empowerment. Here

are eight reforms that would greatly lower the cost of health care for everyone:

- Remove the legal obstacles that slow the creation of high-deductible health insurance plans and health savings accounts (HSAs). The combination of high-deductible health insurance and HSAs is one solution that could solve many of our health-care problems. For example, Whole Foods Market pays 100% of the premiums for all our team members who work 30 hours or more per week (about 89% of all team members) for our high-deductible health-insurance plan. We also provide up to \$1,800 per year in additional health-care dollars through deposits into employees' Personal Wellness Accounts to spend as they choose on their own health and wellness.

Money not spent in one year rolls over to the next and grows over time. Our team members therefore spend their own health-care dollars until the annual deductible is covered (about \$2,500) and the insurance plan kicks in. This creates incentives to spend the first \$2,500 more carefully. Our plan's costs are much lower than typical health insurance, while providing a very high degree of worker satisfaction.

- Equalize the tax laws so that employer-provided health insurance and individually owned health insurance have the same tax benefits. Now employer health insurance benefits are fully tax deductible, but individual health insurance is not. This is unfair.

- Repeal all state laws which prevent insurance companies from competing across state lines. We should all have the legal right to purchase health insurance from any insurance company in any state and we should be able use that insurance wherever we live. Health insurance should be portable.

- Repeal government mandates regarding what insurance companies must cover. These mandates have increased the cost of health

insurance by billions of dollars. What is insured and what is not insured should be determined by individual customer preferences and not through special-interest lobbying.

- Enact tort reform to end the ruinous lawsuits that force doctors to pay insurance costs of hundreds of thousands of dollars per year. These costs are passed back to us through much higher prices for health care.

- Make costs transparent so that consumers understand what health-care treatments cost. How many people know the total cost of their last doctor's visit and how that total breaks down? What other goods or services do we buy without knowing how much they will cost us?

- Enact Medicare reform. We need to face up to the actuarial fact that Medicare is heading towards bankruptcy and enact reforms that create greater patient empowerment, choice and responsibility.

- Finally, revise tax forms to make it easier for individuals to make a voluntary, tax-deductible donation to help the millions of people who have no insurance and aren't covered by Medicare, Medicaid or the State Children's Health Insurance Program.

Many promoters of health-care reform believe that people have an intrinsic ethical right to health care-to equal access to doctors, medicines and hospitals. While all of us empathize with those who are sick, how can we say that all people have more of an intrinsic right to health care than they have to food or shelter?

Health care is a service that we all need, but just like food and shelter it is best provided through voluntary and mutually beneficial market exchanges. A careful reading of both the Declaration of Independence and the Constitution will not reveal any intrinsic right to

health care, food or shelter. That's because there isn't any. This "right" has never existed in America

Even in countries like Canada and the U.K., there is no intrinsic right to health care. Rather, citizens in these countries are told by government bureaucrats what health-care treatments they are eligible to receive and when they can receive them. All countries with socialized medicine ration health care by forcing their citizens to wait in lines to receive scarce treatments.

Although Canada has a population smaller than California, 830,000 Canadians are currently waiting to be admitted to a hospital or to get treatment, according to a report last month in Investor's Business Daily. In England, the waiting list is 1.8 million.

At Whole Foods we allow our team members to vote on what benefits they most want the company to fund. Our Canadian and British employees express their benefit preferences very clearly-they want supplemental health-care dollars that they can control and spend themselves without permission from their governments. Why would they want such additional health-care benefit dollars if they already have an "intrinsic right to health care"? The answer is clear-no such right truly exists in either Canada or the U.K.-or in any other country.

Rather than increase government spending and control, we need to address the root causes of poor health. This begins with the realization that every American adult is responsible for his or her own health.

Unfortunately many of our health-care problems are self-inflicted: two-thirds of Americans are now overweight and one-third are obese. Most of the diseases that kill us and account for about 70% of all health-care spending-heart disease, cancer, stroke, diabetes and obesity-are mostly preventable through proper diet, exercise, not

smoking, minimal alcohol consumption and other healthy lifestyle choices.

Recent scientific and medical evidence shows that a diet consisting of foods that are plant-based, nutrient dense and low-fat will help prevent and often reverse most degenerative diseases that kill us and are expensive to treat. We should be able to live largely disease-free lives until we are well into our 90s and even past 100 years of age.

Health-care reform is very important. Whatever reforms are enacted it is essential that they be financially responsible, and that we have the freedom to choose doctors and the health-care services that best suit our own unique set of lifestyle choices. We are all responsible for our own lives and our own health. We should take that responsibility very seriously and use our freedom to make wise lifestyle choices that will protect our health. Doing so will enrich our lives and will help create a vibrant and sustainable American society.

Mr. Mackey is co-founder and CEO of Whole Foods Market Inc.

From:

<http://online.wsj.com/article/SB10001424052970204251404574342170072865070.html>

[Some newspaper reporters are going to cover this story; the question they won't ask picketers, "What specific suggestion did Mackey in his article make that you disagree with?"]

What the Health Care Bill Actually Says **By John David Lewis**

What does the bill, HR 3200, short-titled "America's Affordable Health Choices Act of 2009," actually say about major health care issues? I here pose a few questions in no

particular order, citing relevant passages and offering a brief evaluation after each set of passages.

This bill is 1017 pages long. It is knee-deep in legalese and references to other federal regulations and laws. I have only touched pieces of the bill here. For instance, I have not considered the establishment of (1) "Health Choices Commission" (Section 141); (2) a "Health Insurance Exchange," (Section 201), basically a government run insurance scheme to coordinate all insurance activity; (3) a Public Health Insurance Option (Section 221); and similar provisions.

This is the evaluation of someone who is neither a physician nor a legal professional. I am citizen, concerned about this bill's effects on my freedom as an American. I would rather have used my time in other ways-but this is too important to ignore.

We may answer one question up front: How will the government will pay for all this? Higher taxes, more borrowing, printing money, cutting payments, or rationing services-there are no other options. We will all pay for this, enrolled in the government "option" or not.

(All bold type within the text of the bill is added for emphasis.)

WILL THE PLAN RATION MEDICAL CARE?

This is what the bill says, pages 284-288, SEC. 1151. **REDUCING POTENTIALLY PREVENTABLE HOSPITAL READMISSIONS:**

(ii) **EXCLUSION OF CERTAIN READMISSIONS.**-For purposes of clause (i), with respect to a hospital, excess readmissions shall not include readmissions for an applicable condition for which there are fewer than a minimum number (as determined by the Secretary) of discharges for such applicable condition for the applicable period and such hospital.

and, under "Definitions":

“(A) APPLICABLE CONDITION.-The term ‘applicable condition’ means, subject to subparagraph (B), a condition or procedure selected by the Secretary . . .

and:

“(E) READMISSION.-The term ‘readmission’ means, in the case of an individual who is discharged from an applicable hospital, the admission of the individual to the same or another applicable hospital within a time period specified by the Secretary from the date of such discharge.

and:

“(6) LIMITATIONS ON REVIEW.-There shall be no administrative or judicial review under section 1869, section 1878, or otherwise of- . . .

“(C) the measures of readmissions . . .

EVALUATION OF THE PASSAGES:

1. This section amends the Social Security Act
2. The government has the power to determine what constitutes an "applicable [medical] condition."
3. The government has the power to determine who is allowed readmission into a hospital.
4. This determination will be made by statistics: when enough people have been discharged for the same condition, an individual may be readmitted.
5. This is government rationing, pure, simple, and straight up.
6. There can be no judicial review of decisions made here. The Secretary is above the courts.

7. The plan also allows the government to prohibit hospitals from expanding without federal permission: page 317-318.

Will the plan punish Americans who try to opt out?

What the bill says, pages 167-168, section 401, TAX ON INDIVIDUALS WITHOUT ACCEPTABLE HEALTH CARE COVERAGE:

“(a) TAX IMPOSED.-In the case of any individual who does not meet the requirements of subsection (d) at any time during the taxable year, there is hereby imposed a tax equal to 2.5 percent of the excess of-

(1) the taxpayer's modified adjusted gross income for the taxable year, over

(2) the amount of gross income specified in section 6012(a)(1) with respect to the taxpayer. . . ."

EVALUATION OF THE PASSAGE:

1. This section amends the Internal Revenue Code.
2. Anyone caught without acceptable coverage and not in the government plan will pay a special tax.
3. The IRS will be a major enforcement mechanism for the plan.
What constitutes "acceptable" coverage?

Here is what the bill says, pages 26-30, SEC. 122, ESSENTIAL BENEFITS PACKAGE DEFINED:

(a) IN GENERAL.-In this division, the term ‘essential benefits package’ means health benefits coverage, consistent with standards adopted under section 124 to ensure the provision of quality health care and financial security . . .

(b) MINIMUM SERVICES TO BE COVERED.-The items and services described in this subsection are the following:

- (1) Hospitalization.
- (2) Outpatient hospital and outpatient clinic services . . .
- (3) Professional services of physicians and other health professionals.
- (4) Such services, equipment, and supplies incident to the services of a physician's or a health professional's delivery of care . . .
- (5) Prescription drugs.
- (6) Rehabilitative and habilitative services.
- (7) Mental health and substance use disorder services.
- (8) Preventive services . . .
- (9) Maternity care.
- (10) Well baby and well child care . . .

