

Be Afraid

Since we have no finalized health care legislation that can be discussed, I am going to offer you a few observations.

First of all, there is a great deal in the various proposed pieces of legislation that I find very disturbing as a health care professional, as a pro-lifer, as a mother and grandmother, as a taxpayer and as a citizen of these United States.

I am going to try to keep my observations on the pro-life track and try diligently to avoid too much personal opinion---I know, nobody believes I can do that, but I will try!

Let's see if I can address the issues of 1) rationing of services in health care reform, 2) abortion in health care reform, and 3) end of life issues in health care reform, which should keep me on that pro-life track.

First of all, I am having a very difficult time understanding why there is a need for such haste in overhauling health care in our country. Originally, the administration wanted the deed done by the August recess. Because of the efforts of "Astroturf" grass roots individuals, "un-American mobs" and dissident tax payers, badges of honor all (oops---there's some of that personal opinion I was going to try to avoid), the August deadline came and went. Now we are being told reform legislation must be effected by October 1st. This is a monumental task, the results of which will affect every single person living in the United States. It requires open and transparent discussion, involving as many interested persons as care to participate. The curious thing is that given the rush for passage, no provisions of any health care reform package will go into effect until 2013. If there is a crisis in health care, as we have been told and speedy passage is essential, as we have been told, why will changes in health care delivery not go into effect until a year after the 2012 elections?

By a show of hands how many of you here this morning are now or will soon be eligible for Medicare? Ok---in the words of the immortal Jeff Goldblum, appearing as Seth Brundle in the 1986 film, The Fly....
BE AFRAID---BE VERY AFRAID!

No one has been told what the actual cost of this idea, might be, but we have been told that it can be met, in part, by taking poorly spent money from Medicare. As proposed, HB 3200 (the house health care reform bill) would establish a "panel" made up of appointees (we must assume that these appointees will be nominated by members of the administration), who are not necessarily health care professionals, and who will determine what is "acceptable and effective care". Hmmmm. We need some definitions here. Acceptable to whom? How effective is effective. Is treatment for stroke victims effective only if a 100% return to health is achieved? What if the patient will need a walker or a cane to ambulate? How about if the patient will need an aide to be able to live independently? Are outcomes of stroke treatment that leaves the patient with anything less than full recovery ineffective? What is full recovery? Is full recovery defined by the patient, the doctor or the panel? Good questions all---who will provide the answers? What about acceptable care? Is it acceptable to treat an 89 year old woman for cataracts, or only for a woman of 50 years? Is it acceptable to provide open heart surgery for someone suffering from advanced cardiac disease at age 65 that would result in benefit, but not full recovery or should that surgery be offered only to those who will be able to resume to full time employment and contribution to society? And that folks becomes rationed health care.

On the Senate side, the Senator Max Bacus (D-Montana), Chairman of the Senate Finance Committee, has replaced the Kennedy Health Care Reform bill with one of his own devising. Mr. Bacus proposes that Medicare reimbursements for physicians would be reduced by 5% to those doctors who authorize treatments for their Medicare patients that reaches the top 10% of Medicare usage. This is clearly a monetary incentive for physicians to provide less care for their Medicare patients and that decrease in care can be spelled R-A-T-I-O-N-I-N-G.

Be afraid, be very afraid.

I rarely make categorical statements. They can be very dangerous because some one can usually find some small exception not covered in such a statement. I am going to make one now. Ready???? Tax dollars for abortion are included in all proposed health care plans. The word is never spoken. When the president says

abortion is not even mentioned in the health care reforms he supports, he is absolutely correct. However, reproductive health and reproductive services are mentioned as provided benefits and no less a person than Secretary of State Hillary Clinton has said, publicly, before a hearing in the House of Representatives, in a response to a question from Congressman Chris Smith, that the terms reproductive health and reproductive services include elective abortion.

AP, Time Magazine, FactCheck.org, LA Times, the Wall Street Journal, the National Right to Life Committee and on and on all agree that under one guise or another, all the proposed health care plans would provide tax dollar payments for abortion. The public options, the insurance exchanges, the Bacus bill all include a method for tax dollars to be used for abortion. Using the Hyde Amendment as an example of a safeguard for prohibiting such funding is disingenuous at best. The Hyde Amendment must be renewed every year, is part of a funding measure, is therefore at the mercy of the legislators doing the voting, and it applies only to Medicaid funded abortions.

If in fact, abortion would not be covered under these proposals, the various committees would not be so very unwilling to pass one of the amendments that have been offered that explicitly exclude abortion as a covered benefit. 11 amendments have been offered in either the House or the Senate that would specifically exclude abortion as a covered benefit and each has been defeated. We can only speculate as to the reason why. The silence from those who generally support abortion, NOW, Planned Parenthood, the Abortion Provider's Network, is absolutely deafening. If they were not fairly certain that abortion was not included in these proposals, they would be, quite literally, marching in the streets.

End of life issues have received a great deal of attention with the specter of "death panels" and pulling the plug on Granny. Well, I am not ready to sign on to the idea that the health care proposals specifically encourage suicide or promote assisted suicide. I do know that if I choose to have a discussion with my physician about my end of life care, I simply have that discussion in the context of an ordinary office visit. No special setting, no special time—and no special billing for that discussion. It is all included in my regular office visit, which takes place behind closed doors and it totally private. If this becomes a special, separately charged and tracked item on a Medicare billing, then federal dollars will be spent to meet that bill. Perhaps it is the cynic in me, which has grown much stronger in recent months, but I have a problem with that reimbursement. Never has payment from the government been made to a school, organization, hospital, research facility or whatever that did not carry with it some strings. If you accept the federal money the string comes with it. We don't know what this particular string will be, but it will be there---and it will be pulled.

So, where are we? I really can't tell you for sure. I can tell you that the administrative assistants in the offices of your elected representative need to get to know you on a first name basis. These are the young men and women in your legislator's offices that actually read the emails---and proposed legislation. Your representatives need to hear from you too--- frequently. They need to hear your questions. They need to know that you demand, politely, answers to those questions. They need to know that abortion is not health care and that you want abortion, explicitly and by name, excluded from health care reform. They also need to know that some of the tactics coming from Washington, celebrities, and former presidents just don't wash. My two senators and my congressman know that they cannot charge me with racism because I want the unborn child protected from paid government destruction. They know that they cannot charge me with racism because I expect to receive the benefits that I have paid for in my Medicare coverage. They know that they cannot charge me with racism because I look to the future of my grandchildren and worry about their health care coverage and tax burdens. And they cannot marginalize my constitutional right at a US citizen to address my government with my concerns and call those concerns racially motivated.

Yes, we need to be aware, we need to be concerned, we need to be informed----and we need to be heard!

Editor's note: This speech was given at the RTL- Lifespan Legislative Breakfast on Saturday, September 19, 2009 by Diane Trombley, President of Michigan Nurses for Life.