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SWEET LAND OF LIBERTY

Health-care rationing

Obama believes in

Nat Hentoff calls president a liar, hits
new czar who praises British system

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By Nat Hentoff

As a reporter, I do not use euphemisms – such as calling murderous terrorists "militants" or "activists." And as an American, I can exercise my First Amendment right to say plainly that President Obama is a liar with regard to our new health-care law, often referred to as Obamacare.

When a number of critics of Obamacare, including myself, warned that it would bring the rationing of treatments, medications and research into new procedures, the president said to the American Medical Association (June 15, 2009) that this rationing charge was a "fear tactic."

The next month, he said flat out: "I don't believe that government can or should run health care" (firstthings.com, May 31, 2010).

But in May of this year, the president nominated Dr. Donald Berwick, a professor at Harvard Medical School, to head Health and Human Services' Centers for Medicare and Medicaid Services (CMS) – the most powerful health-care position. As Hal Scherz underlines (RealClearPolitics.com, May 26): "CMS covers over 100 million Americans, has an annual \$800 billion budget that is larger than the Defense Department's and is the second-largest insurance company in the world."

Unlike Obama, Berwick is enthusiastically, openly candid in his support of Britain's socialistic National Health Service. In a 2008 speech to British physicians, our new health czar said: "I am romantic about National Health Service. I love it (because it is) 'generous, hopeful, confident, joyous and just.'"

[The ultimate expose on the radical nature of our 44th president: "The Manchurian President: Barack Obama's Ties to Communists, Socialists and other Anti-American Extremists"](#)

That "just" National Health Care Service decides which care can be too costly for the government to pay. Its real-time decider of life-or-death outcomes is the National Institute for Health and Clinical Excellence (NICE). Here is how "nicely" it works, described by Michael Tanner, senior fellow and health-care expert at the Cato Institute (where I, too, am a senior fellow):

"It acts as a comparative-effectiveness tool for the National Health Care Service, comparing various treatments and determining whether the benefits the patients receives – SUCH AS PROLONGED LIFE

– are cost-efficient for the government" (lifeneews.com, May 27).

So listen to our very own decider of how the Obama administration will lower our national debt by cutting inefficient health-care costs. After declaring his ardent romantic attachment to the British system, Berwick said: "All I need to do to rediscover the romance is to look at health care in my own country." He will, of course, be too busy to attend the funerals of the sacrificial Americans whose lives – not only those of the elderly – may thereby be cut short.

Tanner makes a grim point as Berwick rediscovers the romance of government cost-effectiveness: "Recent reports suggest that the recently passed health-care bill will be far more expensive than originally projected. As it becomes apparent that Obamacare is unsustainable, the calls for controlling its costs through rationing will grow louder. With Donald Berwick running the government's health-care efforts, those voices have a ready ear" (dailycaller.com, May 27).

By then, Berwick will be involved in the government-controlled health of more than 100 million Americans and – notes Michael Tanner – "Maybe those worries about death panels weren't so crazy after all."

Keep in mind that already, in May, "the Congressional Budget Office updated its cost projections (of Obamacare). It found that the new health legislation would cost \$115 billion more than estimated when it was enacted ("ObamaCare's Ever-Rising Price Tag," Wall Street Journal, June 3).

How soon will the romantic rhythms of health rationing follow?

Wesley Smith, an invaluable investigative reporter on the dangers of government-controlled health care, describes the consequences if Obamacare is not repealed by the next Congress after the midterm elections:

"Once the centralized planning of medical delivery is complete – with cost-containment boards controlling the standards of care and the extent of coverage for both the private and public sectors – insurance companies, HMOs and the government will be able to legally discriminate against the sickest, most disabled and most elderly in our country. In other words, those whose care is most expensive."

(Column continues below)

For what to watch for during the reign of Berwick, whom Secretary of Health and Human Services Kathleen Sibelius recently glorified as "absolutely the right leader for this time" (CNSNews.com, May 26), I bring back Michael Tanner:

In the British Health Service Berwick loves, "750,000 patients are awaiting admission to NHS hospitals. ... The latest estimates suggest that for most specialties, only 30 to 50 percent of patients are treated within 18 weeks. For trauma and orthopedic patients, the figure is only 20 percent. ... Every year, 50,000 surgeries are canceled because patients become too sick on the waiting list to proceed."

And, again unlike the president, Berwick tells it like it frighteningly is in a June 2009 interview for the magazine, *Biotechnology Healthcare*:

"It's not a question of whether we will ration health care. It is whether we will ration with our eyes open."

There are many reasons why it is vital for Americans to vote in the midterm elections – and, of course, in 2012, to prevent a second term for the most dangerous and incompetent president we have ever had – but for many Americans, it is particularly important this year to vote against supporters of Obamacare. The question for many voters should be whether, in the years ahead, they will be in condition to vote if they are on waiting lists for government-controlled health care.

More of us are learning that during the Obama administration, it is essential to continually keep our eyes open on all it does.