(c) REQUIREMENTS RELATING TO COST-SHARING AND MINIMUM ACTUARIAL VALUE . . .

(3) MINIMUM ACTUARIAL VALUE.-

(A) IN GENERAL.-The cost-sharing under the essential benefits package shall be designed to provide a level of coverage that is designed to provide benefits that are actuarially equivalent to approximately 70 percent of the full actuarial value of the benefits provided under the reference benefits package described in subparagraph (B).

EVALUATION OF THE PASSAGES:

1. The bill defines "acceptable coverage" and leaves no room for choice in this regard.

2. By setting a minimum 70% actuarial value of benefits, the bill makes health plans in which individuals pay for routine services, but carry insurance only for catastrophic events, (such as Health Savings Accounts) illegal.

Will the PLAN destroy private health insurance?

Here is what it requires, for businesses with payrolls greater than \$400,000 per year. (The bill uses "contribution" to refer to mandatory payments to the government plan.) Pages 149-150, SEC. 313, EMPLOYER CONTRIBUTIONS IN LIEU OF COVERAGE

(a) IN GENERAL.-A contribution is made in accordance with this section with respect to an employee if such contribution is equal to an amount equal to 8 percent of the average wages paid by the employer during the period of enrollment (determined by taking into account all employees of the employer and in such manner as the Commissioner provides, including rules providing for the appropriate aggregation of related employers). Any such contribution-

(1) shall be paid to the Health Choices Commissioner for deposit into the Health Insurance Exchange Trust Fund, and

(2) shall not be applied against the premium of the employee under the Exchange-participating health benefits plan in which the employee is enrolled.

(The bill then includes a sliding scale of payments for business with less than \$400,000 in annual payroll.)

The Bill also reserves, for the government, the power to determine an acceptable benefits plan: page 24, SEC. 115. ENSURING ADEQUACY OF PROVIDER NETWORKS.

5 (a) IN GENERAL.-A qualified health benefits plan that uses a provider network for items and services shall meet such standards respecting provider networks as the Commissioner may establish to assure the adequacy of such networks in ensuring enrollee access to such items and services and transparency in the cost-sharing differentials between in-network coverage and out-of-network coverage.

EVALUATION OF THE PASSAGES:

1. The bill does not prohibit a person from buying private insurance.
2. Small businesses-with say 8-10 employees-will either have to provide insurance to federal standards, or pay an 8% payroll tax. Business costs for health care are higher than this, especially considering administrative costs. Any competitive business that tries to stay with a private plan will face a payroll disadvantage against competitors who go with the government "option."
3. The pressure for business owners to terminate the private plans will be enormous.
4. With employers ending plans, millions of Americans will lose their private coverage, and fewer companies will offer it.
5. The Commissioner (meaning, always, the bureaucrats) will determine whether a particular network of physicians, hospitals and insurance is acceptable.
6. With private insurance starved, many people enrolled in the government "option" will have no place else to go.
Does the plan TAX successful Americans more THAN OTHERS?

Here is what the bill says, pages 197-198, SEC. 441. SURCHARGE ON HIGH INCOME INDIVIDUALS

SEC. 59C. SURCHARGE ON HIGH INCOME INDIVIDUALS.

(a) GENERAL RULE.-In the case of a taxpayer other than a corporation, there is hereby imposed (in addition to any other tax imposed by this subtitle) a tax equal to-

- (1) 1 percent of so much of the modified adjusted gross income of the taxpayer as exceeds \$350,000 but does not exceed \$500,000,
- (2) 1.5 percent of so much of the modified adjusted gross income of the taxpayer as exceeds \$500,000 but does not exceed \$1,000,000, and
- (3) 5.4 percent of so much of the modified adjusted gross income of the taxpayer as exceeds \$1,000,000.

EVALUATION OF THE PASSAGE:

1. This bill amends the Internal Revenue Code.
2. Tax surcharges are levied on those with the highest incomes.
3. The plan manipulates the tax code to redistribute their wealth.
4. Successful business owners will bear the highest cost of this plan.
Does THE PLAN ALLOW THE GOVERNMENT TO set FEES FOR SERVICES?

What it says, page 124, Sec. 223, PAYMENT RATES FOR ITEMS AND SERVICES:

(d) CONSTRUCTION.-Nothing in this subtitle shall be construed as limiting the Secretary's authority to correct for payments that are excessive or deficient, taking into account the provisions of section 221(a) and the amounts paid for similar health care providers and services under other Exchange-participating health benefits plans.

(e) CONSTRUCTION.-Nothing in this subtitle shall be construed as affecting the authority of the Secretary to establish payment rates, including payments to provide for the more efficient delivery of services, such as the initiatives provided for under section 224.

EVALUATION OF THE PASSAGES:

1. The government's authority to set payments is basically unlimited.

2. The official will decide what constitutes "excessive," "deficient," and "efficient" payments and services.

Will THE PLAN increase the power of government officials to SCRUTINIZE our private affairs?

What it says, pages 195-196, SEC. 431. DISCLOSURES TO CARRY OUT HEALTH INSURANCE EXCHANGE SUBSIDIES.

“(A) IN GENERAL.-The Secretary, upon written request from the Health Choices Commissioner or the head of a State-based health insurance exchange approved for operation under section 208 of the America's Affordable Health Choices Act of 2009, shall disclose to officers and employees of the Health Choices Administration or such State-based health insurance exchange, as the case may be, return information of any taxpayer whose income is relevant in determining any affordability credit described in subtitle C of title II of the America's Affordable Health Choices Act of 2009. Such return information shall be limited to-

“(i) taxpayer identity information with respect to such taxpayer,

“(ii) the filing status of such taxpayer,

“(iii) the modified adjusted gross income of such taxpayer (as defined in section 59B(e)(5)),

“(iv) the number of dependents of the taxpayer,

“(v) such other information as is prescribed by the Secretary by regulation as might indicate whether the taxpayer is eligible for such affordability credits (and the amount thereof), and

“(vi) the taxable year with respect to which the preceding information relates or, if applicable, the fact that such information is not available.

And, page 145, section 312, EMPLOYER RESPONSIBILITY TO CONTRIBUTE TOWARDS EMPLOYEE AND DEPENDENT COVERAGE:

(3) PROVISION OF INFORMATION.-The employer provides the Health Choices Commissioner, the Secretary of Labor, the Secretary of Health and Human Services, and the Secretary of the Treasury, as applicable, with such information as the Commissioner may require to ascertain compliance with the requirements of this section.

EVALUATION OF THE PASSAGE:

1. This section amends the Internal Revenue Code

2. The bill opens up income tax return information to federal officials.

3. Any stated "limits" to such information are circumvented by item (v), which allows federal officials to decide what information is needed.

4. Employers are required to report whatever information the government says it needs to enforce the plan.

Does the plan automatically enroll Americans in the GOVERNMENT plan?

What it says, page 102, Section 205, Outreach and enrollment of Exchange-eligible individuals and employers in Exchange-participating health benefits plan:

(3) AUTOMATIC ENROLLMENT OF MEDICAID ELIGIBLE INDIVIDUALS INTO MEDICAID.-The

Commissioner shall provide for a process under which an individual who is described in section 202(d)(3) and has not elected to enroll in an Exchange-participating health benefits plan is automatically enrolled under Medicaid.

And, page 145, section 312:

(4) AUTOENROLLMENT OF EMPLOYEES.-The employer provides for autoenrollment of the employee in accordance with subsection (c).

EVALUATION OF THE PASSAGES:

1. Do nothing and you are in.
2. Employers are responsible for automatically enrolling people who still work.
Does THE PLAN exempt federal OFFICIALS from COURT REVIEW?

What it says, page 124, Section 223, PAYMENT RATES FOR ITEMS AND SERVICES:

(f) LIMITATIONS ON REVIEW.-There shall be no administrative or judicial review of a payment rate or methodology established under this section or under section 224.

And, page 256, SEC. 1123. PAYMENTS FOR EFFICIENT AREAS.

“(C) LIMITATION ON REVIEW.-There shall be no administrative or judicial review under section 1869, 1878, or otherwise, respecting-

“(i) the identification of a county or other area under subparagraph (A); or

“(ii) the assignment of a postal ZIP Code to a county or other area under subparagraph (B).

EVALUATION OF THE PASSAGES:

1. Sec. 1123 amends the Social Security Act, to allow the Secretary to identify areas of the

country that underutilize the government's plan "based on per capita spending."

2. Parts of the plan are set above the review of the courts.

Mr. Lewis is a professor of classics at Duke University.

Which just goes to show that just about anyone can figure out what is in the healthcare bill, if they just take the time to read it.

In any case, Mr. Lewis represents the best of Americans being citizens - and, alas, citizen journalists.

ObamaCare's Contradictions The President does both sides now on his health insurance plan

from the Wall Street Journal

Over the past week, President Obama has held three town-halls to make the case for his health-care plan. While he didn't say much that he hasn't said a thousand times before, his remarks did offer another explanation for the public's skepticism of ObamaCare. Namely, the President contradicts himself every other breath. Consider:

He likes to start off explaining our catastrophe of a health system. "What is truly scary-what is truly risky-is if we do nothing," he said in Portsmouth, New Hampshire. We can't "keep the system the way it is right now," he continued, while his critics are "people who want to keep things the way they are."

