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The far left’s campaign to hijack the nation’s health care system is diabolically clever. Mr. Obama is the increasingly scary pitchman whose game is “hide the ball.” He diverts attention from the malfeasance of congressional co-conspirators who draft abortion and euthanasia bills which carefully avoid trigger words such as words “abortion” and “euthanasia.” These Culture-of-Death lawmakers quietly confer on unelected bureaucrats the authority to later broaden abortion access and ration elder care (amounting to constructive euthanasia). All-the-while, the state-run media parrots White House talking points and Democrat Members of Congress hide from constituents whose patriotism and virtue they question when any dare resist.

But the numbers of resisters are growing by the day. Americans don’t want to pay for mandatory insurance which defines baby-killing as “essential care.” They are turning against “end-of-life” counseling which is more coercive than consultative. It is becoming increasingly clear that this horrifying plan is designed to reduce the numbers of preborn children who can ruin their parents’ careers and the numbers of elderly parents who can spoil their children’s retirements.

ABANDONING OUR WOUNDED

Mr. Obama disingenuously denies all this and dodges legitimate criticism of his plan by mocking his most extreme and careless critics for assertions concerning “death panels.” Meanwhile, he names as a high level, White House, health care advisor, a controversial academic named Ezekiel Emanuel. Dr. Emanuel once discussed denying care to people with dementia, for which callous remark he is now being defended by lefty bloggers like Alex Koppelman (Solon.com, “Ezekiel Emanuel, Obama’s ‘Dr. Death,’” August 10, 2009).

Mr. Koppelman argues that Dr. Emanuel prefaced his rationing comment with the qualifying statement that

he was making the remark “without fully defending it.” I read the entire article and it was cold comfort to learn that he was only partially defending such cruelty. An unambiguous denunciation of care being denied to the demented might have avoided much of this criticism but it could also have hinted that Dr. Emanuel believes issues of this sort involve moral absolutes. In academic circles, that is heresy for which the only expiation would be assisted suicide (with tenure committees and peer-review publishing panels providing the assistance). He complains that his remarks have been unfairly lifted from the context of the writings in which they appeared (and the larger body of work he has authored over the span of his career) but I can’t imagine the context which could mitigate his excesses. I could find nothing in this article or any of the other quotes attributed to him which suggest that his view of resource allocation is other than utilitarian.

This is the same Dr. Emanuel who, according to Mr. Koppleman, told the *Washington Post* in 2006, that when it comes to steering scarce medical resources away from the aged, “Most people have the intuition to say ‘give it to my 19-year-old. I got to 65. I’ve lived a good life.’” That isn’t end-of-life rationing? Mr. Koppleman also explains that Dr. Emanuel is actually against euthanasia and assisted suicide. Big deal. More and more Americans are coming to realize that economically motivated rationing can produce what amounts to assisted suicide and that with even subtle pressure, assisted suicide can quickly morph into functional euthanasia. This sort of tap-dancing is reminiscent of Ms. Sotomayor’s struggle to rationalize her “wise Latina” conceits. No wonder the American Association of Retired Persons was quick to deny Mr. Obama’s false claim that they had endorsed his plan.

“REDUCING ABORTIONS” BY GIVING THEM AWAY

Nor is Mr. Obama telling the truth about health care reform and abortion. Trying to change the subject with the Pope, the Vatican claims (Reuters, “Obama tells pope he wants to reduce abortions in the U.S., July 10, 2009) that he warmly assured the Pontiff “he would do everything possible to reduce the number of abortions in the United States” But the National Right to Life Committee (NRLC) said (in a press release, July 20, 2009) that “These bills would result in federally mandated coverage of abortion by nearly all health plans, federally mandated recruitment of abortionists by local health networks, and nullification of many state abortion laws. They would also result in federal subsidies for abortion on a massive scale.” The release adds that “... provisions contained in the two bills will invariably be construed by administrators and the federal courts, to require coverage of elective abortion, unless Congress explicitly excludes abortion [which Congressional leaders have repeatedly refused to do].

