

**Sent:** Fri, 14 Aug 2009 09:31:54 -0400  
**From:** Lloyd Martin [REDACTED]  
**To:** FN-WHO-Flag <flag@whitehouse.gov>  
**Bcc:** FN-WHO-Flag <"/o=eop/ou=first administrative group/cn=recipients/cn=flag">  
**Subject:** Spreading False info

P6/b(6)

I want to report half truth statements that are being put out by David Axelrod Senior Adviser to the President as in the attached E-Mail.

The truth is By: David Goetsch

There are many problems with President Obama's healthcare bill: the exorbitant cost, bureaucrats making medical decisions, big brother's infamous inefficiency, and quality-of-care concerns to name just a few. But by far the scariest aspect of Obamacare is Section 1233 of the bill. In the words of House Minority Leader John Boehner and Republican Representative Thaddeus McCotter, Section 1233 "may start us down a treacherous path toward government-encouraged euthanasia." (1)

President Obama and his supporters in Congress were actually caught off guard by the amount and volume of dissent generated by Section 1233. In fact, this one section of a one-thousand page document has come to symbolize not just the healthcare bill, but the Obama administration in general. Just as critics are concerned that this section of the bill will allow government bureaucrats to "pull the plug" on their elderly loved ones, they are also concerned that Obamacare will "pull the plug" on the American healthcare system.

What many Americans find frightening about Section 1233 can be found in Obama's own words about the government guiding discussions with "those toward the end of their lives (who) are accounting for potentially 80 percent of the total health care bill out here." (2) In this provision of the bill, elderly people will be required to submit to counseling sessions in which a government official will help them understand their relative and declining value to society.

Opponents of Obamacare can envision scenarios such as this. Government official to elderly patient: "Well Mrs. Jones, you have had a good life and made many contributions to the betterment of your community, but at your age you just don't have much to offer anymore. Our cost-benefit-analysis shows that treating you would just be too expensive. I am sure you understand. Besides, they shoot horses don't they?" The bill refers to these counseling sessions as "advance care planning consultation" for "end of life services." This is bureaucratic language for "Say goodbye Mrs. Jones, your days are numbered."

Supporters of Obamacare try to brush off questions about Section 1233 as the misguided concerns of people who are focused on worst-case scenarios and just don't understand what the President is trying to do—although they use much stronger language in describing dissenters. The problem with their casual brushing aside of legitimate questions is that Americans have every reason to worry about worst-case scenarios. After all, those who support Obamacare are the same people who support on-demand abortion and refer to it as just another "choice," as if it amounts to nothing more than ordering a latte at Starbucks. If Obamacare supporters think so little of the lives of unborn children, why would they think any more of the lives of the elderly?

The "patron saint" of the pro-abortion movement—the same people who are advocating on behalf of Obamacare—is Margaret Sanger. Sanger is the founder of the American Birth Control League which later became Planned Parenthood. In addition to birth control, Sanger was a vocal proponent of a concept known as *negative eugenics*—improving the hereditary traits of society by weeding out its undesirable elements through social intervention (Section 1233's mandatory counseling sessions are the first step in the process of social intervention for dealing with the elderly).

The three pillars of negative eugenics are *selective breeding*, *sterilization*, and *euthanasia*—and we are talking about people here, not animals. In fact, if Obamacare goes



into effect, animals—through the intervention of PETA—will enjoy more effective advocacy for their well being than will the elderly. If you cannot decide where you stand on Section 1233 of Obama's healthcare bill, just ask yourself this question: Do you want a latter-day disciple of Margaret Sanger counseling your elderly mother or father about so-called "end-of-life services?"

An educated informed USA citizen  
I will be at the March on DC 9/12  
Lloyd Martin

Subject: Something worth forwarding  
Date: Thu, 13 Aug 2009 09:31:30 -0500  
To: [REDACTED]  
From: info@messages.whitehouse.gov

P6/b(6)

Dear Friend,

This is probably one of the longest emails I've ever sent, but it could be the most important.

Across the country we are seeing vigorous debate about health insurance reform. Unfortunately, some of the old tactics we know so well are back — even the viral emails that fly unchecked and under the radar, spreading all sorts of lies and distortions.

As President Obama said at the town hall in New Hampshire, "where we do disagree, let's disagree over things that are real, not these wild misrepresentations that bear no resemblance to anything that's actually been proposed."

So let's start a chain email of our own. At the end of my email, you'll find a lot of information about health insurance reform, distilled into 8 ways reform provides security and stability to those with or without coverage, 8 common myths about reform and 8 reasons we need health insurance reform now.