However, his supporters also want to keep things the way they are. "I keep on saying this but somehow folks aren't listening," Mr. Obama proclaimed in Grand Junction, Colorado. "If you like your health-care plan, you keep your health-care plan. Nobody is going to force you to

leave your health-care plan. If you like your doctor, you keep seeing your doctor. I don't want government bureaucrats meddling in your health care."

Mr. Obama couldn't be more opposed to "some government takeover," as he put it in Belgrade, Montana. In New Hampshire, he added that people were wrong to worry "that somehow some government bureaucrat out there will be saying, well, you can't have this test or you can't have this procedure because some bean-counter decides that this is not a good way to use our health-care dollars."

So no bureaucrats, no bean-counters. Mr. Obama merely wants to create "a panel of experts, health experts, doctors, who can provide guidelines to doctors and patients about what procedures work best in what situations, and find ways to reduce, for example, the number of tests that people take" (New Hampshire, again). Oh, and your health-care plan? You can keep it, as long as your insurance company or employer can meet all the new regulations Mr. Obama favors. His choice of verbs, in Montana, provides a clue about what that will mean: "will be prohibited," "will no longer be able," "we'll require" . . .

Maybe you're starting to fret about all those bureaucrats and bean-counters again. You shouldn't, according to Mr. Obama. "The only thing I would point to, is that Medicare is a government program that works really well for our seniors," he noted in Colorado. After all, as he said in New Hampshire, "If we're able to get something right like Medicare, then there should be a little more confidence that maybe the government can have a role—not the dominant role, but a role-in making sure the people are treated fairly when it comes to insurance."

The government didn't get Medicare right, though: Just ask the President. The entitlement is "going broke" (Colorado) and "unsustainable" and "running out of money" (New Hampshire). And

it's "in deep trouble if we don't do something, because as you said, money doesn't grow on trees" (Montana).

So the health-care status quo needs top-to-bottom reform, except for the parts that "you" happen to like. Government won't interfere with patients and their physicians, considering that the new panel of experts who will make decisions intended to reduce tests and treatments doesn't count as government. But Medicare shows that government involvement isn't so bad, aside from the fact that spending is out of control—and that program needs top-to-bottom reform too.

Voters aren't stupid. The true reason ObamaCare is in trouble isn't because "folks aren't listening," but because they are.

From:

<http://online.wsj.com/article/SB10001424052970203550604574360541357223298.html>

Gingrich, Howard Dean and Stephanopoulos

from "This Week" Aug 9, 2009

Newt Gingrich: You know, I -- I spent 20 years doing town hall meetings. I once had 800 machinist members on an Eastern strike for three hours, and they got to shout all they wanted.

I thought Senator Tom Harkin was the model this week. His staff got nervous. They wanted to close down the meeting. And Harkin said, no, these are Americans. They have every right to talk. And he just listened, and he engaged, and he conversed.

People are very, very upset. They're upset because the stimulus was passed unread. They're upset because, at 3 o'clock in the morning, Pelosi introduced a 300-page amendment for an energy tax increase and voted on it at 4 the next

afternoon. They have this sense of a thing -- of a machine running over them.

And so there's -- there's a substantial number of people who are genuinely upset. The American way is let it hang out, talk to them. Members ought to go back home, hold as many town hall meetings as you have to, let people get it out of their system. And by September, we could have a genuine dialogue in this country.

George Stephanopoulos: And I know your allies, Governor Dean, have been -- have been saying that this is just all, you know, paid for, people recruited by lobbyists here in Washington, but you can't create -- you can't force people to go out to a town meeting. You can't manufacture that kind of anger, can you?

Howard Dean: Well, there actually is a lot -- there is a lot of orchestration. There's the Brian MacGuffie memo, which actually tells people to do -- do what they're doing, which is sit in the front, jump up and interrupt. You know, one -- one thing...

George Stephanopoulos: He's got like 23 friends on Facebook, though.

Dean: Well, yes, but he's also -- there's a lot of other organizations, including some pretty reputable companies, who are -- formerly reputable companies that are financing all this stuff. Look, I'm with the speaker on this. I think you want to have dialogue. I think shouting people down doesn't create dialogue, and it's not really -- not really dialogue.

But, you know, the true thing is, you know, I disagree with the speaker. You've got the spectacle of Republican congresspeople running around handing out stimulus checks which they voted against the stimulus. The stimulus has done good things.

It's cut -- CBO estimates that it's cut the reduction in the GNP by at least 1 percent -- that's a significant number -- and that the stimulus is going to do better things.

So I disagree. I don't -- I think this is a handful of angry people who've been angry for a long time. Don't forget: The Republican playbook for a long time was get people angry. They succeeded. There are still a lot of angry people. I think they're out -- vastly outnumbered by the people who really want something done about health care reform.

[Who in this group seems reasonable and in touch and who seems like they are on another planet?]

From:

<http://abcnews.go.com/ThisWeek/Politics/Story?id=8287587&page=1>

Obama Blame Game

Commentary by Caroline Baum

Aug. 19 (Bloomberg) -- When the political winds shift -- when a party is voted out of power or a policy is panned by the public -- Washington turns to its favorite pastime: the blame game.

And so it is with President Barack Obama, who tripped on his sprint to the health-care-reform finish line. Voters, it seems, want to understand a little more about what ObamaCare will mean for them, what it will do to the doctor-patient relationship, and what it will cost future generations in higher taxes and, yes, rationed supply.

Rather than examine the public's concerns, the plans' inconsistencies or the sheer irresponsibility of trying to ram something this big and complicated through Congress without a small-scale trial, the Obama administration is

pointing fingers. Lots of them. Most of the targets are just plain silly.

1. Conservative groups

When liberal activists, including trade unions, Acorn and MoveOn.org, protested against anything and everything President George W. Bush said or did, it was called grassroots democracy.

When conservative groups encourage supporters to attend town hall meetings and make their sentiments known to their congressmen, it's un-American, disruptive and the work of right-wing extremists.



Madame Hypocrite

Where was House Speaker Nancy Pelosi, Democrat of California, when President George W. Bush was being compared to Adolf Hitler and the Nazis? She was a "fan of disrupters" in those days, as she told anti-war protesters at a January 2006 town hall meeting in San Francisco. Pelosi only developed a thin skin (too much plastic surgery?) when the Democrats took control of

the executive and legislative branches of government.

The effort to blame right-wing groups is transparent. If my feedback on a recent column is indicative of the political persuasion and demographic distribution of the protesters, these are ordinary Americans energized by the debate, frustrated at not having a voice and motivated to exercise their right of free speech. Attempts to smear opponents and shut down debate are, well, un-American.

2. Insurance Companies

Garnering support for health-insurance reform by demonizing insurance companies is a cheap shot, albeit one that resonates with the public. After all, these are the faceless bureaucrats who deny or pay claims in a seemingly arbitrary manner and refuse or cancel coverage if you cost them too much money.

Stubborn Facts

Facts are stubborn things, this White House is quick to remind us. And in this case, the facts don't support the vilification.

If insurance companies were gouging the public, the evidence would show up in one of two places, according to Graef Crystal, a compensation expert in Santa Rosa, California, and occasional Bloomberg News columnist: excessive executive pay or excessive returns to shareholders.

His analysis of five major health insurers shows just the opposite: below-market pay and below-market shareholder returns.

"There's no case here for undue enrichment of shareholders" or over-compensating CEOs, Crystal finds.

Health care needs a major overhaul, but that's no reason to make scapegoats out of insurance companies.

Sorry, Mr. President, you have no idea what it means for the media to distort what's taken place. The long-gone Bush administration is getting more negative press than you are.



4. Sarah Palin

Sarah Palin, the recently retired governor of Alaska, 2008 Republican vice-presidential candidate and Democrat's favorite whipping boy (or girl), created a stir with a reference to death panels on Facebook. Palin said she didn't want her parents or Down-Syndrome baby to "have to stand in front of Obama's 'death panel' so his bureaucrats can decide" what kind of medical care should be allocated to these less productive members of society.

Blame the Democrats

3. The Media

I couldn't believe my ears when I heard Obama point the finger at the media at his town hall meeting last week in Portsmouth, New Hampshire.

Fishing Expedition

The president, defending the White House's fishing expedition for "fishy" e-mails on health-insurance reform (suspended this week by popular demand), blamed the media for "distorting what's taken place."

Is this the same media that was in the pocket for candidate Obama and waltzed us through the honeymoon? If Bush had been as reliant on his teleprompter as Obama, or said "Cinco de Cuatro" when he meant "Cuatro de Mayo," the press would have been all over him for being inept.

This is the same Sarah Palin whose foreign policy experience was summed up during the campaign by her ability "to see Russia from land here in Alaska." This is the same Sarah Palin credited with changing the terms of the debate? C'mon. That's too laughable to address.

Besides, there's a kernel of truth in what she said. Like all goods and services, medical care is a scarce resource that must be rationed. The only question is how: by the market (price) or by government mandate.