But who knew? The Associated Press (“Government insurance would allow coverage for abortion,” August 5, 2009) reports that “Since abortion is a legal procedure, experts on both sides say not mentioning it would allow health care plans in the new insurance exchange to provide unrestricted coverage.” The article adds that “Abortion opponents are seeking a prohibition against using any federal subsidies to pay for abortions or for any costs of any health plan that offers abortion. Such a proposal was voted down by the House Energy Committee”

The *Los Angeles Times*, July 28, 2009, ran a story headlined “Abortion may further stall health reform,” in which our evasive president was exposed for trying to change the subject and stifle debate. When asked about abortion and health care reform, the *LA Times* quoted him as telling CBS News, “I think that it’s appropriate for us to figure out how to just deliver on the cost savings [changing the subject] and not get distracted by the abortion debate [ending the discussion].” Naturally, he doesn’t want to “debate” abortion. Our “transparent” president only wants to ram it down our throats before anyone has had time to read the bills which mandate abortion coverage for every American woman, paid for with every American’s tax dollars and every American’s insurance premium. But Mr. Obama’s front-man keeps trying to dodge the issue: “When asked about abortion prohibitions in the bill, White House spokesman Robert Gibbs said last

week that ‘a benefit package is better left to experts in the medical field to determine how best and what procedures to cover.’”

Who are those “experts” APNewsMyWay.com (“Government insurance would allow coverage for abortion,” August 5, 2009) reports that “As the House and Senate bills stand now, the decision to offer abortion coverage in the public plan would be made by the Health and Human Services (HHS) secretary.” That “secretary” happens to be Kathleen Sebelius, who began her tenure at HHS by forcing pro-life health care professionals to provide, against their will, drugs and devices which kill human embryos. As governor of Kansas, she vetoed attempts to limit access to late-term abortion. She also took hundreds of thousands of dollars in campaign contributions from the infamous late-term abortionist George Tiller, for whom, among others, she hosted a reception in the capital. Does anyone doubt that this unelected pro-abort bureaucrat was nominated and confirmed to ensure that abortion will be ordered into the “basic benefits” package, whether voters like it or not?

As the National Right to Life Committee (NRLC) noted in April of this year, the *Chicago Tribune* carried a story on July 18, 2007 headlined “Democrats Pledge Support for Wide Access to Abortion.” It reported that when “Asked about his proposal for expanded access to health insurance, Obama said it would cover ‘reproductive-health services.’ Contacted afterward, an Obama spokesman said that included abortions.”

HumanEvents.com pointed out on July 1, 2009 (“Abortion by Any Other Name is in the Health Care Bill”) that Hillary Clinton, speaking for the Obama Administration before Congress in April, said, “‘We happen to think that family planning is an important part of women’s health and reproductive health includes access to abortion’”

Euro-style health care advocates, of course, dishonestly deny that federal money will be used to pay for abortions. Congressman John Dingelle robotically repeated the White House propaganda at a town hall meeting in Detroit. The ApNewsMyWay.com article (“Government insurance would allow coverage for abortion,” August 5, 2009) cited above reports the disinformation:

A compromise approved by a House committee last week attempted to balance questions of federal funding, personal choice and the conscience rights of clinicians. It would allow the public plan to cover abortion but without using federal funds, only dollars from beneficiary premiums. Likewise, private plans in the new insurance exchange could opt to cover abortion, but no federal subsidies would be used to pay for the procedure.

“‘It’s a sham,’ said Douglas Johnson, legislative director for NRLC. ‘It’s a bookkeeping scheme. The plan pays for abortion and the government subsidizes the plan.’” This sort of “smoke and mirrors” recalls to mind Planned Parenthood’s frequent and fraudulent promise that government money appropriated to abortion providers won’t be used to provide abortion. Who cares which ledger column gets used to book the expenditure? Government money which abortionists receive for STD testing frees up donations and fees for service which can then be used to finance abortions. The AP article (“Government insurance would allow ...”) reports that “Abortion opponents say [ideally] private plans in the insurance exchange could be allowed to cover abortion, but only if it is offered under a separate, supplemental policy that individuals would have to buy on their own.”

STEALTH VERSION OF “FREEDOM OF CHOICE” ABORTION BILL

How radically would socialized medicine expand abortion access? WikiAnswers.com estimates that there are 300 million Americans, and roughly 255 million have health insurance. That means about 85% of Americans have coverage. *The Washington Post* reported on July 28, 2009 (“Debate focuses on a satisfied majority”) that 83% of them are “satisfied” with that coverage. Wikipedia cites a 2007 Kaiser study which

found that about 60% of Americans receive health insurance through their employers (assumedly leaving about 25% who get their insurance from other sources). The AP article headlined “Government insurance would allow coverage for abortion” refers to a 2003 Kaiser survey “... which found that 46% of workers in employer plans had coverage for abortion.” That would mean that about half of 60%, or 30%, of Americans currently have abortion coverage through their employers.

