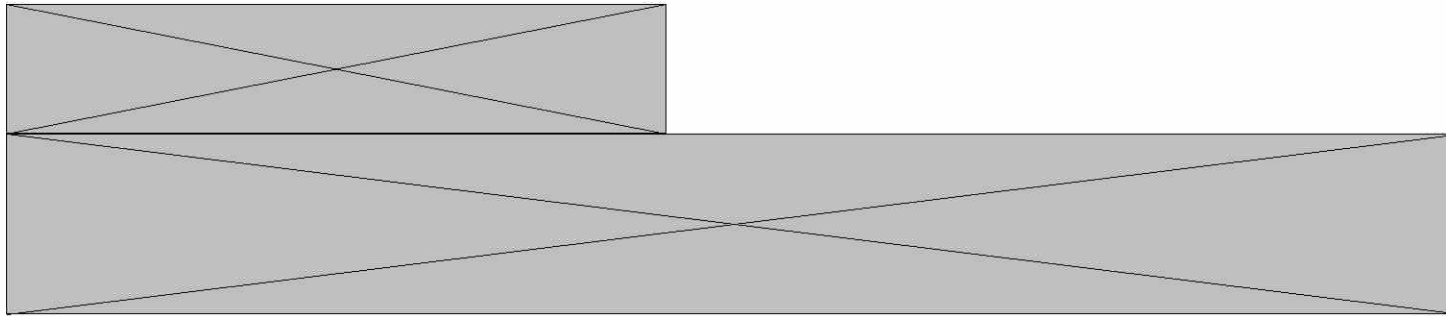


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**Subject:** http://pajamasmedia.com/blog/obamas-malthusian-health-care-lockbox/

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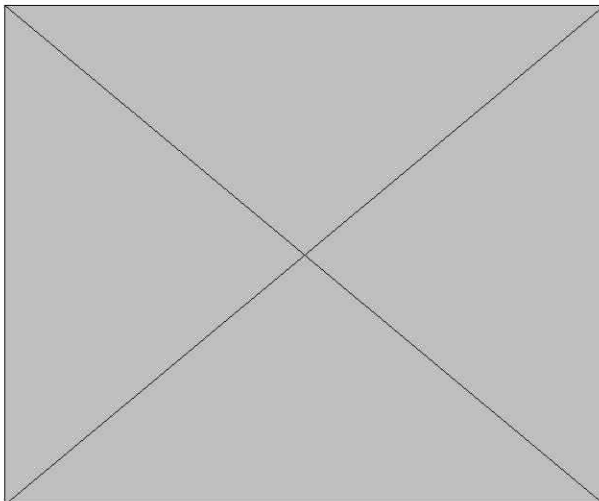
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## Obama's Malthusian Health Care Lockbox

*It is simply not true that health care is a zero-sum game, that someone's gain is someone else's loss.*

August 1, 2009 - by [James Lewis](#)

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The Inuit of the Arctic used to sacrifice their old people to save food for the rest of the clan during the long winters. The elders were expected to commit suicide. As they ran low on food and fuel, as sled dogs were slaughtered and eaten, the old ones walked into the long night and died. It made sense because there was a limited amount of food and warmth, and so many months of cold and darkness to go before the sun came back. If the elders resisted they might be publicly shamed. They would rather die. And so they walked into the snow.

It's astonishing, but that's the reasoning Barack Obama is using for the United States today. Obama's command seizure of one-sixth of the American economy is based on the assumption that medicine is a zero-sum game. The trouble is that Obama's assumption is false — and destructive. It has been falsified by every single advance in human health since the Industrial Revolution. It's simply not true that there is a fixed supply of medical care, one that cannot grow, become more effective, cost less, and make our lives better and longer. It is not true that my gain must be your loss.

Obama thinks the way [Thomas Malthus](#) did in 1798. But Malthus was wrong then, just like Obama is now.



So here's the question for every American. Under ObamaCare, when we really will have to divide up a Malthusian lockbox of federal money, how much will your life be worth? Your spouse's? Your child's? Your parents'? If you are an aging boomer, is your life worth as much as Sarah Palin's baby, born with Down Syndrome? And whom do you trust with the God-like power to make those decisions?

If we have a limited budget for all medical care — no more and no less — who is entitled to that extra dollar of care? Is it Michelle Obama or you? Your grandchildren? Ted Kennedy? Or some family in Somalia? For socialists, all the people of the world deserve the same medical care that you get. There is a fixed amount of medical dollars in the world. Your gain is their loss.

Older people spend a lot more on doctors than younger people. Should they be stopped from spending their money on staying healthy? If you spend your money on health care, does that subtract from the medical care of a young Mexican immigrant?

The Obama belief is that it does. But that's not the reality of medical science since the 1860s. Take as an example clean water. It has saved more lives than any other advance in history. It was public sanitation that triggered the first great leap in life expectancy, starting in 1869, when Louis Pasteur figured out how typhoid fever spread.

Public sanitation has *doubled* the human life span since then. All it took was separating the food and water supply from our bodily wastes. Now, if you're Obama, you believe all those miles of plumbing are a *cost* — everybody in the country has to pay for it. But if you're in touch with economic reality you see it as a net benefit. Sure it takes money to lay all those pipes for fresh water and to dispose of sewage. But life expectancy has doubled. That's not a net cost; it's an unimaginable benefit for all those lucky people. (That would be us, our parents, and children.) If you're Obama you think, "Uh-Oh, more money to spend on bodies that live twice as long!" That's Obama's Malthusian lockbox thinking. What we find in reality is that those longer-living people are healthier, more vigorous, think more clearly, have more fun, are better educated, generate more wealth and productivity, and create a gigantic demand for goods and services that keep industrialized economies humming. (*If you allow markets to work, that is.*) Spending money on public sanitation is a *wealth-generator*. If you don't believe Western history, look at India and China since the end of communism. Or take a look at South Korea versus North Korea. Which one is the Malthusian society, with hundreds of thousands of people dying from starvation? Which is the wealth-generating society? Which one has healthier people? Yes, you guessed right.

I've been reading one of Obama's central planners, Dr. Ezekiel Emanuel, brother of Rahm Emanuel — the Rahm-Bro — whose writings are all over the *Journal of the American Medical Association*. Dr. Emanuel is a "bioethicist" who runs studies of medical care for the National Institutes of Health. Somehow all his "studies" come to exactly the same conclusions: American medicine stinks. It's too expensive. And we're not getting value for all that money.

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*James Lewis is a scientist by trade, and carps as a hobby about the passing parade of human fraud and folly.*



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1. Avoid profanities or foul language unless it is contained in a necessary quote or is relevant to the comment.
2. Stay on topic.
3. Disagree, but avoid ad-hominem attacks.



4. Hate speech is not tolerated here.

5. Threats are treated seriously and reported to law enforcement.

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## 95 Comments

1. Too Little Too Late:

There are 54+ million “voters” that put Obama into office.