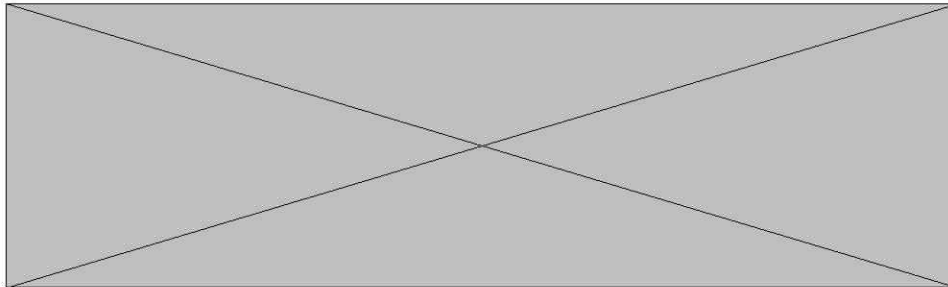
Right now, someone you know probably has a question about reform that could be answered by what's below. So what are you waiting for? Forward this email.

Thanks,

David

David Axelrod  
Senior Adviser to the President

P.S. We launched [www.WhiteHouse.gov/realitycheck](http://www.WhiteHouse.gov/realitycheck) this week to knock down the rumors and lies that are floating around the internet. You can find the information below, and much more, there. For example, we've just added a video of Nancy-Ann DeParle from our Health Reform Office tackling a viral email head on. Check it out:



### **8 ways reform provides security and stability to those with or without coverage**

1. 1. Ends Discrimination for Pre-Existing Conditions: Insurance companies will be prohibited from refusing you coverage because of your medical history.
2. 2. Ends Exorbitant Out-of-Pocket Expenses, Deductibles or Co-Pays: Insurance companies will have to abide by yearly caps on how much they can charge for out-of-pocket expenses.
3. 3. Ends Cost-Sharing for Preventive Care: Insurance companies must fully cover, without charge, regular checkups and tests that help you prevent illness, such as mammograms or eye and foot exams for diabetics.
4. 4. Ends Dropping of Coverage for Seriously Ill: Insurance companies will be prohibited from dropping or watering down insurance coverage for those who become seriously ill.
5. 5. Ends Gender Discrimination: Insurance companies will be prohibited from charging you more because of your gender.
6. 6. Ends Annual or Lifetime Caps on Coverage: Insurance companies will be prevented from placing annual or lifetime caps on the coverage you receive.
7. 7. Extends Coverage for Young Adults: Children would continue to be eligible for family coverage through the age of 26.
8. 8. Guarantees Insurance Renewal: Insurance companies will be required to renew any policy as long as the policyholder pays their premium in full. Insurance companies won't be allowed to refuse renewal because someone became sick.

Learn more and get details: <http://www.WhiteHouse.gov/health-insurance-consumer->



## 8 common myths about health insurance reform

1. 1. Reform will stop "rationing" - not increase it: It's a myth that reform will mean a "government takeover" of health care or lead to "rationing." To the contrary, reform will forbid many forms of rationing that are currently being used by insurance companies.
2. 2. We can't afford reform: It's the status quo we can't afford. It's a myth that reform will bust the budget. To the contrary, the President has identified ways to pay for the vast majority of the up-front costs by cutting waste, fraud, and abuse within existing government health programs; ending big subsidies to insurance companies; and increasing efficiency with such steps as coordinating care and streamlining paperwork. In the long term, reform can help bring down costs that will otherwise lead to a fiscal crisis.
3. 3. Reform would encourage "euthanasia": It does not. It's a malicious myth that reform would encourage or even require euthanasia for seniors. For seniors who want to consult with their family and physicians about end-of life decisions, reform will help to cover these voluntary, private consultations for those who want help with these personal and difficult family decisions.
4. 4. Vets' health care is safe and sound: It's a myth that health insurance reform will affect veterans' access to the care they get now. To the contrary, the President's budget significantly expands coverage under the VA, extending care to 500,000 more veterans who were previously excluded. The VA Healthcare system will continue to be available for all eligible veterans.
5. 5. Reform will benefit small business - not burden it: It's a myth that health insurance reform will hurt small businesses. To the contrary, reform will ease the burdens on small businesses, provide tax credits to help them pay for employee coverage and help level the playing field with big firms who pay much less to cover their employees on average.
6. 6. Your Medicare is safe, and stronger with reform: It's myth that Health Insurance Reform would be financed by cutting Medicare benefits. To the contrary, reform will improve the long-term financial health of Medicare, ensure better coordination, eliminate waste and unnecessary subsidies to insurance companies, and help to close the Medicare "doughnut" hole to make prescription drugs more affordable for seniors.
7. 7. You can keep your own insurance: It's myth that reform will force you out of your current insurance plan or force you to change doctors. To the contrary, reform will expand your choices, not eliminate them.
8. 8. No, government will not do anything with your bank account: It is an absurd myth that government will be in charge of your bank accounts. Health insurance reform will simplify administration, making it easier and more convenient for you to pay bills in a method that you choose. Just like paying a phone bill or a utility bill, you can pay by traditional check, or by a direct electronic payment. And forms will be standardized so they will be easier to

understand. The choice is up to you – and the same rules of privacy will apply as they do for all other electronic payments that people make.