The aforementioned AP article asserts that under ObamaCare, “... most Americans could end up getting their coverage through the exchange,” which will mandate abortion coverage. The public plan would also include abortion as a “basic benefit” and many experts agree that either system would quickly cover the vast majority of the population. In any event, a primary ObamaCare goal is “universal coverage” (using the “individual mandate,” which threatens fines for those who defy the buy-in obligation). Even if abortion is included in the plans of half of the 25% of the population which currently have health insurance from sources other than their employers, we would still be talking about less than half the total population. Since ObamaCare aims to compel coverage, its passage would more than double (to 100%) the percentage of the population with access to abortion coverage. Does anyone really doubt that “free” abortions for everyone will increase the abortion rate? National Right to Life (July 20, 2009) says the president of Planned Parenthood told National Public Radio that “her organization saw the legislation as a ‘platform’ to extend ‘access’ to abortion to ‘all women.’”

But there is also the incessant euthanasia “rumor” which Mr. Obama can’t seem to kill. On August 9, 2009, the StarTribune.com (“Obama confronts fears on health care”) quoted the president, in his Saturday radio address, as “...dispelling the outlandish rumors that reform will promote euthanasia ... or bring about a government takeover of health care. That’s simply not true”

STRETCHING THE TRUTH ABOUT BENDING THE CURVE

Really? Won’t “promote euthanasia”? On that same day, *The Washington Post*’s Charles Lane published a sharp editorial rebuttal:

... Section 1233 of the health care bill ... would pay doctors to give Medicare patients end-of-life counseling every five years – or sooner if the patient gets a terminal diagnosis.

... Section 1233 is not totally innocuous.

Section 1233 ... addresses compassionate goals in disconcerting proximity to fiscal ones.

If it’s all about obviating suffering, emotional or physical, what’s it doing in a measure to ‘bend the curve’ on health care costs?

Though not mandatory ... the consultations envisioned in Section 1233 aren’t quite ‘purely voluntary,’ as Rep. Sander M. Levin (D-Mich.) asserts. To me, ‘purely voluntary’ means ‘not unless the patient requests one.’ Section 1233, however, lets doctors initiate the chat and gives them an incentive – money – to do so. Indeed, that’s an incentive to insist.

Patients may refuse without penalty, but many will bow to white-coated authority. Once they’re in the meeting, the bill does permit ‘formulation’ of a plug-pulling order right then and there. So when Rep. Earl Blumenauer (D-Ore.) denies that Section 1233 would ‘place senior citizens in situations where they feel pressured to sign end-of-life directives that they would not otherwise sign,’ I don’t think he’s being realistic.

What's more, Section 1233 dictates, at some length, the *content* of the consultation. The doctor 'shall' discuss 'advanced care planning, including key questions and considerations, important steps, and suggested people to talk to'; 'an explanation of ... living wills and durable powers of attorney, and their uses' (even though these are legal, not medical, instruments); and 'a list of national and State-specific resources to assist consumers and their families.' The doctor 'shall' explain that Medicare pays for hospice care (hint, hint).

What are the 'key questions'? Who belongs on 'a list' of helpful 'resources'? The Roman Catholic Church? Jack Kevorkian?

...Section 1233 goes beyond facilitating doctor input to preferring it. Indeed, the measure would have an interested party – the government – recruit doctors to sell the elderly on living wills, hospice care [as opposed to curative care] and their associated providers, professions and organizations. You don't have to be a right-wing whacko to question that approach.

The *New York Post*, July 23, 2009, published a story headlined "Trying to talk around the facts," which said: "The president insisted in his press conference last night that 'the bill I sign must also slow the growth of health care costs in the long run.'" That means rationing, concerning which Charles Krauthammer says ("Obama: The grand strategy," RealClearPolitics.com, April 24, 2009) "... a single-payer system, is fiscally unsustainable without rationing." As far back as July 17, 1996, *Christian Century* published a cover story titled "Saying what we mean: The redefining of euthanasia – managed care and rationing." The article quoted bioethicist Margaret Pabst, who asserted that "... society is 'coming to use the term euthanasia not just for pain-sparing deaths but for resource-conserving deaths as well.'" The story adds "She argues that justice requires 'the practice of euthanasia' as resource-saving denial of treatment 'in certain kinds of scarcity situations.'"