Of that 54+ million 98% of them still support the man; no matter what kind of maniacal crap he comes up with.

Even worse three fourths, or more of that 98% are 20 “cool”, “hip”, tattooed, products of outcome based education that if you shoved their brain up the rear end of a flea it would rattle like a BB inside a train boxcar.

Who are articles like this one supposed to appeal to, convince or educate? What does, “Obama’s Malthusian lockbox will become the law of the land if you don’t do anything about it.” mean?

Put together more Ron Paul supporter infiltrated super-duper semi-social Tea Parties so that a bunch of drones can walk around in mindless circles waving posters and flags at each other?

The malignancies we are dealing with now are not the weird fantasies of Obama and his ilk. Our nation is now in the final phases of the reality of death that terminal cancer brings. The time for routine checkups that would have prevented most, if not all of it are gone.

Aug 1, 2009 - 4:19 am 2. LeighB:

Obama will say anything to get more power. And perhaps he should get away from those icky Emanuel brothers. In his zero-sum mindset, there would be more money available for health care if the government would stop giving Dr. E money for his “research”.

Tort reform and increased competition are ways to improve the current system. The government already has too large of a role in health care (Medicare, Medicaid, VA system) and it should work to improve those programs and leave the private sector to improve the rest. If people could sue their HMOs for denying evidenced-based, effective services that might be a step in the right direction as well.

Back to the topic at hand, if Obama and Congress are so concerned about too much being spent on older people, is Ted Kennedy going to write the government a check to repay the cost of his health care over the past year? How about Chris Dodd? I don’t think he should have prostate surgery, he’s old, right? Of course I don’t agree with this line of thinking but our President does.

Aug 1, 2009 - 4:47 am 3. Anonymous:

One of the American modern progressive movement’s founders was Margaret Sanger, founder of the eugenics movement in America. Adolf Hitler was one of her admirers. So is Hillary Clinton. Of course Obama and his Czars are eugenicists too. Surprise.

And we DID know who he and they were before the elections. America didn’t care.

Aug 1, 2009 - 4:47 am 4. The Shadow:

This is possibly one of the most poorly argued post I have ever read

0A

Aug 1, 2009 - 7:36 am 5. jharp:

“I’m willing to risk an extra three thousand dollars per year for medical care, on the chance that a



doctor will diagnose breast cancer in a woman I love”

There is no evidence, zero, that spending an additional \$3,000 a year increases the odds of diagnosing breast cancer. It’s an easy diagnosis.

Aug 1, 2009 - 7:44 am [6. Rob](#):

@ Too Little,

Are you saying that you are giving up on America and have to stomach for a struggle?

Aug 1, 2009 - 8:05 am [7. clarice](#):

I think James is one of the brightest writers I know, and surely this shows the depth of his thinking and has capacity to write clearly.

Aug 1, 2009 - 8:09 am [8. Meryl](#):

I’ve known for 30 years this day is coming, as has everyone else who took seriously the reasoning used to justify the deaths of millions and millions of prebirth babies.

There is such a thing as truth in both math and morals. obama and his gang know nothing of either.

Aug 1, 2009 - 8:29 am [9. Sherab Zangpo](#):

Truly excellent column. Thank you very much.

A rare beam of light in the darkness of the regime of subversive nihilism.

Thank you for the opportunity to comment.

Aug 1, 2009 - 9:52 am [10. Sherab Zangpo](#):

#8 Meryl

You are right: there is a straight line between the murder of babies and the murder of the elderly.

As we know, it can be further extended (Khmer Rouges’ killing fields:) to :

everyone older than 12 is a capitalist pig and must be killed.

All nazi-marxist masterworks of satanism.

Thank you for the opportunity to comment.

Aug 1, 2009 - 9:57 am [11. steeple](#):

Shadow, I might say that a bout your non-factually based response.

Health care is a profession that requires a tremendous amount of dedication and passion in order to deliver the quality of care that we have here in the US. Once the govt rips this energy away from our providers, we’re going to get “take a number” service from the Postal equivalent of medicine. Once this happens, we’ll go to a zero sum game by definition since any concept of value creation will be lost.

From today’s Times Online, here’s govt service coming to a theatre near you:

Health and safety row over man who died in 18in of water as 999 teams were told it was too risky to rescue him

By Stephen Wright

Last updated at 7:48 AM on 01st August 2009

Police, firemen and paramedics refused to go to the aid of an accident victim who was drowning in just 18 inches of water... because they believed it was too dangerous. A senior fire officer banned his men from using ropes and ladders to climb down a 15ft bank to the victim after carrying out a ‘risk assessment’. Acting on advice, ten police officers who attended the emergency also failed to rescue father-of-three Karl Malton, 32, as he lay face down in the shallow water.

His body lay there for three hours after a decision was made to send for a ‘water rescue team’ based more than 50 miles away. When relatives arrived at the scene, they found emergency workers standing around drinking tea.



An inquest into Mr Malton's death yesterday heard that officers no longer have to swim or receive life-saving training. Last night Mr Malton's father Peter branded the emergency services' response to the tragic accident as 'unacceptable'. The case has prompted fresh controversy over how health and safety restrictions are preventing the emergency services from fulfilling their most basic duties.

Aug 1, 2009 - 10:03 am [12](#). Anonymous:

#4 Shadow – For once, I agree with you. This was a very disjointed article, seeming to contradict itself at times. Gods, I'm agreeing with a troll! Maybe I need end-of-life counselling, now.

Aug 1, 2009 - 10:17 am [13](#). G Cooper:

The real problem is healthcare by government entitlement.

One of the few Republicans we have in congress should propose an total elimination of Medicare and the VA system.

We then could give our veterans insurance vouchers.

If citizens did not prepare for their "golden years" it is not the problem of others.

Aug 1, 2009 - 10:22 am [14](#). [Sherab Zangpo](#):

#11 Steeple

From the same article you quote, ANOTHER CASE:

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The chief constable's comments on health and safety regulations came after two community support officers stood by while a ten-year-old boy drowned in a pond in Wigan.

Greater Manchester Police said at the time that their decision not to jump into the pond because they lacked training in "water rescue" was right.

The family of Jordon Lyon demanded to know why the two failed to help the child's stepfather, a friend and a uniformed sergeant, who all dived in to try to save the boy.

Sergeant Kay told the Lincolnshire inquest that there should be national guidelines for police officers about how to carry out rescues in water.

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AND IN SOCIALIST LANDS, WITHOUT "NATIONAL GUIDELINES"...THEY LET YOU DIE...

Thank you for the opportunity to comment

Aug 1, 2009 - 10:48 am [15](#). [venividivici](#):

*There is no evidence, zero, that spending an additional \$3,000 a year increases the odds of diagnosing breast cancer. It's an easy diagnosis.*

So why are they trying to develop more sophisticated tests that will diagnose it earlier, assh\*le?