If government is doing the rationing, what exactly will bureaucrats use to determine who gets what care and who doesn't?

Opposition to fast-track health-insurance reform is coming from Obama's own party. Senator Kent Conrad, Democrat of North Dakota and one of six Finance Committee members involved in bipartisan negotiations, said on Fox News Sunday

that the goal is to "get this right," not meet some "specific timetable."

He said the Senate lacks enough votes to pass a bill with a public option. "To continue to chase that rabbit, I think, is just a wasted effort."

There's always room for one more -- the Democrats -- on Obama's blame-game list.

(Caroline Baum, author of "Just What I Said," is a Bloomberg News columnist. The opinions expressed are her own.)

To contact the writer of this column: Caroline Baum in New York at cabaum@bloomberg.net.

Correcting the Untruths About Obama's Health Plan!

By Betsy McCaughey

Obama says: "But keep in mind - I mean this is something that I can't emphasize enough - you don't have to participate. If you are happy with the health care that you've got, then keep it."

THE TRUTH: The health bills now before Congress would force you to switch to a managed-care plan with limits on your access to specialists and tests.

Two main bills are being rushed through Congress with the goal of combining them into a finished product by August. Under either, a new government bureaucracy will select health plans that it considers in your best interest, and you will have to enroll in one of these "qualified plans." If you now get your plan through work, your employer has a five-year "grace period" to switch you into a qualified plan. If you buy your own insurance, you'll have less time.

And as soon as anything changes in your contract - such as a change in copays or deductibles, which many insurers change every year - you'll have to

move into a qualified plan instead (House bill, p. 16-17).

When you file your taxes, if you can't prove to the IRS that you are in a qualified plan, you'll be fined thousands of dollars - as much as the average cost of a health plan for your family size - and then automatically enrolled in a randomly selected plan (House bill, p. 167-168).

It's one thing to require that people getting government assistance tolerate managed care, but the legislation limits you to a managed-care plan even if you and your employer are footing the bill (Senate bill, p. 57-58). The goal is to reduce everyone's consumption of health care and to ensure that people have the same health-care experience, regardless of ability to pay.

Obama says: "I want to start by taking a new approach that emphasizes prevention and wellness so that instead of just spending billions of dollars on costly treatments when people get sick, we're spending some of those dollars on the care they need to stay well, things like mammograms and cancer screenings and immunizations, common-sense measures that will save us billions of dollars in future medical costs."

THE TRUTH: The truth is that the second most prevalent disease of aging -- cancer -- is largely linked to genetics and unknown causes. It's occurrence increases with age. Your risk of being diagnosed with cancer doubles from age 50 to 60 according to the National Cancer Institute.

The risk of some forms of heart disease can be reduced through healthy living. But other forms are linked to genetics. Shifting resources from treatment to prevention will leave patients who become sick inadequately cared for. In addition, virtually all studies show that prevention saves lives but not money. Eighty percent of preventive interventions add to medical costs. The reason is

simple. Most people who take cholesterol lowering drugs or get mammograms wouldn't get sick anyway. Louise Russell, an economist at Rutgers University, concludes that "hundreds of studies have shown that prevention usually adds to medical costs." (Health Affairs, March-April 2009). The evidence is so conclusive that the only people who claim prevention saves money are politicians.



Obama says: "Nobody is talking about reducing Medicare benefits. Medicare benefits are there because people contributed into a system. It works. We don't want to change it."

THE TRUTH: The Congressional majority wants to pay for its \$1 trillion health bills with a \$500+ billion cut to Medicare. This cut will come just as Medicare enrollment increases by 30%. Less money and more patients will necessitate rationing.

The assault against seniors began in February with the stimulus package, which slipped in comparative effectiveness research, generally a code for limiting care based on the patient's age. Economists are familiar with the formula, where the cost of a treatment is divided by the number of years that the patient is likely to benefit. In

Britain, the formula leads to denying treatments for older patients who have fewer years to benefit from care than younger patients.

In a 7/17 letter to House Speaker Nancy Pelosi, White House budget chief Peter Orszag urged Congress to delegate its authority over Medicare to a newly created body within the executive branch. This measure is designed to circumvent the democratic process and avoid accountability to the public for cuts in benefits.

Deadly Doctors O Advisors Want to Ration Care

By Betsy Mccaughey

THE health bills coming out of Congress would put the decisions about your care in the hands of presidential appointees. They'd decide what plans cover, how much leeway your doctor will have and what seniors get under Medicare.

Yet at least two of President Obama's top health advisers should never be trusted with that power.

Start with Dr. Ezekiel Emanuel, the brother of White House Chief of Staff Rahm Emanuel. He has already been appointed to two key positions: health-policy adviser at the Office of Management and Budget and a member of Federal Council on Comparative Effectiveness Research.

Emanuel bluntly admits that the cuts will not be pain-free. "Vague promises of savings from cutting waste, enhancing prevention and wellness, installing electronic medical records and improving quality are merely 'lipstick' cost control, more for show and public relations than for true change," he wrote last year (Health Affairs Feb. 27, 2008).

Savings, he writes, will require changing how doctors think about their patients: Doctors take the Hippocratic Oath too seriously, "as an

imperative to do everything for the patient regardless of the cost or effects on others" (Journal of the American Medical Association, June 18, 2008).

Yes, that's what patients want their doctors to do. But Emanuel wants doctors to look beyond the needs of their patients and consider social justice, such as whether the money could be better spent on somebody else.

Many doctors are horrified by this notion; they'll tell you that a doctor's job is to achieve social justice one patient at a time.

Emanuel, however, believes that "communitarianism" should guide decisions on who gets care. He says medical care should be reserved for the non-disabled, not given to those "who are irreversibly prevented from being or becoming participating citizens . . . An obvious example is not guaranteeing health services to patients with dementia" (Hastings Center Report, Nov.-Dec. '96).

Translation: Don't give much care to a grandmother with Parkinson's or a child with cerebral palsy.

He explicitly defends discrimination against older patients: "Unlike allocation by sex or race, allocation by age is not invidious discrimination; every person lives through different life stages rather than being a single age. Even if 25-year-olds receive priority over 65-year-olds, everyone who is 65 years now was previously 25 years" (Lancet, Jan. 31).

The bills being rushed through Congress will be paid for largely by a \$500 billion-plus cut in Medicare over 10 years. Knowing how unpopular the cuts will be, the president's budget director, Peter Orszag, urged Congress this week to delegate its own authority over Medicare to a new, presidentially-appointed bureaucracy that wouldn't be accountable to the public.

Since Medicare was founded in 1965, seniors' lives have been transformed by new medical treatments such as angioplasty, bypass surgery and hip and knee replacements. These innovations allow the elderly to lead active lives. But Emanuel criticizes Americans for being too "enamored with technology" and is determined to reduce access to it.

Dr. David Blumenthal, another key Obama adviser, agrees. He recommends slowing medical innovation to control health spending.

Blumenthal has long advocated government health-spending controls, though he concedes they're "associated with longer waits" and "reduced availability of new and expensive treatments and devices" (New England Journal of Medicine, March 8, 2001). But he calls it "debatable" whether the timely care Americans get is worth the cost. (Ask a cancer patient, and you'll get a different answer. Delay lowers your chances of survival.)

Obama appointed Blumenthal as national coordinator of health-information technology, a job that involves making sure doctors obey electronically delivered guidelines about what care the government deems appropriate and cost effective.

In the April 9 New England Journal of Medicine, Blumenthal predicted that many doctors would resist "embedded clinical decision support" -- a euphemism for computers telling doctors what to do.

Americans need to know what the president's health advisers have in mind for them. Emanuel sees even basic amenities as luxuries and says Americans expect too much: "Hospital rooms in the United States offer more privacy . . . physicians' offices are typically more conveniently located and have parking nearby and more attractive waiting rooms" (JAMA, June 18, 2008).

No one has leveled with the public about these dangerous views. Nor have most people heard about the arm-twisting, Chicago-style tactics being used to force support. In a Nov. 16, 2008, Health Care Watch column, Emanuel explained how business should be done: "Every favor to a constituency should be linked to support for the health-care reform agenda. If the automakers want a bailout, then they and their suppliers have to agree to support and lobby for the administration's health-reform effort."

Do we want a "reform" that empowers people like this to decide for us?

Betsy McCaughey is founder of the Committee to Reduce Infection Deaths and a former New York lieutenant governor. For more information on the status health care legislation, visit www.defendyourhealthcare.us.

Many of the students also painted crosses on their graduation caps to make a statement of faith. This event follows a lawsuit the ACLU filed against the Santa Rosa County School District, claiming some of the teachers and administration endorsed religion. Liberty Counsel represents Pace High School Principal Frank Lay and clerical assistant Michelle Winkler.

The graduation prayer protest by the students was preceded by a lawsuit filed six months ago by the ACLU. The school district entered into a consent decree, which essentially bans all Santa Rosa County School District employees from engaging in prayer or religious activities. The ACLU alleges that during a dinner event held at Pace High School, Principal Lay asked the athletic director to bless the meal. In another incident, the ACLU alleges that Michelle Winkler's husband, who is not a school board employee, offered prayer at an awards ceremony. Leading up to the graduation ceremony, the ACLU demanded the school to censor students from offering prayers or saying anything religious. The ACLU then charged Principal Lay and Ms. Winkler with contempt of court.

