Prisoner: Thomas E. Spinks
In since: January, 1985
Sentence: 15 years
Address: Marion Federal Pnson
Box 1000 (22158-037)
Manon, IL 62959

Prisoner: Don B. Anderson
In since: June, 1982
Sentence: 42 years
Address: Federal Correction Facility
Housing Unit 389
P.O. Box 200
White Deer, PA 17887

Prisoner: Curt A. Beseda
In since: 1984
Sentence: 20 years
Address: #14133-086
P.O. Box 3000
Anthony, TX-NM 88021

Prisoner: Michael Griffin
In since: March 10, 1993
Sentence: Trial Pending
Address: P.O. Box 17789
Pensacola, FL 32522

Prisoner: Dan Gibson
In since: August 10, 1992
Sentence: 37 months
Address: Federal Penitentiary
04264-031 LVC B1
Box 1000
Leavenworth, KS 66048

Prisoner: Marjorie Reed
In since: October, 1990
Sentence: 10 years
Address:

Prisoner: John Brockhoeft
In since: May 7, 1988
Sentence: 10 years
Address: C-House
P.O. Box 888
Ashland, KY 41101

Prisoner: Roy Streicher
In since: November 21, 1991
Sentence: 3-15 years
Address: R.C.I., 25-200, Bldg. 2-B
P.O. Box 7010
Chillicothe, OH 45601

Prisoner: Shelley Shannon
In since: August, 1993
Sentence: Awaiting trial
Address: Wichita Detention Center
141 West Elm
Wichita, KS 67203

Prisoner: Bryan Longworth
In since: August, 1993
Sentence: 2 years
Address: Youth for America National
P.O. Box 18484
Milwaukee,WI53218

Prisoner: Joshua David Graf
In since: October, 1993
Sentence: Awaiting trial
Address: SPN #01349088
Harris County Jail
701 N. San Jacinto
Houston,TX 77002

Prisoner: Joseph Grace
In since: May, 1983
Sentence: 20 years
Address: Inmate# 136189
Nottoway Correction Center
Box 488
Burkeville, VA 23922

Prisoner: Danny Bramwell
In since: April, 1993
Sentence: 3 years
Address: Merrimack County Jail
326 D.W. Highway
Boscawen, NH 03303

Prisoner: Ralph Traphagen
In since: September, 1993
Sentence: Indefinite
Address: Westchester Correctional
Facility
Box 389
Valhalla, NY 10595

Prisoner: Jim Soderna
In since: June, 1993
Sentence: 2 years
Address:

Prisoner: Monica Miller
In since: July, 1993
Sentence: 9 months
Address: House of Correction
1004 N 10th St.
Milwaukee, Wl 53233

Prisoner: Sean Brogan
In since: April, 1993
Sentence: 2 years
Address: Dedham House of Corr.
P.O. Box 149
Dedham, MA 02026

Prisoner: Richard Cormier
In since: April, 1993
Sentence: I year
Address: Dedham House of Corr.
P.O.Box 149
Dedham, MA 02026

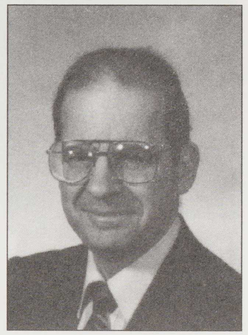
Prisoner: Mary Kelliher
In since: April, 1993
Sentence: 1 and a half years
Address: Framingham MCI
P.O. Box 9007
Framingham, MA 01701

Prisoner: Joe Manning
In since: June, 1993
Sentence: 1 and a half years
Address: Dedham House of Corr.
P.O. Box 149
Dedham, MA 02026

Prisoner: John McCarthy
In since: April, 1993
Sentence: 1 and a half years
Address: Dedham House of Corr.
P.O. Box 149
Dedham, MA 02026

The abortion smokescreen

by Joseph Martino



To begin with, Bill and Hillary Clinton are brilliant people. Bill was a Rhodes Scholar, Hillary had a successful legal career. Why, then, have they insisted that the Clinton health care plan include abortion in the mandated coverage? They surely knew it would arouse strong opposition. Most Americans, even those who are essentially indifferent to the abortion struggle, oppose government funding of abortion. Insisting on abortion coverage would seem to be a good way to doom the entire plan.

I suggest that abortion coverage is a smokescreen, a diversionary tactic, to misdirect the efforts of the pro-life movement. Suppose that over the next several months we wage a massive campaign of postcards to Congress, letters to the editor, editorials in pro-life publications, sermons and pastoral letters from clergy and bishops, and marches on Washington. Suppose the Clintons then agree: "Okay, we'll abandon mandated abortion coverage." The pro-life movement would indulge itself in an orgy of self-congratulation. "We won! We stopped mandatory abortion coverage!"