FORGET BOTH CURATIVE AND PALLIATIVE CARE

Investor's Business Daily, at ibdeditorials.com, July 31, 2009, "How House Bill Runs Over Grandma," reports that "At a town hall meeting at AARP headquarters in Washington, D.C., President Obama was asked by a woman from North Carolina if it was true 'that everyone that's Medicare age will be visited and told they have to decide how they wish to die.'" After making a lame joke, he said that "... the idea was to encourage the use of living wills ..." and that his critics were misrepresenting the bill's end-of-life provisions. The article adds, "He did not say, 'No, they wouldn't be contacted.'"

What kinds of officials will deploy those "visitors"? The kinds of ObamaCare "experts" who are inclined to limit the availability of treatment for the elderly and mandate the availability of abortion for the preborn. As mentioned above, these will be people such as White House Chief of Staff Rohm Emanuel's brother, Dr. Ezekiel Emanuel. The *New York Post* ("Deadly Doctors," July 24, 2009) characterizes him as believing that "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)." Dr. Emanuel has been appointed Health Policy Advisor at the Office of Management and Budget and is a member of the Federal Council on Comparative Effectiveness Research, which determines essentially which kinds of medical care are worth the money. The *Post* also says Dr. Emanuel "... 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 Even if 25-year-olds receive priority over 65-year-olds, everyone who is 65 years now was previously 25 years.'" (Lancet, Jan. 31) [2009]."

Yet on August 10, 2009, *USA Today's* "Faith and Reason" column denounced, as "unethical politics," Sarah Palin's expression of concern that ObamaCare would mean "death panels," deciding whose lives are worthy of curative care. The writer condemned her remarks as "hyperbolic ... rhetoric" and "unsubstantiated and

preposterous” allegations and “a wild distortion” Those charges might have resonated more convincingly had ABCNews.go.com not run a story on August 6, 2009 headlined “Death Drugs Cause Uproar in Oregon.” The article describes a decision by the state-run Oregon Health Plan, which refused to pay for a woman’s \$4000 per month cancer medicine, but instead, offered her a \$50 prescription for assisted suicide drugs. Of the cancer medicine, Dr. Jeanene Smith, administrator for the Office of Oregon’s Health Policy and Research staff, said, “We need evidence to say it is a good use of taxpayers’ dollars.”

State-run insurance. Assisted suicide. Doesn’t that sound at least a little bit like a “death panel”? The article also describes a 1998 study from Georgetown University’s Center for Clinical Bioethics “... which found a strong link between cost-cutting pressures on physicians and their willingness to prescribe lethal drugs to patients – were it legal to do so.” Of equal concern is that fact that “The study warns that there must be ‘a sobering degree of caution in legalizing [assisted death] in a medical care environment that is characterized by increasing pressure on physicians to control the cost of care.’” Giving really sick people an airline ticket to Oregon could be a lot cheaper than giving them curative care. The Oregon suicide statute says that to qualify for physician assistance in ending their lives, euthanasia tourists need only present to a sympathetic (or avaricious) doctor an easily obtained apartment lease and they are in (or, more properly, out). The state of Washington also appears likely to legalize assisted suicide, accelerating a trend which could provide a brutally efficient complement to Mr. Obama’s “end-of-life” counseling sessions. Of course, a single-payer health care system could simply legalize euthanasia at the federal level and thereby save the travel costs involved in shuttling otherwise expensive patients to the closest killing state.

THANK HEAVEN FOR VIDEO TAPE

Incredibly, Mr. Obama denies that he is pushing for a single-payer system. On June 15, 2009, the *Chicago Tribune* (archives.chicagotribune.com) reported a story headlined “Obama tells AMA health care costs are a ‘ticking time bomb’” in which the president was quoted as saying, “What are not legitimate concerns are those claiming a public option is a Trojan horse for a single-payer system” But as Deroy Murdock reported at RealClearPolitics.com (“Government Medicine Should Horrify Americans,” August 7, 2009) Mr. Obama told the AFL-CIO in 2003, “I happen to be a proponent of single-payer, universal health care coverage That’s what I’d like to see.” The story also notes that when Mr. Obama addressed the Service Employees International Union health care forum on March 24, 2007, he said, “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 envision [single payer] a decade out or 15 years out or 20 years out.”