The students at Pace High School were furious with the ACLU hijacking their free speech rights and decided to take a stand at graduation. As soon as Principal Lay asked everyone to be seated at the ceremony, the graduating class remained standing and recited the Lord's Prayer. The ACLU has not taken any legal action yet but has stated that something should have been done to stop the prayer.

Mathew D. Staver, Founder of Liberty Counsel and Dean of Liberty University School of Law, commented: "Neither students nor teachers shed their constitutional rights at the schoolhouse gate. The students at Pace High School refused to remain silent and were not about to be bullied by the ACLU. We have decided to represent faculty, staff and students of Pace High School, because the ACLU is clearly violating their First



Lord's Prayer Offends ACLU

Santa Rosa County, FL - Nearly 400 graduating seniors at Pace High School stood up in protest against the ACLU and recited the Lord's Prayer during their graduation ceremony on Saturday.

Amendment rights. Schools are not religion-free zones, and any attempt to make them so is unconstitutional."

From:

<http://www.lc.org/index.cfm?PID=14100&PRID=815>

At the dinner event in question, this was an adult dinner (although some students were in the same building).

**We Should Promote Energy, Not Tax It
Cap and Trade = Higher Energy Prices
and Lost Jobs
from www.AskHeritage.org**

On June 26, the House of Representatives narrowly passed climate change legislation designed by Henry Waxman (D-CA) and Edward Markey (D-MA). This "cap-and-trade" legislation would ration and tax American energy in the name of fighting global warming-causing millions of American jobs and trillions of taxpayer dollars to be lost, and only slightly cooling global temperatures.

This energy tax would gravely affect our economy. American families and businesses would be burdened with direct and indirect energy costs, as energy prices will skyrocket as a result of the bill:

- * Gasoline prices will rise 58 percent (or \$1.38/gallon)
- * Natural gas prices will rise 55 percent
- * Heating oil prices will rise 56 percent
- * Electricity prices will rise 90 percent

Overall, Waxman-Markey reduces the gross domestic product cumulatively by \$9.4 trillion. In other words, the nation will be \$9.4 trillion poorer with Waxman-Markey than without it. Job losses will be nearly 2.5 million, and a family of

four will pay nearly \$3,000 per year in higher energy and product prices (find out how your state will be affected here).

Domestic Exploration = Lower Energy Prices and Jobs Created

The Department of the Interior (DOI) has proposed 31 new offshore areas to drill located around the country, but the Obama Administration has been stalling the implementation of the program. Geologists estimate that in these areas we will find, at minimum, 86 billion barrels of oil and 420 trillion cubic feet of natural gas. That is over 39 times the amount of oil the United States imports from OPEC each year. This increase in supply would result in lower gas prices and home heating costs for you and your family.

* More American Jobs. According to a 2008 Heritage Foundation study, increasing domestic oil production by 1 million barrels per day would generate 128,000 jobs. At 2 million barrels per day, that figure jumps to 270,000.

* Increased State Revenues. Increasing America's domestic oil production would help states that are struggling to close their annual budget deficit. Developing just a portion of our nation's abundant offshore energy resource base would generate millions of new jobs and billions in additional tax revenue and royalties.

* Increased Energy Access. America imports more than 10 million barrels of oil per day, despite holding vast, untapped reserves. No other country in the developed world with access to an outer continental shelf has even considered locking its abundant resources away, and Americans should make full use of the resources available to it.

To read The Heritage Foundation's full analysis, click here. You can also make a difference in this debate by sending a note to the Department of Interior asking them to move forward with

domestic energy exploration at <http://www.freeourenegy.com>.

ABC's Charles Gibson to Cindy Sheehan: Thanks for your sacrifice. Now get lost.

By Byron York

In an appearance August 18 on WLS radio in Chicago, ABC News anchor Charles Gibson was asked about anti-war protester Cindy Sheehan's plans to travel to Martha's Vineyard next week, where she will protest the Iraq and Afghanistan wars while President Obama is vacationing there. Gibson, whose newscast and network featured Sheehan when she led anti-war protests outside President Bush's Texas ranch in 2005, answered, "Enough already."

That's a remarkably different stance from the one Gibson took four years ago. On August 9, 2005, the ABC anchor conducted an extensive on-air interview with Sheehan. "Cindy Sheehan is her name," Gibson began. "She says she's not moving until the president meets with her, and I had a chance to speak with her a few minutes ago. Cindy Sheehan, bottom line, what do you hope to accomplish with all this?" During the next week, Gibson and ABC continued to cover Sheehan. On August 17, 2005, when Sheehan left Crawford, Gibson reported, "We're going to turn next to the standoff that is playing out near President Bush's ranch in Crawford, Texas. Cindy Sheehan, you know, the mother who lost a son in Iraq, is now on the move, but she's still standing her ground. ABC's Geoff Morrell is in Crawford with the details." The next day, Gibson reported, "All across the country last night, people held candlelight vigils in support of Cindy Sheehan." Sheehan was mentioned in several other ABC newscasts, as well.

This week, after the Washington Examiner reported that Sheehan will be protesting on Martha's Vineyard (see here and here), WLS radio host Don Wade, noting all the coverage that

Sheehan received in 2005, asked Gibson "whether we're going to see some coverage of Cindy Sheehan. do you suppose Cindy is going to make the news again?"

Gibson's answer was sympathetic but clear: No. "I gather she's going back to Martha's Vineyard," Gibson began.



It's such a sad story. Martha Raddatz [of ABC News] wrote a terrific book about one battle that took place in Iraq, and it was the battle in which Cindy's son was killed. And you look at somebody like that and you think here's somebody who's just trying to find some meaning in her son's death. And you have to be sympathetic to her. Anybody who has given a son to this country has made an enormous sacrifice, and you have to be sympathetic. But enough already.

You can listen to the entire interview here.

This week a number of observers have wondered whether the press will cover Sheehan now that she is protesting a war run by Barack Obama as opposed to George W. Bush. Gibson's interview strongly suggests it won't happen.

Gibson had a different attitude toward Miss Sheehan during the Bush administration, as chronicled below:

<http://newsbusters.org/blogs/brent-baker/2009/08/20/flashback-when-gibson-was-enthralled-cindy-sheehan>

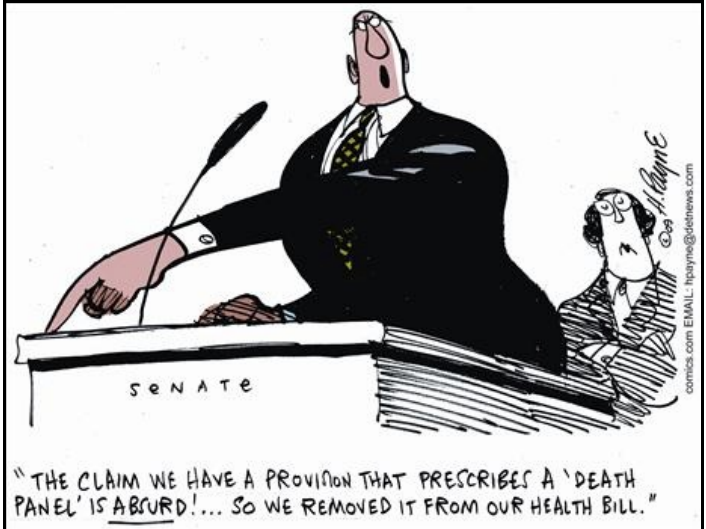
Links

This is quite good; it is all about iconography; take my word for it, this is fascinating:

http://www.pjtv.com/video/Afterburner_with_Bill_Whittle/ The_Power_%26_Danger_of_Iconography%3A_The_Resistance_Steals_Obama%27s_Weapons/2317/?jsessionid=abchYjr2GxVfdO-e16ms

Greta had an excellent point-counterpoint on the Whole Foods controversy:

http://www.foxnews.com/story/0,2933,541283_00.html



If you want to read the House or Senate bill, here they are:

<http://www.defendyourhealthcare.us/houseandSenatebills.html>

Even without Obama-care, doctor shortages are expected:

<http://blog.heritage.org/2009/08/19/can%E2%80%99t-find-a-doctor-obamacare-will-only-make-it-worse/>

NY Governor Paterson blames racism for calls for him to take himself out of the race (I think the real problem is not having enough t's in his name):

http://www.nydailynews.com/news/2009/08/21/2009-08-21_gov_david_paterson_blames_race_for_.html

http://www.nypost.com/seven/08222009/news/regionalnews/paterson_whines_racism_185821.htm

A cartoon appropriately named the Paterson Tax Plan:



Additional Sources

Gibbs suggests that Obama is comfortable with being a one-term president.