Yeah, it's a f\*cking easy diagnosis when it might already be too late to stop it from developing into something terminal. And, yeah, I speak from f\*cking experience, OK jerkoff?

Aug 1, 2009 - 11:01 am [16](#). [adam](#):

15. [venividivici](#):

*"There is no evidence, zero, that spending an additional \$3,000 a year increases the odds of diagnosing breast cancer. It's an easy diagnosis.*

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And just remember, when socialist health care comes through, it will be people who share the mentality of #7 who will decide which treatments you can get, which technologies get developed, which new drugs get invested in, etc.

Aug 1, 2009 - 11:14 am [17](#). [Morry Rotenberg](#):



Malthus, Sanger, Ehrlich, Holdren, and dare I say Obama and the left in general are all part of the same philosophy. They hate humans and see them as liabilities and destroyers of the earth and mother nature rather than as assets to be nurtured in order to promote population growth. Malthus, Sanger, Ehrlich, and Holdren have been proven wrong in their predictions of doom related to human over population. Let us hope that the country can survive Obama's equally destructive policies

Aug 1, 2009 - 11:38 am [18](#). adam:

"And just remember, when socialist health care comes through, it will be people who share the mentality of #7 who will decide which treatments you can get, which technologies get developed, which new drugs get invested in, etc."

I'm sorry, I meant #5 (jharp)—do the numbers change on these comments?

Aug 1, 2009 - 11:39 am [19](#). Anonymous:

Say NO to taxpayer-funded healthcare for illegal aliens. Send them HOME!

Aug 1, 2009 - 11:57 am [20](#). Moogie:

"There is no evidence, zero, that spending an additional \$3,000 a year increases the odds of diagnosing breast cancer. It's an easy diagnosis."

And there is no evidence, zero, that NOT spending an additional \$3,000 per year increases the odds of diagnosing breast cancer.

"It's an easy diagnosis."

Obviously said by someone who hasn't had their boobs compressed to 1/4 inch pancakes in a mammography machine; or a "needle" the size of a coffee stir stick shoved into the center of their boob in order to obtain a biopsy sample; or had their boobs sliced into in order to retrieve tumors; or had their boob(s) removed for cancer.

Aug 1, 2009 - 12:08 pm [21](#). jharp:

"So why are they trying to develop more sophisticated tests that will diagnose it earlier, assh\*le?

Yeah, it's a f\*cking easy diagnosis when it might already be too late to stop it from developing into something terminal. And, yeah, I speak from f\*cking experience, OK jerkoff?"

I guess I didn't put that very well.

Of course it is our best interest to develop new technologies for early detection.

Still there is no evidence that offering a public insurance option would do a dam thing to hinder any of that progress.

Clear?

Aug 1, 2009 - 12:24 pm [22](#). jharp:

"Still there is no evidence that offering a public insurance option would do a dam thing to hinder any of that progress."

As a matter of fact, it is far more likely that we could spend more on early detection by getting an efficient public plan in place.

Aug 1, 2009 - 12:26 pm [23](#). Bill H:

In the 1950s, a person diagnosed with Hogkin's lymphoma had a 5% chance of surviving 5 years. The treatment given then was simple – a few radiation therapy treatments to the involved lymph nodes. This would shrink the lymph nodes, but in a few months or years, new diseased lymph nodes would appear elsewhere in the body, which would eventually cause death. In the 1960s, a group of doctors at Stanford started treating all of the lymph nodes in the body, which resulted in 50-60% 5 years survivals. In the 1960s and 70s, multiple drug chemotherapy courses were used which increased the survival rate to 80%. With improvements in diagnostic information (PET scans, for example) and treatment, the 5 year survival is over 90% now.



This is true for many other types of cancer, including leukemia in children. Now ask yourself whether those scenarios can happen in the future if the proposed “health care reform” is passed. The British health system uses the same comparative effectiveness review process that is proposed in HR 3200 (and many of the other proposed reform bills) – which basically means that no treatment can be used unless it is proven to be better than the current treatment. This means that the treatments given today will be the same treatments 20 years from now. The 5 year survival rates for cancer in Britain were about the same in 1980s as in the US. The 5 year survival rates in Britain now are the worst in Europe, and far inferior to cure rates in the US (which has superior 5 year survival rates compared to EVERY European country). Change is not always better, even when you hope it is.

Aug 1, 2009 - 12:34 pm [24](#). venividivici:

*As a matter of fact, it is far more likely that we could spend more on early detection by getting an efficient public plan in place.*

Why is it far more likely? What makes that claim so “matter of fact”? I mean, come on, man, you can’t just make claims and say this and that without any sort of empirical or rational evidence, knowing full well that the end-product, i.e. a public plan, won’t be able to deliver the goods. In the private sector, that’s called a “bait and switch” and is illegal.

Aug 1, 2009 - 12:45 pm [25](#). venividivici:

#16

*And just remember, when socialist health care comes through, it will be people who share the mentality of #7 who will decide which treatments you can get, which technologies get developed, which new drugs get invested in, etc.*

I agree. These people have absolutely no imagination or vision of what is possible and what creative people can devise in the ways of new inventions.

In about 1900 or so, the head of the US Patent Office recommended shutting it down because (paraphrasing) “Everything worth inventing had already been invented”. These people hold the same mentality and it’s just as wrong now. Just because THEY can’t think up new products and inventions, they assume no one else can, either. It’s like their complaint that they can’t support tax cuts because “who knows what the masses will do with that money”. For someone with a free-market orientation, that’s exactly the point. Who does know? No one and that’s exactly what opens up opportunities for innovations to emerge.

I’ve said it before, it’s like we are dealing with two different species.

Aug 1, 2009 - 12:50 pm [26](#). jharp: < div>

“As a matter of fact, it is far more likely that we could spend more on early detection by getting an efficient public plan in place.”

Why is it far more likely?

---

By funneling all of the savings that were previously wasted on administrative costs into research. “And that’s why the public plan is an important part of reform: it would help keep costs down through a combination of low overhead and bargaining power. That’s not an abstract hypothesis, it’s a conclusion based on solid experience. Currently, Medicare has much lower administrative costs(3%) than private insurance companies(10%-20%), while federal health care programs other than Medicare (which isn’t allowed to bargain over drug prices) pay much less for prescription drugs than non-federal buyers. There’s every reason to believe that a public option could achieve similar savings.

Aug 1, 2009 - 1:04 pm [27](#). jharp:

Bill H: and venividivici:,



Why do you continue to cite the socialist health care system of the U.K.?

No one is proposing anything like it.

Why is that so hard to understand?

And no venividivici, your statement is simply made up and is false. "These people have absolutely no imagination=2 0or vision of what is possible and what creative people can devise in the ways of new inventions." is nonsense.

Give me a break. It's your side who relies on prayer. We're the guys who rely on science.

Remember?