Then on June 29, 2009, *The Wall Street Journal* reported (“Obama’s Health Future”) a conversation Mr. Obama had at an ABC-televised town hall meeting. He was speaking with the daughter of a 105-year-old woman who had initially been denied a pacemaker five years ago but successfully fought the denial and the device succeeded in giving her five more years of life. The daughter asked Mr. Obama if his plan would consider the “spirit” of a patient in making funding decisions for treatment and the president pointedly refused to say “yes.” In a mildly scolding tone, he lectured that “...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 not having the surgery, but asking for the painkiller.” As I watched this exchange, I couldn’t escape the suspicion that, had Mr. Obama been the decider, our historic president wouldn’t have allowed this feisty lady to have her pacemaker. I can almost imagine him dispatching Kathleen Sebelius to take it back if ObamaCare becomes law.

DON’T GET SICK IN THE U.K. OR CANADA

What has single-payer health care meant in Britain? Deroy Murdock (RealClearPolitics.com, “Government Medicine Should Horrify Americans,” August 7, 2009) also explains that in America, breast cancer kills 25% of those who contract it. In the U.K., 46% die. Prostate cancer is fatal 19% of the time in the U.S. and

57% in the U.K. Heart attacks are about 20% more likely to kill in the U.K. than the U.S. This is rationing which produces a form of euthanasia. It may be an unintended consequence of socialism but it is a consequence nonetheless.

In Canada, a government-imposed doctor shortage means 17-week waits to see most specialists. To see a neurosurgeon takes 31 weeks, and an orthopedic surgeon, 36 weeks. The Canadian Supreme Court has decried the fact that "... patients die as a result of waiting lists for public health care." This also is rationing whose result is a form of euthanasia. It is uncomfortably reminiscent of Mrs. Palin's pooh-poohed "death panels."

SPENDING PRIORITIES

It also reminds me of that pacemaker which Mr. Obama longs to snatch from the chest of his town hall participant's mother: In the United States, these devices cost about \$40,000. Approximately 100,000 patients receive them each year. The total cost of their treatment amounts to some \$4 billion. That sounds like lot of money but it is actually less than Americans spend annually on chewing gum (\$5 billion). Can we really not afford to give a pacemaker to a spirited senior citizen? In recent years, Americans have spent, per annum, \$24 billion on DVDs, \$28 billion on candy, \$36 billion on tobacco products, \$40 billion on coffee, \$52 billion on pets, \$91 billion on gambling, \$93 billion on non-alcoholic beverages, \$100 billion on alcoholic beverages, \$183 billion on consumer electronics, \$390 billion on restaurants, and \$457 billion celebrating Christmas. One trillion is a thousand billion, so these discretionary acquisitions have cost us, in the aggregate, about \$1.5 trillion per year. That is almost exactly the amount the Congressional Budget Office estimated that Mr. Obama's health reform package would cost over ten years. It is approximately two-thirds the \$2.3 trillion we spend on health care each year and that list doesn't include sporting goods or vacation travel or countless other non-essentials on which Americans spend hundreds of billions of additional dollars.

As Clifford Asness suggests in his "Health Care Mythology" article, appearing in RealClearPolitics.com, July 22, 2009, every health care plan, including our current system, at some level, rations care. The real question is "... whether it should be rationed by free people making their own economic calculations or by a bureaucracy run by Congressional committee" He adds that "Free people making their own choices will only consume what they value above price, using funds they have earned or been given voluntarily. With socialized medicine, health care is rationed by committees of politicians trying to get reelected and increase their own power, and people consume as much of it as the commissars deem permissible."

Even in the depths of the deepest recession in living memory, we remain the wealthiest nation in the history of the world. I am fighting mad at the assertion that we don't have the money to take care of unwanted preborn children. I am infuriated by the argument that we must ration elder care down to levels which amount to functional euthanasia. Of course we should do everything reasonably possible to contain health care costs. But institutionalizing the Culture of Death isn't reasonable -- and it isn't necessary. This dangerous experiment has been an almost totally Democrat fiasco but not because conservative Republicans haven't offered real reform.