<http://www.breitbart.tv/gibbs-obama-willing-to-be-one-term-president-to-pass-his-agenda/>

House Speaker Pelosi says a public health care system is imperative:

<http://www.bloomberg.com/apps/news?pid=20601087&sid=aFlyTVjB3cX0>

House majority leader Hoyer says public option may have to go:

<http://www.politico.com/news/stories/0809/26335.html>

General Motors floats loans to dealers waiting on government cash for clunkers payouts:

<http://www.autoblog.com/2009/08/20/gm-to-reimburse-dealers-until-cash-for-clunkers-rebates-arrive/>

Ted Kennedy and political expediency:

<http://online.wsj.com/article/SB10001424052970204884404574362541012511408.html>

If you are looking to buy Obama merchandise, just click on over to the NBC news store:

http://www.nbcuniversalstore.com/?v=nbc_nbc-news&ecid=PRF-TV2-100265&PA=PRF-TV2-100265

Rifqa Bary video and story:

<http://www.jihadwatch.org/archives/027200.php>

The Rush Section

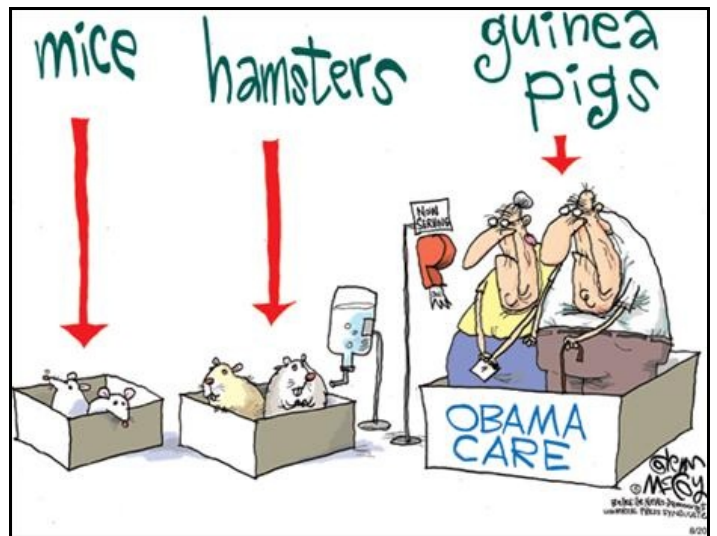
Socialized Health Care will Change Fabric of America Forever

RUSH: Gretchen in Long Beach, Mississippi. I'm glad you called. You're on the EIB Network. Hi.

CALLER: Hey. Hi, Rush. Listen my point is I'm a nurse -- and from my experience, and I've worked in hospitals, and I know doctors' offices. Besides technology, just setting that aside -- and Americans love technology; I love it -- health care is expensive because the government makes it expensive.

RUSH: That's right.

CALLER: They are burdensome. If you go to any doctors office, any internist and see the amount of stuff -- I don't mean to say "stuff" -- training, paperwork, filing that just maybe one staff member that man's or woman's office has to contribute to Medicare or to Medicaid that are taking those cases, it's outrageous. It's a burdensome cost. It ties their hands. The overhead goes through the roof. That's why doctors, some of them, started restricting their Medicare patients because they can't afford to take it because it's a loss. All Medicare patients are always a loss to any office, and a doctor's office is a small business. They have to give their employees a raise. They are required -- they are mandated -- for continuing education for themselves and their staff, their nurses that they have.



These are all mandates. They also want to keep their employees, so they want to give their good employees a raise. Most small businesses, most doctors' offices want to take good care of their employees. But when you're constantly taking a loss over time, and you're not getting any kind of a break or any kind of a nothing -- and believe me, if you mess up on any of these documents, they will be there. Not only to go over your books, to go over your filing, you will have your fines and your penalties and everything else that you have to deal with the federal government. I mean, think of what happened in New York and in California a couple of times. Doctors absolutely just in some places were shutting down for the day, as a protest. But this is a major cost. You have bureaucrats who know nothing about health care, know nothing about medicine works, how nursing works, how physical therapy works, what needs to be done, telling people how to do things and it's ridiculous.

RUSH: Exactly. Exactly, Gretchen. Because what's going to happen here is people are just going to be become budget items. Your story about doctors refusing more and more to see Medicare patients is exactly illustrative of that and that is happening all over the place. Doctors are looking at patients as budget items. "I can't afford to see this budget item. This budget item, I can't afford it. This budget item isn't going to pay me enough to compensate me to pay my employees so I'm going to opt out," and you talk about these bureaucrats and the way they look at this? It's all just going to become budget items. The whole relationship that Americans have with their doctors and so forth is going to change forever under this. It's going to become entirely impersonal. So it's an excellent point that you make. I'm glad you called. I really appreciate your holding on, too. People have been very patient today.

Let's pay attention to a little-known fact. Few of you heard of a bill that passed through the House of Representatives before they took their break

this month. Very few of you heard about it. It's called "The Waxman-Markey Climate Change Bill." It's one of the Obama administration's agenda items implementing a cap-and-trade limit on tens of thousands of businesses, if not more -- and we learned today that the first major case of tax fraud in the European Union cap-and-trade program, these guys (laughing), they were fraudulently trading and reporting on their trades. They were not investing in the offsets, they were taking the money instead and buying lavish cars and vacations and so forth, it's another disaster waiting to happen. If you believe in global warming, you believe that government should put a "cap" on the amount of energy and emissions that each of them can produce. If businesses are very productive, profitable and want to grow, they have to trade for other people's allowances of carbon credits under the cap-and-trade program -- and sitting right there in the middle is Wall Street. Trades, like stock trades. Somebody's going to get really rich trading all these carbon credits. (whispers) "Goldman Sachs! Ahem. Now, there is an energy cost on that expansion imposed by the government, has to be paid for by somebody and that somebody is you. The Heritage Foundation is the one organization I know and trust that has a full breakdown on just what the cap-and-trade bill is going to cost all of us. As I have continued to urge you: Support the Heritage Foundation and their work by becoming a member for as little as \$25 a year. A lot of members give more than that after a while because they so appreciate what the Heritage Foundation thinkers do, and they want them to keep thinking out there. You, too, can immediately benefit from all of the research that they provide as legislation moves through Washington. You'll never be in the dark.

RUSH: Jonathan in Peoria, Illinois, thank you for calling. Great to have you on the EIB Network. Hello.

CALLER: Hi Rushie, all right. Good to talk to you. Quick question, since there's not much time left. If we pay for our health care ourselves, would it bring costs down?

RUSH: Yeah. It would. If you get some other players out of the game, yeah, of course.

CALLER: What do you mean by other players? I'm sorry.

RUSH: Government. Get the government out of it, get the government, their stupid regulations, get the government out of Medicare. Look, the only way that cost price ratios make sense is based on the consumer's ability to pay. There has to be a direct relationship between the customer and the business at the surface.

CALLER: Okay. I just broke my wrist and it's costing me \$6,000. I can't afford that.

RUSH: Well, you shouldn't have broken your wrist.

CALLER: (laughing) That's true.

RUSH: You know why it costs \$6,000? Because you technically aren't paying for it. An insurance policy is paying for it backed up by some government insurance policy or what have you. Do you travel? Do you stay in hotels?

CALLER: Yeah.

RUSH: All right, what if you checked into -- I assume you got pretty good coverage here on your wrist, the surgeon was pretty good doing what he did --

CALLER: Yeah, but I can't afford to pay for it.

RUSH: Well, imagine you walk into the nearest Radisson Hotel, and they say, "Okay, the room is \$5,000 bucks tonight," and you say, "Okay, no problem, because I've got hotel insurance, my

insurance company is going to pay for it." The reason that motels, hotels, airplane tickets, cars, whatever, cost what they cost is because they're priced on the ability of the consumer to pay it. That's not the case in health care and the only way to get costs down is to introduce genuine competition, and the way you do that is called a health savings account, and this is a very broad explanation of it, but the way the health savings account works is you take the money that you were already being taxed and the money that you were already being given by your employer, being paid by your employer to fund your health insurance, they give you that in the form of a voucher, and when you have a standard, ordinary procedure, you want to get a checkup, you go to the doctor that you trust the most, that charges the least, and you pay for it, and at the end of the year you get to keep whatever you haven't spent on your health care. You incentivize people to go spend as little as they can for the best they can get, which is the standard operating procedure of American capitalism. And then when you have major catastrophic stuff, that's what the insurance ought to be for.

<http://fixhealthcarepolicy.com/>

Refuting Obama's Lies about "Lies"

RUSH: Obama yesterday in Washington had a conference call with the National Council of Churches. He tried to refute four "lies" people are telling about his health care plan. So what we did is we found audio to prove that every one of these "lies" is true. I don't have time to get started with the audio right now but one of the things that he says is... Well, rather than try to summarize this I'm just going to wait 'til we have time in the next segment to actually play these things. But he does lament all of these ludicrous "lies;" the divisive, deceptive attacks on his plan; and we are our brother's keeper and so forth. The first "lie" he tackles is death panels, whether elderly people get to live or die. He said that is

just "an extraordinary lie," and it's not just the elderly and whether they live or die. It is anybody who's sick, seriously sick, regardless of age. There can be no other way around this. This is why this man is detached. He's not even responding to the truthful criticisms in a persuasive way. He's sticking with his line on this from four or five months ago.

RUSH: Let's get into some of these lies, or Obama refuting the lies. We won't be able to go through all of this but we'll get a good start here. This was yesterday in Washington, a conference call, the National Council of Churches and here's part of what he said in his opening remarks.