Aug 1, 2009 - 1:11 pm [28](#). venividivici:

*Give me a break. It's your side who relies on prayer. We're the guys who rely on science.*

*Remember?*

Oh, please. Inventors and capitalists may pray for inspiration, but they certainly don't rely on it to actually get the work done. It's like an interview I saw many years ago with a well-known investor, who was asked if he'd invest in Israel (he was Jewish) and said, "No, I love Israel with my heart, but I invest with my head."

I also must have missed all the Theology classes in business school. Oh, that's right, there weren't any. Just classes on microeconomics, marketing, finance, etc.

*And that's why the public plan is an important part of reform: it would help keep costs down through a combination of low overhead and bargaining power. That's not an abstract hypothesis, it's a conclusion based on solid experience. Currently, Medicare has much lower administrative costs(3%) than private insurance companies(10%-20%), while federal health care programs20other than Medicare (which isn't allowed to bargain over drug prices) pay much less for prescription drugs than non-federal buyers. There's every reason to believe that a public option could achieve similar savings.*

Two points about "administrative costs". One, unless a public option somehow manages to exist without people staffing it, it's going to be tough to reduce costs, since labor is the largest component of any SG&A. Second, even if a public option isn't necessarily going to need to earn a profit, it will still need to know how much things are going to cost in order to know how much to gouge us in taxes. Third, even if the executives of the public option get paid less than the executives of private insurers, the cost of the CEO of Wellpoint's total compensation (I was just looking at this yesterday) was 0.2% of Wellpoint's revenues. Let's say the head of a public plan gets paid 10% of what the CEO of Wellpoint gets paid. That's a whopping 0.18% of increased funding for other purposes. Fourth, things that insurers do that are actually of value to consumers/policyholders, but can't necessarily be charged for, end up as expenses in SG&A.

One good example is wellness programs. That mailer you get from an insurer or that cholesterol test you get is subsidized in SG&A. Fifth, SG&A also contributes to competition in the insurance industry by funding positions for insurance brokers who call on employers to discuss with them the latest options available. Sixth, SG&A also contributes to consumer satisfaction. I've said before that I can cut administrative costs by 90% at an insurance company by cutting 90% of the claims processors and you'll just have to wait 9 times longer for your claim to be processed. Since this is already a huge reason why doctors are turning away Medicare patients, it hardly seems like the way we'd want the rest of the health care industry to go. Seventh, the "administrative cost" of Medicare doesn't take into account the patient's time spent finding a doctor that actually takes Medicare patients. Time is money (and, in this case, health), so that needs to be factored in. If I'm a Medicare patient and it takes me 25 hours to find a doctor, whereas someone in a private plan, with decent reimbursement schedules, can find a doctor in an hour, that 24 hours needs to be added in to Medicare's "administrative costs".



Again, I am not a stupid person, nor do I rely on superficial analysis to guide my decision-making. Unless you have legitimate responses to all of these items (or can show why they are themselves illegitimate), I would argue that you need to tread very carefully on any sort of “administrative cost” efficiency argument, because they are definitely NOT as simple as they seem.

Aug 1, 2009 - 1:53 pm [29](#). venividivici:

*Give me a break. It's your side who relies on prayer. We're the guys who rely on science. Remember?*

Oh, please. Inventors and capitalists may pray for inspiration, but they certainly don't rely on it to actually get the work done. It's like an interview I saw many years ago with a well-known investor, who was asked if he'd invest in Israel (he was Jewish) and said, “No, I love Israel with my heart, but I invest with my head.”

I also must have missed all the Theology classes in business school. Oh, that's right, there weren't any. Just classes on microeconomics, marketing, finance, etc. Stick your “we're the guys who rely on science” up your ass.

*And that's why the public plan is an important part of reform: it would help keep costs down through a combination of low overhead and bargaining power. That's not an abstract hypothesis, it's a conclusion based on solid experience. Currently, Medicare has much lower administrative costs(3%) than private insurance companies(10%-20%), while federal health care programs other than Medicare (which isn't allowed to bargain over drug prices) pay much less for prescription drugs than non-federal buyers. There's every reason to believe that a public option could achieve similar savings.*

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Aug 1, 2009 - 1:56 pm [30](#). venividivici:

Obviously, my “two points” turned into “seven points”, but whatever.

Aug 1, 2009 - 1:58 pm [31](#). Bill H:

jharp – Actually, there is evidence that putting a public plan in place will hurt early detection (see Canada and the UK).

The problem with most screening and early detection procedures is that they are useful to the individual, but not necessarily to societal costs. If I am screened with colonoscopy, it reduces the risk that I will be diagnosed with colon cancer. But...I need to be screened every 5-10 years, at a cost of \$2,000-\$3,000 every time. The benefit to me is potentially great – I may prevent developing a colon cancer. But the cost to society is high – many people have to be screened to prevent one colon cancer. From a governmental perspective, it doesn’t make sense to offer that screening procedure. From an individual perspective, it makes a lot of sense. When you cede control of the costs and payment to the government, who do you think will win?

Aug 1, 2009 - 2:13 pm [32](#). Linda Rivera:

Thank you Mr. Lewis for your article. Mainstream media again betray the public by not alerting them to this horror.

This is much more than a health bill, it is a massive attack on our freedom. It is the CONQUEST of Americans by the U.S. Government. A Coup Where Government Would Even Have Access to Americans’ Bank Accounts.

WORLDNETDAILY.COM

July 31, 2009

Obamacare called

‘euthanasia bill’

Critic: ‘Reflects regime worse than China’s one-child policy’

July 31, 2009

By Bob Unruh

The Democrats’ proposed national health insurance plan would dictate medications, treatments and mental health services; determine coverages individuals are allowed to have.

In the Liberty Counsel analysis, Staver notes that under Section 163, the government would be allowed to have real-time access to individuals’ finances, including direct access to bank accounts for electronic funds transfers.

Under Section 1308, the analysis finds, the government will dictate marriage and family therapy as well as mental health services, including the definitions of those treatments.

It also, according to Staver, “covers abortions, transsexual surgeries, encourages counseling as to how many children you should have, whether you should increase the interval between children.”

And as people age or get sicker, it includes mandatory “consultations” offering suggestions on how to end life sooner, he said.

“In the name of population control, Holdren has advocated both forced abortion and compulsory sterilization through government-administered tainting of the water supply. In a book he co-authored, entitled ‘Ecoscience: Population, Resources, Environment,’ Holdren calls for a



Planetary Regime' to enforce mandatory abortions and limit the use of natural resources," he wrote.

"Those 65 and older will be required to undergo mandatory 'end of life' counseling to determine if they are worthy to continue to not only live, but take much needed resources from those who are younger and more worthy to receive them. Counselors will be trained to discuss how to end life sooner, how to decline nutrition and hydration, how to go into hospice, etc.," she said.

"This will not be done without coercion. For those who have amassed assets enough to take care of themselves in their old age will have these assets confiscated in the name of fiscal responsibility, because by this time, every citizen will be entered into a national database under the guise of improved efficiency. This database will be run by a type of 'star chamber,' appointed by the president, that will determine whether or not you deserve the much needed operation your personal doctor thinks you need," she said.

