Oregon rations health care for uninsured

by Linda Everett

Early in April, the Oregon Senate passed a health care rationing plan for all Oregonians without health insurance. Senate Bill 27, by Senate President Dr. John Kitzhaber, is the first of many sweeping the country, promising to solve the miserable state of underfunded hospitals, deflated Medicaid budgets and the denial of medical care to millions of people daily. But, beneath the promises is a national drive to use the present health care crisis to undermine the country's traditional medical ethic and to change, fundamentally and permanently how health care will be delivered in the future to the country as a whole.

Rather than reversing the nation's economic and industrial collapse that spurred the erosion of medical care, proponents of universal health care like Sen. Edward Kennedy on the national level and Oregon's Senator Kitzhaber (D-Roseburg) on the state level, want to enforce a permanent ratcheting down of our medical capabilities by institutionalizing the rationing of health care. As Ted Kennedy said years ago: "The only way to get cost containment is to pass a national health insurance bill." Oregon's bill shows how these bills, at their best, relinquish individual dignity in the name of cost-containment, and, at their worst, force whole families to a new form of social Darwinism where only the relatively healthy will get the medical treatment deemed appropriate to continue their usefulness to society.

Death by rationing

Last spring seven-year-old Coby Howard died after Oregon authorities refused to use Medicaid funds for a bone marrow transplant he desperately needed. The money could be better used, they said, on prenatal care for pregnant women. Now, Senator Kitzhaber wants to dump Oregon's Medicaid plan which covers only 43% of those below the poverty line for a program that covers a larger number of uninsured poor by limiting their care. He plans to save state funds by having thousands of Cobys face death by health care rationing. Once you eliminate the sanctity of individual human life—balancing the budget is a cinch.

For advice on denying health care, Kitzhaber turned to the health insurance and euthanasia lobbies—to John D. Golenski, a Jesuit priest who "trains" hospital "ethics" committees. Golenski, who spoke on the ethical dilemmas of euthanasia at a 1985 Hemlock Society conference, told Kitzhaber to set up a commission to annually rank medical services according to their "necessity"—and the budget. Golenski led the Medical Research Group of Oregon in the process of rating each health service on its value to "the entire population—not just a portion of it." A high priority service (10) is one where "the personal and social health benefits/costs ratio is high." Lower-ranking care, like Coby's marrow transplant (3), is cut as funding shrinks. The ratings were based on "a scale of public attitudes that quantifies the trade-off between length of life and quality of life." This was recommended by Oregon Health Decisions, a "grass roots" group funded by Prudential, Blue Cross/Blue Shield and the Robert Wood Johnson Foundations to manipulate community "attitudes" in favor of health care rationing and triage of patients needing costly care.

Now the same Nazi "quality of life" ethic used to kill hospital patients will be applied to Oregonians deemed "unworthy of living" under this bill. For "Chronic Disease Management," only acute care that "can restore patients with chronic diseases or conditions to manageable level of function and independence" will be given. Acute care will be not used just to keep you alive if your quality of life is "poor." Cancer patients will get excellent care for their bunions, but don't expect "death-delaying" interventions, because Golenski says he "won't throw money down the drain." Chronically or terminally ill patients will get the kind of "acute" care that will maintain them "in the least restrictive and most appropriate environment." Golenski, founder of Children's Hospice in San Francisco, wants home care or death houses.

After euthanasia, Golenski's quality of life criteria gives highest priority (10) to pregnancy testing, genetic counseling, prenatal care, sterilization, and abortion. Such maternal/child health programs are known nationally to simply target women who have had abnormal pregnancy tests results, miscarriages or children with genetic or congenital defects. When there is the slighest doubt about the health of a fetus, the mother is told that the child she is carrying has defects. She is pressured: It is irresponsible to bring a handicapped child into this world—there are not enough resources to care for it. Solution: abortion, maybe sterilization to avoid future crisis. Should the woman have the child, she will see it die without life-saving care as in a Third World nation.

Kitzhaber says SB 21 will give "all persons . . . an equal opportunity to receive available services." But the bill clearly states: If the budget shrinks, so does the amount of care! Even healthy people are threatened because the plan is built on an individual health care scheme that allots only a certain expenditure per person per month for care, based not on our Western notion of protecting the sanctity of individual human life, but like the Nazis, based on a person's "worth" or utility to a declining society.