FALSE DILEMMAS

The Democrat National Committee claims that if we do nothing about health care, insurance premiums will rise faster than paychecks, insurance companies will dictate treatment, insurance company profits will soar as they deny coverage, and insurance companies will require copayments and out-of-pocket expenses which will become increasingly unaffordable. By liberal lights, the common denominator in all these terrors is "insurance companies" which House Speaker Nancy Pelosi now vilifies as voracious "villains." However, a *Washington Post* editorial on August 9, 2009, titled "An Unhealthy Debate," reports that "insurers are not

particularly profitable,” and cites the latest Fortune 500 list, which places them 35th in the rankings. But since when do the facts matter to Ms. Pelosi? Profitable or not, suggesting that our only health care reform alternatives are to do ObamaCare or to do nothing is to pose a false dilemma. The real solution has been proposed by real leaders like Governors Tim Pawlenty (R-MN) and Bobby Jindal (R-LA).

They say ban junk lawsuits. The Democrats won't do that because they are in the pay of the trial lawyers (full disclosure: I am a recovering trial lawyer and my brother is a medical malpractice trial lawyer) but every doctor's medical malpractice insurance premiums get driven up by ridiculous jury awards and settlements and those costs get passed straight through to patients. Worse yet, Charles Krauthammer, RealClearPolitics.com, August 7, 2009, in an article titled "Health Care Reform: A Better Plan," says that a "Massachusetts Medical Society study found that five out of six doctors admitted they order tests, procedures and referrals, amounting to about 25% of the total – solely as protection from lawsuits." He also cites a study by the Pacific Research Institute which found that defensive medicine "wastes more than \$200 billion a year. Just half that sum could provide a \$5000 health insurance grant -- \$20,000 for a family of four – to the uninsured poor."

Our Republican governors also propose prohibitions against insurance exclusions based on pre-existing conditions, requiring portability of health insurance for people changing jobs, electronic prescriptions and records, paying doctors based on performance instead of the numbers of procedures they perform, tax-code revisions which would enable people to economically purchase insurance as individuals, and increasing competition by allowing the marketing of health insurance coverage across state lines. These reforms would improve every aspect of health care, without the government taking control of every aspect of your life. But that is exactly why Mr. Obama and his left-wing allies oppose reform which empowers patients instead of politicians.

INTERRUPTING INNOVATION

American medicine has always been the innovation engine which drives advances in drugs and devices and procedures for the rest of the world. But rationing will greatly slow those advances. There is little incentive to invest private capital where it yields low returns. Is it too late to avoid this train wreck? The Democrats tried and failed to speed this monstrosity through Congress before voters or even members of Congress knew what was in the bill(s). Their next ploy could be to force it through the Senate (where there is more opposition than in the House) by abusing the budget reconciliation process, which was never intended to be used for the enactment of sweeping changes such as health care "reform." Making a mockery of any claimed commitment to bipartisanship, their goal is to achieve passage by a mere 50 vote majority, instead of the 60 votes required to avoid a filibuster.

NO END IN SIGHT

John McCormack, posting at blogged.com, August 3, 2009, in an article titled "Schumer Preparing for Nuclear Option to Ram Through Health-Care Bill," offers the following: "... [T]he rules of the reconciliation process makes much of health care reform ineligible for reconciliation, and it may be that the Senate parliamentarian will say that explicitly to the chair of the Senate, but the chair ... can simply, for the first time ever, ignore the parliamentarian's rulings and break what everyone understands to be the rules ..." Then Mr. McCormack opines that "It won't work" and adds that "The problem with breaking the rules" is that "Nearly all Senate business requires unanimous consent to proceed." Then he drops the bombshell: "If Democrats try to invoke reconciliation and then override the parliamentarian ... the GOP will quickly and easily close down the chamber."

But no matter what happens with health care "reform," the frightening people who are making these dreadful proposals will never give up. Problematic provisions such as those relating to end-of-life issues

may be modified but if so, the new language is probably going to be deceptive and these provisions are likely to remain troubling because of the utilitarian bias of the bureaucrats who will administer the legislation. Where such language is removed altogether, look for it to pop back up from another committee or floor amendment or conference committee or administrative regulation. The Democrats will pass something this year to avoid an embarrassing defeat for their president. Many of the most lethal demands of the Culture-of-Death will be stripped out but few elements of real reform will make it into law. What is included will be designed to inflict as much damage to our way of life as they can, with as little accountability as possible. The “public option” could get dropped in favor of “exchanges” which could still have the competitive advantage to destroy the private insurance market (a goal fanatically pursued by the hard left). The long term objective will be to pave the way for endless, incremental erosions of personal freedom and the sanctity of life. This is not a fight which will ever end because it is a proxy for the timeless struggle between good and evil. Liberals hate those words when it is we who say them, but say them we must.