...regulate whether seniors can have wheelchairs, penalize hospitals or doctors whose patients require "readmission," prevent the expansion of hospitals...

Under Section 440, Liberty Counsel said, the government "will design and implement Home Visitation Program for families with young kids and families that expect children." And Section 194 provides for a program that has the government "coming into your house and teaching/telling you how to parent," LC said.

"One of the most shocking things is page 425, where the Congress would make it mandatory absolutely that every five years people in Medicare have a required counseling session," she said. "They will tell [them] how to end their life sooner."

<http://www.wnd.com/index.php?fa=PAGE.printable&pageId=105525>

Aug 1, 2009 - 2:24 pm [33](#). Bill Hartsell:

jharp – Why do I keep bringing up the UK? Because many of the features of administrative control in the proposed health reform bills are similar to the administrative procedures in the UK. As for administrative costs, using administrative percentage of total costs is the wrong measure. The reason that the percentage of administrative costs are lower for Medicare is because Medicare patients are older and use many times the dollar amounts for health care compared to the younger insured patients.

The actual administrative cost per person is actually less for private insurance than Medicare. An analysis by Robert Book, PhD, found that 2005 administrative costs were \$509 per medicare patient vs. \$453 per private insurance=20patient.

Aug 1, 2009 - 2:27 pm [34](#). jharp:

"Again, I am not a stupid person, nor do I rely on superficial analysis to guide my decision-making. Unless you have legitimate responses to all of these items (or can show why they are themselves illegitimate)"

Here you go.<http://content.nejm.org/cgi/content/abstract/349/8/768>

One huge difference between the American system and Canada's national health care is the extreme cost of administering private insurance in the U.S. A study published in 2003 in the New England Journal of Medicine showed that administrative costs were \$1,059 per person in the U.S. but only \$307 per person in Canada. That excessive \$752 in administration costs paid in the U.S. for each insured person has only grown larger in the ensuing years.

Aug 1, 2009 - 2:42 pm [35](#). Sebastian Shaw:

President Obama will say & do anything to get more power. However, Obama still is drowning in the deep ocean without a life preserver, although he believes he is fine & dandy thanks to his overblown ego; there are 5 versions of the health care bill, yet Obama is not familiar with any of



them. He regularly contradicts himself when he tires of defending the public option. But facts are curious things. Facts cannot be spun when they are known. And the more people know about this health care boondoggle, the less the people like it.

This is the calm before the storm. The storm will come in September when the legislatures return from their home districts battered & bruised by their constituents. President Obama will be repeating the same shallow nonsense he has been saying all along. I think most people will ignore Obama & turn their ire toward Congress—just in time for the 2010 elections...

Aug 1, 2009 - 2:43 pm [36](#). venividivici:

*And that's why the public plan is an important part of reform: it would help keep costs down through a combination of low overhead and bargaining power.*

OK, so now on to "bargaining power". First, the idea that the government, which is the only party to negotiations that can actually make law, should be using that power to bargain down prices is vaguely reminiscent of the Mafia. "Gee, nice drug company you got there, be a shame if something were to happen to it. Now, give us these pills at \$50/unit and we'll call it a day."

Great way to run an economy and encourage innovation. Second, the reduced profitability of pharma companies has already, due to Medicare, cost millions of 0life-years". This is from the Manhattan Institute (and if you attack it because of that, I'll know you're just a partisan hack.

Attack the methodology, if you can):

n the short run, federal price negotiations would allow some consumers to receive medicines at lower prices, or, alternatively, would yield savings for federal taxpayers. The longer-term human costs of government price-negotiation, however, are likely to be large and adverse. This paper estimates that investment in new drug research and development would decline by approximately \$10 billion per year. It estimates as well the effect of reduced pharmaceutical R & D investment on American life expectancies, or expected "life-years". Specifically, this work projects that federal price negotiations would yield a loss of 5 million expected life-years annually, an adverse effect that can be valued conservatively at about \$500 billion per year, an amount far in excess of total annual U.S. spending on pharmaceuticals.

[http://www.manhattan-institute.org/html/mpr\\_03.htm](http://www.manhattan-institute.org/html/mpr_03.htm)

Third, this sort of tactic would just incent drug manufacturers to move more R&D and production overseas, to lower costs, at a cost of very well-paying US jobs. Since there is no way that the government would be able to enforce any rule against US-based companies selling into the US market (that would go over like a skunk at a garden party with voters), we'd end up with drugs that could have been developed here being developed elsewhere (or being developed by companies whose countries didn't saddle them with insane pricing disadvantages). Fourth, people with the sort of "human capital" that would enable them to go into drug manufacturing will go into other fields where they aren't in the government's crosshairs. If the government is going to capture the value of drug manufacturing anyway, why not just work for the government's Department of Drug Price Negotiations?

Again, it is mind-boggling to me that the people pushing these plans don't even begin to reach any level of sophistication in their analysis of the entire spectrum of effects. And you people consider yourselves intelligent? It's a joke.

Aug 1, 2009 - 2:47 pm [37](#). fear obama:

Isn't it funny that the ones voting liberal democrat and for Obama are the disabled, diabetic and more likely to be asked by an Acorn volunteer if they would like to sign a paper for government administered death?

After studying Egyptian history I plan to be like the upper class and take a few slaves/Acorn volunteers with me.



“So Before we sign the papers you Bros. drink some of this cherry Kool aid and sit down and cool your tired feet.D

Aug 1, 2009 - 2:59 pm [38](#). venividivici:

#34

That New England Journal of Medicine article is like the bible for the various “single-payer” advocates. I must have been given that link half a dozen times in these threads.

Anyway, it only addresses a portion of what I wrote and in no way addresses the patient’s time in getting to the point where the patient can actually see a doctor. I’d also love to see the portion of administration allocated to ensuring that all possible legal ramifications were handled broken out, to get at the impact of liability on the total administrative costs. Also, the way it hypes the efficiency of having only one plan to “choose” from is like the old socialist notion that having only one kind of cereal was more efficient than having the variety of cereals we have here in the US. The only problem was that instead of even one type of cereal, they had zero cereal.

Again, setting up the proper analysis is key to any understanding. While that NEJM analysis is a step in the right direction, I don’t think it’s nearly enough to turn over 20% of the economy to the government.

Aug 1, 2009 - 3:24 pm [39](#). Reb eccah:

Don’t pity Dr. Emmanuel’s loved ones, Mr. Lewis. *They* won’t have to suffer the same kind of (non)care given to us peasants. That’s the way things work in Obamerica: Too much for thee, just enough for me.

Aug 1, 2009 - 3:33 pm [40](#). venividivici:

From the NEJM article:

*Our analysis also omits the costs of collecting taxes to fund health care*

OK, since one country, Canada, has a completely taxpayer-funded system and the other, the US, is much more private-payer-funded, which country gets an advantage from excluding the costs of tax collection for administrative costs?