OBAMA: We are closer to achieving that reform than we have ever been and that's why we're seeing some of the divisive and deceptive attacks. You've heard some of them. Uh, ludicrous ideas for, ehh... Let me just give you one example. This notion that somehow we are setting up "death panels," uh, that would decide whether elderly people get to live or die. That is just an extraordinary lie.

RUSH: Look, it doesn't say "death panels" in there, but he's going to set up a commission. He wants to take over the control which currently resides in Congress of deciding how much money is spent, Medicare and Medicaid, and on whom. That already exists! He wants to take it over from Congress, have it run out of the executive branch with a commission of people that he's already talked about setting up making these decisions. So it doesn't say "death panels" in there but, look, common sense and common sense. You don't spend health care money on the healthy. You don't spend any money on the healthy. You spent it on the sick and they're going to cut back, they have to cut back he even says we gotta get our health care costs down there's only one way to do that and that's stop spending as much money on the sick, and it's just a logical progression to figure out how do you get back

money being spent on the sick. But let's use his own words.

Let's go back to June 24th, the ABC primetime infomercial for Obama. This is the woman who stood up and said, "I got a 105-year-old mother. When she was 100, she needed a pacemaker, and a bunch of doctors said, "Naw, a hundred is too old. I'm not going to do that." She finally found a doctor, a specialist that would do it because this specialist recognized in this 100-year-old woman a spunk, a spirit, and a will to live. So he put the pacemaker in. And this woman shows up and actually asks Obama, the president of the United States: Are you going to allow for considerations being given to the desire to live, the spunk, the spirit of elderly people when it comes to medical procedures?

OBAMA: I don't think that we can make judgments based on people's "spirit." Uh, that would be, uh, a pretty subjective decision to be making. I think we have to have rules that, uh, say that, uh, we are going to provide good quality care for all people. End-of-life care is one of the most difficult sets of decisions that we're going to have to make. But understand that those decisions are already being made in one way or another. If they're not being made under Medicare and Medicaid, they're being made by private insurers. At least we can let doctors know -- and your mom know -- that you know what, maybe this isn't going to help. Maybe you're better off, uhh, not having the surgery, but, uhh, taking the painkiller.

RUSH: Now, how are we supposed to interpret this? "Maybe you're better off not having the surgery. Maybe we can let doctors know..." We can let doctors know. Who? His commission. The death panel. They sure as hell are not life panels! The death panel. The commission's going to "let doctors know, your moms know, you know what, maybe this isn't going to help maybe you're better off not having the surgery," we say to the 100-year-old mother, grandmother,

"maybe just take the pain pill." What the hell? This is clear as a bell. That's lie one that he claims is being lied about, and we just refuted it.

RUSH: Now, this next attempt by Obama to say people are lying about his plan is a little tricky here, but I'm going to make the point anyway. Here's what Obama said on the conference call to the National Council of Churches.

OBAMA: We've heard that this is all designed to provide health insurance to illegal aliens, and that's not true.

RUSH: Well, back on July 22nd at the White House, Obama said.

OBAMA: This is not just about the 47 million Americans who don't have any health insurance at all. Reform's about every American who has ever feared that they may lose their coverage if they become too sick, or lose their job, or change their job.

RUSH: All right, 47 million Americans. We're not going to insure illegal aliens. Two points, we already do in several states. Do you remember, what was it, Prop 186 out here in California, Brian, was about all the health benefits and school coverage that the illegals were getting and people said, "No, we're not paying for this anymore," and the judge said you can't do it, it's unconstitutional. We're already giving health care in some states. But here's the sticking point. The 47 uninsured figure includes about 12 to 14 million illegal aliens. If you take them out the 47 million drops proportionately and then there are young people who actively choose to not buy it. It's not that they can't get it. They just don't want it.

So the number of truly uninsured people -- we've run the numbers on this -- uninsured people who want it but don't have it is 12 million. You can insure 12 million people for one year for \$30 billion, and you could take it out of the unspent

stimulus money. It's not even about insuring the uninsured. This is just a smoke screen. But if he's going to bandy the 47 million uninsured figure around somebody's gotta tell him that that number includes illegal aliens and that we already do. Hell, we give 'em preferential treatment on college tuition admissions, and they get health care in any number of places, especially at the emergency room. Here is another thing that really upsets Obama.

OBAMA: You've heard that this is all going to, uh, to mean government funding of abortion. Not true.

RUSH: You've heard, uh, uh. Stuttering on this one quite a bit. It's all going to mean government funding of abortion, not true. Let's go back, July 17th, 2007, Obama spoke to Planned Parenthood. During the Q&A, the Planned Parenthood CEO, Bryan Howard, had a question. Now, remember, Planned Parenthood is in the abortion business. Planned Parenthood supports the Obama health care plan or whatever the plan is in the House, they support the overhaul. So here's the question from Bryan Howard, the CEO of Planned Parenthood which is in the abortion business, "You know that rights and access and rights and ability have to go hand in hand and we know that health care reform is an important part of your agenda. Could you talk and give us some specifics about how reproductive health care and women's health care is going to fit into and be part of primary care for women in your plan, and how Planned Parenthood, as a safety net provider --" the safety net means in case you get pregnant, you don't want to get pregnant, safety net, hey we'll abort the kid for you. "-- can you tell us how we are going to be a part of your safety net for women and families across the country?"

OBAMA: In my mind, uh, reproductive care is essential care. It is basic care. And so it is at the center and at the heart of the plan that I propose. Essentially what we are doing is to say that we're

going to set up a public plan that all persons and all women can access if they don't have health insurance. It will be a plan that will provide all essential services, including reproductive services.

RUSH: There you go.

OBAMA: We also will subsidize those who prefer to stay in the private insurance market, except the insurers are going to have to abide by the same rules in terms of providing comprehensive care, including reproductive care.

RUSH: Sorry, Mr. President, we're not lying. I mean not only is he saying that all persons and all women can access reproductive care. We already cover every other form of reproductive care: prenatal, postnatal, we cover all that. The only thing that can be talked about here is abortion, and when Planned Parenthood's involved, we know that they're asking here about abortion, and they're talking in code lingo. So, Mr. President, it is not a lie that federal tax dollars are going to be used to pay for abortions and not just in the public option. He says here that we will subsidize those who prefer to stay in the private insurance market except the insurers are going to have to abide by the same rules, they're going to have to provide insurance for abortion as well. He can tell us that we're lying, but he's the one who is. And this is what I mean when I say he's detached. He is just not addressing the realities of this as the realities are being thrown up. We got one more of these to go, and he says you've heard that this is a government takeover of health care. That's not true. Here's cut 13 where he says, oh, yeah, it is government.

OBAMA: My commitment is to make sure that we've got universal health care for all Americans by the end of my first term as president. I don't think we're going to be able to eliminate employer coverage immediately. There's going to be potentially some transition process. I can

envison a decade out or 15 years out or 20 years out.

RUSH: So he's God's partner in life and death, the problem is we can trust God. We cannot trust Obama. He is lying through his teeth about this. You've heard the government takeover health care, not true. But he wants single payer. He wants it by the end of his first term and certainly in 15 or 20 years.

RUSH: Look, folks, even if abortion and illegal coverage is not actually in the House bill, if it's not mentioned, the Supreme Court will see to it they get coverage. The Supreme Court's already ruled that illegal aliens have all citizen rights, and Obama knows this. We have noted before he always hid behind eventual SCOTUS rulings when voting for or against something like infanticide. He always said the Supreme Court will strike it down. He's doing the same thing here but not admitting it. He fully expects all of this to happen.

Obama-care contradictions:

<http://online.wsj.com/article/SB10001424052970203550604574360541357223298.html>

Even McClatchy News questions Obama's truthfulness (story and video):

<http://www.mcclatchydc.com/homepage/story/74035.html>

Obama Revives VA Death Book

RUSH: Now, folks, Obama says there aren't death panels. He pooh-poohs the notion that there aren't death panels here. The Wall Street Journal has an interesting report. "If President Obama wants to better understand why America's discomfort with end-of-life discussions threatens to derail his health-care reform, he might begin with his own Department of Veterans Affairs

(VA). He will quickly discover how government bureaucrats are greasing the slippery slope that can start with cost containment but quickly become a systematic denial of care. Last year, bureaucrats at the VA's National Center for Ethics in Health Care advocated a 52-page end-of-life planning document, 'Your Life, Your Choices.'"

The VA has a 52-page end-of-life planning document. It has a name. It's called the "Death Book," and what has happened here, George W. Bush suspended the use of the Death Books last year. Obama has reinstated the Death Book! "After the Bush White House took a look at how this document was treating complex health and moral issues, the VA suspended its use. Unfortunately, under President Obama, the VA has now resuscitated 'Your Life, Your Choices.'" So it's called "Your Life, Your Choices." That's what it's actually called. But it's a Death Book. And it "presents end-of-life choices in a way aimed at steering users toward predetermined conclusions ... [A] worksheet on page 21 lists various scenarios and asks users to then decide whether their own life would be 'not worth living.'"