Learn more and get details:

<http://www.WhiteHouse.gov/realitycheck>

<http://www.WhiteHouse.gov/realitycheck/faq>

## **8 Reasons We Need Health Insurance Reform Now**

1. 1. Coverage Denied to Millions: A recent national survey estimated that 12.6 million non-elderly adults – 36 percent of those who tried to purchase health insurance directly from an insurance company in the individual insurance market – were in fact discriminated against because of a pre-existing condition in the previous three years or dropped from coverage when they became seriously ill. Learn more:

[http://www.healthreform.gov/reports/denied\\_coverage/index.html](http://www.healthreform.gov/reports/denied_coverage/index.html)

2. 2. Less Care for More Costs: With each passing year, Americans are paying more for health care coverage. Employer-sponsored health insurance premiums have nearly doubled since 2000, a rate three times faster than wages. In 2008, the average premium for a family plan purchased through an employer was \$12,680, nearly the annual earnings of a full-time minimum wage job.

Americans pay more than ever for health insurance, but get less coverage. Learn more: <http://www.healthreform.gov/reports/hiddencosts/index.html>

3. 3. Roadblocks to Care for Women: Women's reproductive health requires more regular contact with health care providers, including yearly pap smears, mammograms, and obstetric care. Women are also more likely to report fair or poor health than men (9.5% versus 9.0%). While rates of chronic conditions such as diabetes and high blood pressure are similar to men, women are twice as likely to suffer from headaches and are more likely to experience joint, back or neck pain. These chronic conditions often require regular and frequent treatment and follow-up care. Learn more:

<http://www.healthreform.gov/reports/women/index.html>

4. 4. Hard Times in the Heartland: Throughout rural America, there are nearly 50 million people who face challenges in accessing health care. The past several decades have consistently shown higher rates of poverty, mortality, uninsurance, and limited access to a primary health care provider in rural areas. With the recent economic downturn, there is potential for an increase in many of the health disparities and access concerns that are already elevated in rural communities. Learn more: <http://www.healthreform.gov/reports/hardtimes>

5. 5. Small Businesses Struggle to Provide Health Coverage: Nearly one-third of the uninsured – 13 million people – are employees of firms with less than 100 workers. From 2000 to 2007, the proportion of non-elderly Americans covered by employer-based health insurance fell from 66% to 61%. Much of this decline stems from small business. The percentage of small businesses offering coverage dropped from 68% to 59%, while large firms held stable at 99%. About a third of



such workers in firms with fewer than 50 employees obtain insurance through a spouse. Learn more: <http://www.healthreform.gov/reports/helpbottomline>

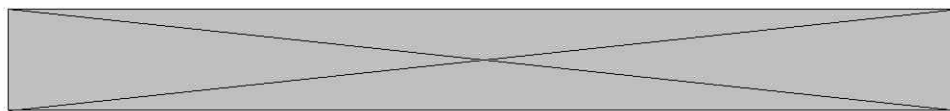
6. 6. The Tragedies are Personal: Half of all personal bankruptcies are at least partly the result of medical expenses. The typical elderly couple may have to save nearly \$300,000 to pay for health costs not covered by Medicare alone. Learn more: <http://www.healthreform.gov/reports/inaction>

7. 7. Diminishing Access to Care: From 2000 to 2007, the proportion of non-elderly Americans covered by employer-based health insurance fell from 66% to 61%. An estimated 87 million people - one in every three Americans under the age of 65 - were uninsured at some point in 2007 and 2008. More than 80% of the uninsured are in working families. Learn more:

<http://www.healthreform.gov/reports/inaction/diminishing/index.html>

8. 8. The Trends are Troubling: Without reform, health care costs will continue to skyrocket unabated, putting unbearable strain on families, businesses, and state and federal government budgets. Perhaps the most visible sign of the need for health care reform is the 46 million Americans currently without health insurance - projections suggest that this number will rise to about 72 million in 2040 in the absence of reform. Learn more:

[http://www.WhiteHouse.gov/assets/documents/CEA\\_Health\\_Care\\_Report.pdf](http://www.WhiteHouse.gov/assets/documents/CEA_Health_Care_Report.pdf)



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