Again, it’s at least a reasonable attempt at an analysis, but I would never take something that loose into my own boss and say “Here’s the end-all be-all analysis of this issue” and I certainly wouldn’t base policy on it.

Aug 1, 2009 - 3:37 pm [41](#). Moogie:

“efficient public plan” = oxymoron.

You want efficiency? Go to the VA. Go to the DMV. Go to your state Department of Vocational Rehab. Go to the local building department and get a permit. /sarc off

If that’s the efficiency you are espousing, then baby, you really do live in a dream world that’s different than the reality the rest of us are living.

Aug 1, 2009 - 4:01 pm [42](#). venividivici:

For an easily digestible synopsis of the work cited in #33

<http://www.heritage.org/research/healthcare/wm2505.cfm>

Of course, jharp will move on to another thread and claim the same old thing about taking administrative costs out of the system and putting them into research. It’s a friggin’ joke how these people debate.

Aug 1, 2009 - 4:06 pm [43](#). jharp:

venividivici:

“And that’s why the public plan is an important part of reform: it would help keep costs down through a combination of low overhead and bargaining power.”

“OK, so now on to “bargaining power”. First, the idea that the government, which is the only



party to negotiations that can actually make law, should be using that power to bargain down prices is vaguely reminiscent of the Mafia.”

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venividivici,

Put the crack pipe away.

That is exactly what Medicare does today, negotiates. And it works.

You are spending way too much time posting meaningless strings of words that are utter nonsense.

Stick to the issues.

And ObamaCare is gonna pass and you know it. The arguments against it are getting more and more preposterous.

Witness James Lewis in his post here using this example. “The elders were expected to commit suicide.”

Now tell me just what in the heck is that supposed to do other scare some old folks. Classy guys, real classy.

You sicken me.

Aug 1, 2009 - 4:13 pm [44](#). steeple:

jharp, do you think that the difference in the two legal systems is the reason for the Canadian and US administrative cost contrast? i suspect that the amount of defensive medicine practiced along with the countervailing cost control function of the insurance administrators in the US is much higher.

i believe that a large part of this cost delta could be addressed with tort reform in our civil system that would allow docs to practice without feeling like a defense lawyer is peeking over his shoulder at each turn waiting for a slipup.

Aug 1, 2009 - 5: 03 pm [45](#). adam:

jharp comes back to the standard leftist response: shut up! And: we won! It seems to me more likely that that’s the real sign of desperation—anyone who things the biggest obstacle to innovation is “administrative costs” isn’t worth spending much time talking with anyway. If those Americans opposed to this usurpation maintain their opposition—even to the point of being ready to go to jail in violating whatever government-based determinations of acceptable forms of treatment and access emerge—it will be very difficult for whatever bill ultimately passes to be anything but a terrible mess. The tea party movement will be tested in it comes time to exhibit civil disobedience to creeping tyranny, “soft” for now, but sure to get harder.

Anyway, thanks for the informative posts, venividivici

Aug 1, 2009 - 5:08 pm [46](#). jharp:

steeple:

jharp, do you think that the difference in the two legal systems is the reason for the Canadian and US administrative cost contrast?

No. Not at all. And there is no evidence to support that claim.

“i suspect that the amount of defensive medicine practiced along with the countervailing cost control function of the insurance administrators in the US is much higher.”

This seems to be the latest wingnut talking point. I sure see it a lot.

And with no evidence, none whatsoever, to substantiate it.

Be a hero to the wingnut cause. Find some evidence to back up your claim. Obama is on the record that tort reform is something he’d consider.

Aug 1, 2009 - 5:14 pm [47](#). venividivici:

venividivici,



*Put the crack pipe away.*

*That is exactly what Medicare does today, negotiates. And it works.*

*You are spending way too much time posting meaningless strings of words that are utter nonsense.*

*Stick to the issues.*

Wow, insightful and meaningful critique. Medicare negotiated prices “work” at the expense of the development of new drugs, due to the lower profitability of the pharma industry as a result of the government’s “negotiating power”.

I’ll take the rest of what you say as a “I don’t know what to say to any of this, so I’ll just assert that it’s nonsense and maybe the man who doesn’t agree with my talking points will go away”.

Yes, it does happen that sometimes I can argue over people’s heads and it comes across as meaningless. I’d dumb it down for you, but these are complex issues, about which you clearly have very little capability of anything resembling thinking.

*The arguments against it are getting more and more preposterous.*

You are the sh\*ttiest debater in the history of debating. I realize it’s just an internet message board, but you haven’t even shown a single argument put against what you’ve said to be incorrect, never mind preposterous.

*You sicken me.*

Good.

Aug 1, 2009 - 5:34 pm [48](#). venividivici:

*And with no evidence, none whatsoever, to substantiate it.*

A few hours ago you had “no evidence, none whatsoever” that Medicare administrative costs were higher per capita than private insurance. Sounds like you’re more ignorant about “evidence” than you thought you were, so perhaps you’d do better spending less time posting and more time studying the issue.

Aug 1, 2009 - 5:37 pm [49](#). venividivici:

*Be a hero to the wingnut cause.*

If you’re a hero to the moonbat cause, man, that’s one lost cause.

Aug 1, 2009 - 5:38 pm [50](#). pacificisland:

5. jharp:

“I’m willing to risk an extra three thousand dollars per year for medical care, on the chance that a doctor will diagnose breast cancer in a woman I love”

There is no evidence, zero, that spending an additional \$3,000 a year increases the odds of diagnosing breast cancer. It’s an easy diagnosis.

YOU don’t know what you’re talking about. I was just diagnosed with a very aggressive extremely fast-growing breast cancer that is not detected on a routine mammogram just 6 weeks before a lump appears. I had surgery two weeks from finding the lump (on self-exam) – the very busy surgeon who saw me right away, made room on his schedule one week after I first saw him.

The medication that will save my life was only available to the general public two years ago.

Without superb, very fast treatment and high-tech PRIVATE and expensive research that discovered the drug that will save my life, and other women who get this type of breast cancer -I would be dead. And I’m not old and still have 3 children at home. Under Obamacare, I would be dead!

Aug 1, 2009 - 6:22 pm [51](#). venividivici:

45

*Anyway, thanks for the informative posts, venividivici*



Sure thing. I've consulted to the life insurance industry before, but I'm just ramping up on the health insurance side, mostly because of this debate on ObamaCare being in the news so much. As a consultant, you need to have your facts straight or the client won't pay you, so I'm used to having to be pretty careful about data. See, those capitalist incentives work every time.

Aug 1, 2009 - 6:23 pm [52](#). jharp:

venividivici:

"Medicare negotiated prices "work" at the expense of the development of new drugs, due to the lower profitability of the pharma industry as a result of the government's "negotiating power"." I managed to salvage this from your last post of mindless drivel. It was the only point that even remotely addressed the issue.