I have page 21 right here in my formerly nicotine-stained fingers. Page 21 from the Death Book, from the VA, reinstated by Obama. "What makes your life worth living? Instructions: This exercise will help you think about and express what really matters to you. For each row, check one answer to express how you would feel if this factor by itself described you," and there are, you know, A through S here. Here's A. "I can no longer walk but get around in a wheelchair." Life like this would be: "difficult, but acceptable; worth living, but just barely; not worth living; can't answer now," and the people reading the book are supposed to check off which of these things apply. So, "a. I can no longer walk but get around in a wheelchair." Eh, difficult. I could take it. It's worth living, but just barely. Not worth living.

"b. I can no longer get outside -- I spend all day at home." Can you...? You're asked to say, you know, to hell with it. I don't want to live that way. It's the it's not worth living if I can't leave my house. Hell! "c. I can no longer contribute to my family's well-being." Eh, that's not worth living. "d. I am in severe pain most of the time. e. I have severe discomfort most of the time (such as nausea, diarrhea, or shortness of breath)." My God, that can happen when you're constipated! So you're sitting here saying, "Okay, I'm constipated. Life's not worth living." Well, you don't have diarrhea when you're constipated until you do the fix.

"f. I rely on a feeding tube to keep me alive." Eh, that's not worth living. "g. I rely on a kidney dialysis machine to keep me alive. h. I rely on a breathing machine to keep me alive. i. I need someone to help take care of me all of time. j. I can no longer control my bladder. k. I can no longer control my bowels. l. I live in a nursing home." I live in a nursing home. Yeah, that's difficult but acceptable. Worth living but just barely. Not worth living. "m. I can no longer think clearly -- I am confused all the time." That describes half the population. "n. I can no longer recognize family/friends." That sometimes could be a blessing.

"o. I can no longer talk and be understood by others. p. My situation causes severe emotional burden for my family (such as feeling worried or stressed all the time). q. I am a severe financial burden on my family. r. I cannot seem to 'shake the blues,'" and then there's a section, "s. Other (write in)." Here are the instructions: "To help others make sense out of your answers, think about the following questions and be sure to explain your answers to your loved ones and health care providers. If you checked 'worth living, but just barely' for more than one factor, would a combination of these factors make your life 'not worth living?' If so, which factors? If you checked 'not worth living,' does this mean that you would rather die than be kept alive?"

"If you checked 'can't answer now,' what information or people do you need to help you decide?" What makes your life worth living, and here are the things they want you to assess in the VA Death Book, and Obama has the audacity to say that in his health care plan -- and he reinstated this. Bush killed it. Obama reinstated it. He has the audacity to say that there aren't anything called death panels or such things in his health care plan, and he's asking veterans to basically say, "You know what? I want to check out. To hell with this! I live in a nursing home. Screw it! Pull the plug. Where is Dr. Kevorkian?" This thing is obsessed with death. It's obsessed with you deciding, or maybe some influence, that your life isn't worth living. There's nothing positive in this.

It's not, "In these circumstances, what would it take to make you want to live?" Nothing. It's all about: "What's it gonna take for us to get rid of you, with you making the decision?" And, by the way, regardless your decision, we're going to be making it for you because of money. You're going to become a budget statistic. People's fears are justified. You know, this is simple. This is not a complicated thing for people to understand, and that's why he's having major problems with this. The VA Death Book brought back to life by President Barack Obama.

Wall Street Journal on the Death Book:

<http://online.wsj.com/article/SB10001424052970204683204574358590107981718.html>

Hot Air on the Death Book:

<http://hotair.com/archives/2009/08/20/ws-jva-pushes-vets-to-consider-death-as-an-alternative-to-treatment/>

A link to a pdf of the VA's *Death Book*:

http://www.rihlp.org/pubs/Your_life_your_choices.pdf

Additional Rush Links

WSJ: Fix for Obama-care: *split the bill*:

<http://online.wsj.com/article/SB125072573848144647.html>

Killing Obamacare 'Death panels' cuts to the chase, which is the only way Democrats can be stopped. By Andrew C. McCarthy

<http://article.nationalreview.com/?q=NTAwNTIwODgzOWJhYjI0ZTZlMGQ4MTMzZWVmMWNlNWU=>

What is really in the health care bill?

<http://www.classicalideals.com/HR3200.htm>

US Life expectancy goes up, but health care still sucks in America:

<http://www.washingtonpost.com/wp-dyn/content/article/2009/08/19/AR2009081904131.html>

VA workers get \$24 million in bonuses:

http://news.yahoo.com/s/ap/20090821/ap_on_go_ca_st_pe/us_veterans_bonuses

How the Waxman-Markey climate change bill will affect your state (cool graphic):

<http://blog.heritage.org/2009/08/12/how-waxman-markey-will-affect-your-state/>

World temperature drop, as reported by McClatchy news:

<http://www.mcclatchydc.com/226/story/74019.html>

MIT scientist says that CO2 is irrelevant to the climate debate:

<http://www.examiner.com/x-7715-Portland-Civil-Rights-Examiner~y2009m8d18-Carbon-Dioxide-irrelevant-in-climate-debate-says-MIT-Scientist>

Candle-lit dinners add to pollution:

<http://www.washingtontimes.com/news/2009/aug/19/study-candle-lit-dinners-emit-pollution/>

Obama administration shifts from ownership society to a rent-it society:

http://www.boston.com/news/nation/washington/articles/2009/08/16/president_shifts_focus_to_renting_not_owning/

Perma-Links

Since there are some links you may want to go back to from time-to-time, I am going to begin a list of them here. This will be a list to which I will add links each week.

Conservative Websites:

<http://www.moonbattery.com/>

<http://www.rockiesghostriders.com/>

<http://sweetness-light.com/>

www.coalitionoftheswilling.net

<http://shortforordinary.com/>

Flopping Aces:

<http://www.floppingaces.net/>

The Romantic Poet's Webblog:

<http://romanticpoet.wordpress.com/>

Global Warming:

<http://www.noteviljustwrong.com/trailer>

Blue Dog Democrats:

<http://www.house.gov/melancon/BlueDogs/Member%20Page.html>



This looks to be a good source of information on the health care bill (s):

<http://joinpatientsfirst.com/>

Undercover video and audio for planned parenthood:

<http://liveaction.org/>

The Complete Czar list (which I think is updated as needed):

<http://theshowlive.info/?p=572>

This is an outstanding website which tells the truth about Obama-care and about what the mainstream media is hiding from you:

<http://www.obamacaretruth.org/>

Great business and political news:

www.wsj.com

www.businessinsider.com

Politico.com is a fairly neutral site (or, at the very worst, just a little left of center). They have very good informative videos at:

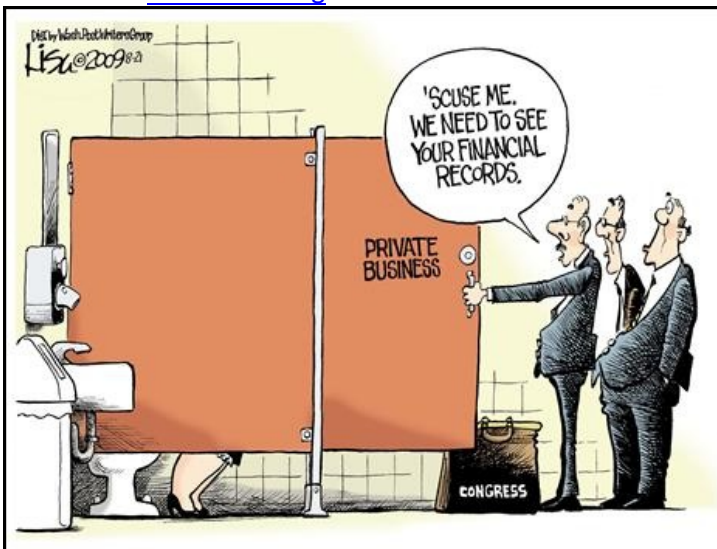
<http://www.politico.com/multimedia/>

Great commentary:

www.Atlasshrugs.com

My own website:

www.kukis.org



Congressional voting records:

<http://projects.washingtonpost.com/congress/>

On Obama (if you have not visited this site, you need to check it out). He is selling a DVD on this site as well called *Media Malpractice*; I have not viewed it yet, except pieces which I have seen played on tv and on the internet. It looks pretty good to me.

<http://howobamagotelected.com/>

Global Warming sites:

<http://ilovecarbondioxide.com/>

35 inconvenient truths about Al Gore's film:

<http://www.youtube.com/watch?v=V5J7JNfLYco>

Islam:

www.thereligionofpeace.com

Even though this group leans left, if you need to know what happened each day, and you are a busy person, here is where you can find the day's news given in 100 seconds:

<http://www.youtube.com/user/tpmtv>

This guy posts some excellent vids:

<http://www.youtube.com/user/PaulWilliamsWorld>

HipHop Republicans:

<http://www.hiphoprepublican.blogspot.com/>

And simply because I like cute, intelligent babes:

<http://alisonrosen.com/>

The Latina Freedom Fighter:

<http://www.youtube.com/user/LatinaFreedomFighter>

The psychology of homosexuality:

<http://www.narth.com/>

Liberty Counsel, which stands up against the A.C.L.U.

www.lc.org

Health Care:

<http://fixhealthcarepolicy.com/>

Betsy McCaughey's Health Care Site:

<http://www.defendyourhealthcare.us/home.html>