I suggest that instead of victory, such an outcome would represent a major defeat. It would be a defeat because it would imply acceptance of the rest of the Clinton plan. It would be a tacit agreement that the only thing wrong with the Clinton plan was abortion coverage; the rest of it was okay. And that would be wrong.

The essence of the Clinton plan is that it is a health care *rationing* plan. The Clinton plan is billed as a means of cutting health care costs. To the average person, that means cutting the cost of individual treatments or medications. But the Clinton plan puts very little emphasis on cutting the cost of individual treatments. Instead, the Clinton plan limits the total expenditures on health care. A national health board would establish a "global budget" for health care. Such a budget would be established for each state. When total expenditures in a state reached the limit of the budget, no more could be spent. Anyone needing treatment after the limit was reached would be out of luck. They'd have to wait until the next year. This is already the situation in Canada, where people needing heart operations must wait several months, because those operations are expensive and run into the budget limits. In Canada, the risk of dying while on the waiting list for a heart operation is greater than the risk of dying on the operating table.

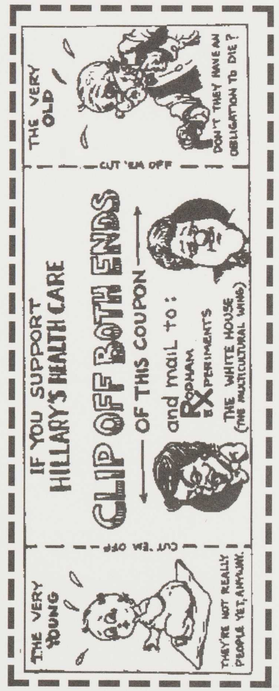
The Clinton plan does pay some attention to reducing the cost of individual treatments and medications. The Clinton plan would place limits on the rate of growth of those costs, and on the rate of growth of health insurance premiums. Those limits, however, are less than the rate of inflation. The inevitable result is that a squeeze will be put on the profits of health insurance companies and pharmaceutical companies. The only way these firms will be able to stay in business will be to cut back on service. Health insurance companies will place more and more pressure on doctors to avoid expensive treatments. Pharmaceutical companies will cut back on research, shutting off the supply of new and improved drugs. The end result of the Clinton plan will be to eliminate "expensive" treatments. Hillary Clinton, in testimony to Congress, stated that under the plan, treatment would be denied to people whose "quality of life" would not be improved. Heart bypass operations, kidney dialysis, and physical rehabilitation for stroke victims are all examples of treatments which are expensive but cannot promise to restore a high "quality of life." These treatments would be among the first to go under the Clinton plan.

Traditionally, American medicine has focused on curing the patient. In some cases this has meant "heroic" treatment and great expense. However, it has given America the world's finest health care. The Clinton plan would replace traditional American health care with "veterinary medicine." That is, instead of the doctor responding to the needs of the patient, the doctor would respond to the wishes of the people paying the bills, just as the veterinarian responds to the wishes of the animal owner without regard to any preferences the animal might have.

Thus even without abortion coverage, the Clinton plan would be a one-way ticket to euthanasia. Moreover, even if abortion were not covered initially, every year there would be pressure from the pro-abortionists to add it. The pro-life movement would find itself fighting a battle every year to keep abortion coverage out of health care, just as it now faces an annual battle to save the Hyde Amendment. The irony of the situation is that pro-lifers would be fighting every year to stop the killing at the beginning of life, while having already conceded that killing could go on at any later time, if treatment became expensive and its outcome promised less than full restoration of health. Fighting to eliminate abortion coverage while accepting the remainder of the Clinton plan amounts to straining at a gnat while swallowing a camel.

Opposing abortion coverage in the Clinton plan is not sufficient. Pro-lifers must do two things. First, we must oppose the entire Clinton plan because it's wrong. We must make people aware of the pressure for euthanasia inherent in the Clinton plan. Even citizens who are unconcerned about abortion because they've already been born can be brought to recognize the threat to their lives from the "global budget" aspects of the Clinton plan. Second, we must propose alternative health plans which are genuinely pro-life; alternatives which keep the decisions in the hands of the patient instead of putting them in the hands of the insurance companies and the health care bureaucrats. These include allowing individuals to establish tax-free medical savings accounts, and making health insurance premiums deductible, so that medical insurance and medical care can be bought with pre-tax dollars. Finally, a genuinely pro-life health care plan should include subsidies for those who need them, but should not force everyone into a "one size fits all" package.

Time is short. Already public opinion has been conditioned to accept some form of the Clinton plan as inevitable. We have much to do, and expending all our efforts on fighting abortion coverage would be to win a battle while losing the war. ■



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