*home. Kaye had already lost two babies at birth and six from miscarriages, so I was pretty sure this one was a goner.*

*Since the baby was only five months along, the doctors first encouraged us to abort. Then, despite the fact that the baby was breach, they recommended a vaginal delivery — knowing that the baby most likely would not survive anything but a Cesarean. We could see the baby's heartbeat on the monitor, so we decided to go for the Cesarean.*

*When little Olivia first emerged, she was no larger than my hand and weighed no more than a pint of milk. Her spread fingers were no wider than my thumbnail. Her own finger-nails were the size of grains of sand. Her eyelids were still fused shut. Yet Olivia was clearly a living baby, not a fetus. She stretched and kicked fiercely. Her translucent skin was blood-red. Every feature was perfectly formed. Although barely a pound, Olivia was indeed "fearfully and wonderfully made."*

*For three months, Kaye sat at Olivia's side by the incubator — cooing to her, caressing her, giving her that "will to live" which is at least as important as all the marvels of modern technology.*

*Kaye brought Olivia home in late March, five weeks earlier than her original due date. In just three months Olivia has now increased her weight five-fold. She has no apparent abnormalities. She breathes without canned oxygen and sucks voraciously on her doll-sized bottle — without force-feeding, regimented schedules, or blinking alarms. Last Sunday, at a little church we visited up the North Coast, I sobbed deeply and wrenchingly during worship. We were finally, I realized, home free.*

Home free, the Martins realized, for their miracle baby, but perhaps other babies with similar medical problems in the future might not be as fortunate:

> *Under Bill Clinton's health care plan, babies like Olivia would be denied life support. If the child doesn't fit the guidelines, the "preemie" doctor would be prohibited from intervening to save her. Too premature, too uncertain, too costly — all part of health rationing, you know. Our country is in deep trouble when we let the government decide who lives and who dies.* [1]

Carol and I shed tears when we first read the Martins' moving story. I wish I could tell the Martins, and others like them, that their fears are unfounded. But the facts about the Clinton health plan indicate otherwise. The irony is, this ill-conceived plan is being sold to the American people on its compassion, on what it would supposedly do for those who cannot afford insurance, who fear losing medical coverage if they lose their jobs, or who have been denied health care because of some pre-existing condition.

Let me be perfectly clear: there are real problems with our current health care system. It does a better job of delivering health care to most Americans than it does of making insurance *coverage* available to everyone. Unfortunately, too many Americans have been priced out of the health insurance market or have been wiped out by catastrophic illnesses. At FRC we have been pushing for reforms to deal with these problems.

The President and Mrs. Clinton truly deserve credit for forcing this issue to a necessary public debate. Their proposed solution, however, moves us further away from the goal of compassionate and affordable health care, and closer towards a massive, unfeeling bureaucracy that first discriminates against, then ultimately discards some of our most vulnerable citizens. Year after year this has been Washington's way. Time and again big-government advocates appeal to our hearts and then give us "solutions" that make matters worse. It's happened with welfare. Now we face the same danger with health care.

If adopted, the Clinton plan, with its system of premium caps and utilization reviews, might squeeze some waste out of health care, but over time — and sooner than we think — it will lead to the imposition of health care rationing. Under fully implemented ClintonCare, babies like Olivia could be the first to lose protection since the average cost of caring for a severely underweight newborn is $158,000.[2] Already, under a Medicaid experiment in Oregon approved by President Clinton, coverage is excluded for high-tech care of extremely premature babies born to the state's poorest mothers.

John Ludden, medical director of the Harvard Community Health Plan, a major health maintenance organization, says that "price controls on premiums will drive us straight to rationing at bedside."[3] I don't believe this is what our families want in the way of bedside manner from our doctors. Certainly not for premature infants. Not for the elderly. Not for ourselves either, as 77 million baby boomers, including me, approach our twilight years.

The bottom line is this: today's opportunity for meaningful health care reform is too good to waste. Another huge government bureaucracy — especially one that has difficulty even defining such key terms as human life, family, and medicine — is not what this nation needs to strengthen a health care industry that is already the world's best.

In short, I'm confident we can do better. That is why the Family Research Council established its health and ethics policy department in 1993. As a result of this initiative, we have been able to provide lawmakers with guidelines and principles we believe should undergird sound health care reform. These principles include:

- **Genuine Compassion**. Contrary to the administration's spokesmen and some pundits, we do not face a choice between rationing by price and rationing by patient condition. A good health care system must be able to handle the tough cases. Health care "that can never be taken away" is useless if it denies medical services when you need them most, or drains funds needed for the research and development of new life-saving drugs and high-tech treatments. There is no compassion in a health care plan that deprives doctors of their ability to meet the highest ethical standards, that forces their involvement in abortion or other practices offensive to their conscience, or that prevents them from ordering tests they deem necessary.

- **Rewarding Prudence**. If we really care about health, we will not destroy, as ClintonCare would, incentives for individuals and families to practice healthy lifestyles and to reap the rewards of their good behavior. The Clinton plan's system of health alliances, which basically would establish socialized medicine for everyone but employees of government and the nation's largest companies, relies on what is called "community rating." Young and