Good one. Makes a lot of sense whatever it is you are trying to say.

I'm guessing it's that we need to continue to subsidize big Pharma by paying twice what the rest of world pays for health care.

For the same level of care.

Aug 1, 2009 - 6:37 pm [53](#). jharp:

48. venividivici:

And with no evidence, none whatsoever, to substantiate it.

A few hours ago you had "no evidence, none whatsoever" that Medicare administrative costs were higher per capita than private insurance. Sounds like you're more ignorant about "evidence" than you thought you were, so perhaps you'd do better spending less time posting and more time studying the issue.

Aug 1, 2009 - 5:37 pm

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Holy smokes!

Have you been in the ganja tonight?

Aug 1, 2009 - 6:40 pm [54](#). Delia:

jHarpy, would you have aborted your daughter if you had known ahead of time she had a disability? Would you abort a child if Obamacare refused to treat your child for a disability you knew ahead of time about?

I doubt Obamacare is going to do a whole lot for people with disabilities or pre-existing conditions...old **or young**. Why do you think they 'powers-that-be' have written themselves OUT of Obamacare? If it's so greaaaaaaaaat then, why aren't they willing to be subjected to the same level of care? :\

Aug 1, 2009 - 6:50 pm [55](#). venividivici:

Holy smokes!

Have you been in the ganja tonight?

*I managed to salvage this from your last post of mindless drivel. It was the only point that even remotely addressed the issue.*

You like to say stuff without proving it a lot. You are not among like-minded people here. We do not take your assumptions as gospel and I am under no compulsion to take anything you say as anything other than an opportunity to debunk you with superior facts. Apparently, at least a couple of other people have read what I posted and not found it as baffling as you seem to. Perhaps we are up against some genetically-determined cognitive limitations here, i.e. your parents were dumbsh\*t's and your a dumbsh\*t.

Now, engage the f\*cking arguments or just go f\*ck yourself. Simple choice. You linked to a study that a second-rate statistics grad student could debunk and got that crap thrown back in



your face and well-deservedly. I don't care if it was published in the New England Journal of Medicine, it was a sh\*t analysis. Your assertions about public vs. private plan administrative costs were debunked by a deeper analysis of what the denominator in those calculations actually represents. Your assertions about breast cancer have proven woefully ignorant. You refuse to even countenance the possibility that malpractice liability could be a significant driver of higher costs in the US versus other countries and dismissively say there's "no evidence" of it, yet it (the need for tort reform) was the one item to draw boos from the AMA when Obama spoke there, indicating that those on the front lines of health care delivery think it's a significant issue. You are a walking fountain of ignorance, yet you hold yourself out as some kind of expert. It's pathetic and laughable at the same time.

Please, just call this post another "meaningless string of words" or some variation thereof, so I'll definitively know just how stupid you are. If you find my posts hard to understand, it's probably because they don't consist of "Yes, we can" repeated over and over again.

Aug 1, 2009 - 8:04 pm [56](#). iknowanidiotnamedjharp:

Hey Jharp- Obamacare is not going to pass. The American people are rising up and we will not allow the monstrosity that is Barchelle to destroy this country. People have heard and watched Obama directly lie to them. They no longer trust him. They see that his decisions have been naive, stupid, and/or malicious towards this country and the people of this country. Obamacare is about to be flushed down the toilet right into the sewer where it belongs. It can float there with the other turds Obama, Michelle, Rahmbo, and Axelrod. OH- and you as well.

Aug 1, 2009 - 8:31 pm [57](#). jharp:

Delia:

"jHarpy, would you have aborted your daughter if you had known ahead of time she had a disability? Would you abort a child if Obamacare refused to treat your child for a disability you knew ahead of time about?"

No and no.

And I think your post is in very bad taste and has absolutely nothing to do with the debate.

And it made no sense. Please, I'd prefer we'd both agree to ignore each other.

Aug 1, 2009 - 9:06 pm [58](#). adam:

Forget about Obamacare getting passed--will it actually get written up in the first place? Or read by those who "write" it?

Aug 1, 2009 - 10:57 pm [59](#). Wacky Hermit:

I don't have any data regarding malpractice suits as a major driver in medical costs, just an anecdote.

My dad was an OB/GYN. I say "was" not because he's deceased (he isn't) but because he quit practicing medicine about 10 years ago to pursue an MBA. Why did he do this? Because he got sued. A lot.

OB/GYN is the specialty with the most malpractice suits. Any little thing that goes wrong is the doctor's fault. My dad got sued a lot for shoulder dystocia, where the baby doesn't pick a shoulder to come out first and gets stuck with both shoulders trying to get out at the same time. In a case like that, you have to break the baby's collarbone and it heals up after delivery, and the baby lives a long and happy normal life. The alternative is that the baby and mother die, because by that point it's too late for a C-section. Well, my dad got sued for breaking a baby's collarbone to save its life. The parents wanted him to pay for the kid to go to a special private school because of his "handicap," which "handicap" basically amounted to that he'd never play professional sports. When one of the cases against him got some publicity, all of a sudden



everybody who'd been the slightest bit dissatisfied with anything he did got on the malpractice gravy train, and he lost his hospital privileges etc.

He moved to another state to try to practice medicine away from all this. But he just kept getting sued. One lady who sued him wasn't even his patient. She was a patient of the other OB/GYN in town and he just happened to be the one on call when she came into the hospital 9 months pregnant with a raging green infection she'd had for a month, that killed her baby. Why my dad should have been held responsible for her failure to go see her doctor and get some frickin' antibiotics is beyond me. But he was. Baby dies = malpractice! Malpractice = \$\$\$\$! It's a simple formula, and it works like a charm!

There's no defense against malpractice. A doctor is guilty before he even steps into the courtroom. In theory it's possible to prove you're innocent of malpractice, but in practice it never happens. It's simply cheaper for your malpractice insurance company to pay plaintiffs to go away. And when word gets around that they're giving out free money, you can bet the line for it will go around the block, each patient hand in hand with their attorney with whom they'll split the windfall. So malpractice insurance costs go up and up and up, to the point where the amount each doctor spends on malpractice insurance alone is enough to hire several office assistants at a generous salary.

Now if we had a loser-pays system, that'd be a heck of a lot different. Suddenly those attorneys wouldn't be so eager to line up with a crappy case, and the malpractice insurance company might actually be interested in paying for a doctor's defense. With fewer suits brought, malpractice insurance premiums would go down.

But that would never happen, because geniuses like jharp boldly assert that tort reform wouldn't save us any money in medical costs.

Aug 1, 2009 - 11:01 pm [60](#). Moogie:  
venividivici:

Thank you for keeping the troll at bay. You must be exhausted. Sadly, I believe it was an exercise in futility, as trolls – generally – are incapable of understanding cause and effect. They are adept at pulling facts out of their asses, but without any cohesive context, they really can't debate the points.

