



Unravelling the New World Order

*An Exposé of How Government, Religious, and Financial Insiders
Are Deciding Your Future*

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Obama Healthcare “Reform”: An Assault on America’s Older Citizens

By UNWO Editors

It’s no wonder many older Americans are horrified when they learn the details of “Obamacare.”

First, there is the plan for how to fund Obama’s healthcare “reform.” The Democrat majority in Congress want to pay for the monstrous 1 – 1.6 trillion dollar healthcare bills with new taxes—and several billion dollars of cuts in Medicare services.

These cuts will come just as baby boomers turn 65 and Medicare enrollment increases by 30%. Do the math: less money and more patients translates to less healthcare—i.e., rationing. What about eliminating fraud, waste and abuse? The Congressional Budget Office estimates that such measures would save only about 1% of Medicare costs.

Betsy McCaughey (pronounced McCoy), is probably one of a handful of people who have actually read the bills currently before Congress¹. In her expose, “GovernmentCare’s Assault on Seniors” (*Wall Street Journal*, July 23, 2009), she reports that the ambush on seniors began with the stimulus package in February. Democrats in Congress slipped substantial funding into the bill for what is called “comparative effectiveness research”—code words for limiting care based on a patient’s age. Economists are familiar with the formula: the cost of a treatment is divided by the number of years a patient is likely to benefit from it. In Britain, the use of this formula has led to denying treatments and lifesaving care for older patients.

A couple of Republican congressmen are working to alert voters to the dangers that “comparative effectiveness” poses for them if it is incorporated into our health care system. One of them, Rep. Charles Boustany Jr., (RLA) a heart surgeon, warned it would lead to denying lifesaving care to seniors and the disabled. Boustany and Sen. Jon Kyl (R-AZ) proposed (to no avail) amendments that would have barred the government from using the research to deny care based on age.

Another alarming development is the recent recommendation by White House budget chief Peter Orszag that Congress delegate its authority over Medicare to a newly-created body within the executive branch—i.e., *the White House*. This brazen power-grab would circumvent the democratic process and avoid accountability for the cuts in benefits that are inevitable if current healthcare reform bills are passed.

President Obama promises we’ll save money and have better health care if we abandon the healthcare system we have, insure roughly 45 million that he maintains are currently uninsured (for whatever reason), and put our healthcare system under the control of a notoriously inept federal bureaucracy.

Not surprisingly, over half of Americans polled say they *do not* want what Obama is demanding. Passages of the House bill are alarming, to put it mildly. If the details get adequate exposure, there will be even greater opposition.

Ms. McCaughey reports that while the House bill being pushed by President Obama reduces access to needed treatments and specialists, it also proposes counseling for the elderly on “end-of-life options.” This would include such things as refusing nutrition, antibiotics, and hydration (detailed on pages 425-446 in the House bill). In Oregon, some cancer patients are being denied care, and are afforded the “benefit” of physician-assisted suicide instead.

As a result of a growing number of seniors and a smaller number of workers supporting the system with payroll taxes, Medicare is running out of money. The Congressional Budget Office has suggested incrementally raising the eligibility age (for Medicare benefits) one month per year until it reaches age 70 in 2043. Another option is to ask wealthy seniors to pay more. Both of these are reasonable options.

The Obama solution is to ration the care afforded elderly Americans, although he is very careful not to use the word *rationing*. If we read between the lines, however, it is clear that he and those who drew up the healthcare reform bills now before Congress believe it may also be necessary to *reduce the number of elderly Americans needing care*.

These “Obama and company” healthcare solutions are stark indicators of the low value the radical left places on human life—as long as it’s not their lives. They also confirm the belief on the left that the State should have the power to make end-of-life decisions based purely on cost-of-care considerations. Americans should be rebelling, *en masse*, against this outrage.

Under Obamacare, it is highly unlikely that anyone in the private sector—even the wealthy—would have the option to buy medical care for a disabled or elderly family member outside the government-controlled program.

On the other hand, we know that members of Congress (who are devising this nightmare scenario for us) and other federal employees will be allowed to keep the premium quality healthcare plans they currently have. If these legislative “solutions” to our healthcare problems are enacted into law, then can the next step—mandated euthanasia for the elderly, the disabled, and the “mentally handicapped”—be far behind?

ⁱ Ms. Betsy McCaughey, a former lieutenant governor of New York state, is a health policy expert. In 2004, she founded the Committee to Reduce Infection Deaths (RID), a non-profit organization committed to reducing hospital-acquired infections.