We can debate UK vs. Canadian vs. Martian single payer health care for the next several months, but none of it matters.

This health care bill is NOT about health and it's NOT about care. It's about the government amassing yet more power and control over our lives. Some call it socialism. Some call it communism. Some call it statism.

Ultimately, it all leads to tyranny. And I'm just really not into that. Most people aren't – even liberals, although they may not realize it yet.

The most frightening aspect of this whole project is the proposal to have ALL of our private, personal, confidential medical records accessible on a national data base. Hey! Am I the only one here who thinks this is preposterous?

Who knew George Orwell was prescient??

Aug 1, 2009 - 11:06 pm [61](#). Anonymous:

55. venividivici:

"You are not among like-minded people here."

Good one. I'm glad that at the least you could realize that.

It's the most credible thing you've posted.

And Delia, cut the crap about me considering aborting my daughter had I know of her disability.



You are way out of line. Way, way out of line. I had made a similar request previous to this and it disappeared.

Aug 1, 2009 - 11:09 pm [62](#). mishu:

jharp knew he lost as soon as he started dropping the wingnut bomb.

Aug 2, 2009 - 4:24 am [63](#). venividivici:

*It's the most credible thing you've posted.*

Yep, definitively stupid. You can avoid the debate here, given the nature of this forum, e.g. I can't force you to answer the question of whether or not drug companies will move more R&D and production overseas in response to lower drug prices "negotiated" by the "public option", which=2 0is in fact the first thing I would recommend were I consulting to the CEO or COO of any of those companies. But, I'm just a person with a couple of Master's degrees, including an MBA, and so anything I say must be "meaningless drivel".

But Obama and Co. can't avoid the debate and the results show that the more people learn about this, the less they like it. They might be able to ram it through, I don't know, since I'm not one to claim to have a crystal ball. What I do know is that if they do, they better also repeal the Second Amendment at the same time because in a country this armed, rationing medical care is going to be something bureaucrats do at the risk of getting shot.

Aug 2, 2009 - 6:03 am [64](#). venividivici:

*Sadly, I believe it was an exercise in futility, as trolls – generally – are incapable of understanding cause and effect.*

It is futile and I know that, but I like to remind myself of it sometimes. The futility of it also helps lower my inhibitions about what I want to do to these people once the system collapses and it's all out anarchy.

Aug 2, 2009 - 6:07 am [65](#). bobbcat:

Is jharp worth anyone's time of day? He exhibits the double standard (so typical of those on the left) of expecting those with contrasting views to his to provide evidence to back it up all the while expecting all of us to adopt whatever he has to say as the 'gospel.'

Doesn't work that way, jharp.

Bottom line on this healthcare issue: If members of Congress aren't willing to go with this plan (provided it's enacted into law), neither should anyone else. Tell your respective congresscritter this.

Aug 2, 2009 - 8:23 am [66](#). Slavak:

I would condense all the above commentary into one simple statement...The only way Obamacare can work is to eliminate those who are ill and/or in poor health...His plan is a plan to maintenance the low cost, young, and healthy...that it until they age....The Nazis' were different in that they were impatient in their solution and used concentration camps and Zyklon B to remove "the leeches" on their Aryan society.

If this plan is so great. then why is Henry Waxman saying he doesn't intend to make a bill that includes medical coverage for members of Congress. Seems like once again, the politicians are setting aside privileges for themselves at the expense of taxpayers.

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Aug 2, 2009 - 8:33 am [67](#). bobbcat:

64. veni: "The most frightening aspect of this whole project is the proposal to have ALL of our private, personal, confidential medical records accessible on a national data base. Hey! Am I the only one here who thinks this is preposterous?"

It's beyond preposterous; it's downright unconcionable (so much for HIPAA that healthcare



facilities take quite seriously) but necessary in the Obamacare scenario because there has to be an intense level of tracking in order to be able to implement the particular nature of healthcare rationing that they have in mind. Saweeeeeeeet. :rolleyes:

Aug 2, 2009 - 8:35 am [68](#). Moogie:

Another aspect of this entire bill is this: there are flaws in the system, people who are uninsured and can't afford private medical coverage, and costs really do need to be contained.

Okay, so let's say we have a car. Three out of the four wheels need new brakes, the battery won't hold a charge, and the left rear passenger window is broken and won't roll down.

Do we demolish the entire car and re-build a wholly new – and entirely different car – because of 20 these specific mechanical breakdowns? No, we fix the broken parts and keep driving the same car.

But this is exactly what Obama et al are proposing: rather than focus on the components that are busted and working out fixes for those parts, they're dismantling the entire system – including parts that are working just fine – in order to re-build a wholly new system.

Aug 2, 2009 - 8:57 am [69](#). rance:

Obama's latest czar is John Holdren. He is Obahama's director of Science and Technology.

Holdren co-authored a book, Ecoscience, with eugenics advocates Paul and Anne Ehrlich.

Holdren advocated:

- \*Women be forced to abort the unborn.

- \*Population sterilized by infertility drugs in water systems.

- \*Those deemed undesirable be sterilized.

- \*Single mothers' babies become property of the state.

- \*A "planetary regime" using an internal police force to assume control of the global economy.

Delia's comment was the closest to the truth of any.

Obamacare is about abortion and sterilization (eugenics).

Period.

Aug 2, 2009 - 9:30 am [70](#). Delia: =0 A

66. Slavak:

"If this plan is so great. then why is Henry Waxman saying he doesn't intend to make a bill that includes medical coverage for members of Congress. Seems like once again, the politicians are setting aside privileges for themselves at the expense of taxpayers."

Exactly right and you made that point much better than I did.

Hmm. Did I \*actually\* insult a troll?

Aug 2, 2009 - 9:47 am [71](#). Delia:

69. rance

"Delia's comment was the closest to the truth of any."

Thank you, rance. I tried.

All of this 'czar' crap is really skeeving me out big time. \*shiver\*

Eugenics has been [partially] realized since M. Sanger's "planned parenthood" and I'm sure Obamacare would grab that baby [and bath-water] with both reigns and roll with it.

What will happen next?

The suspense is a real KILLER.

Aug 2, 2009 - 9:55 am [72](#). Edward Kleckner:

the premis of thisarticle is so absurd i should just ignore it, howeverki find it hard to allow such false info and drivil to go unanswered

Aug 2, 2009 - 11:09 am [73](#). jharp:

venividivici:



"I can't force you to answer the question of whether or not drug companies will move more R&D and production overseas in response to lower drug prices "negotiated" by the "public option","

You obviously have no understanding of the infrastructure required for R&D and production. Clue. They ain't going anywhere.

"which is in fact the first thing I would recommend were I consulting to the CEO or COO of any of those companies."

Hilarious. Now venividivici, pretends to be qualified as a consultant for a \$500 billion industry that he knows nothing about.

"What I do know is that if they do, they better also repeal the Second Amendment at the same time because in a country this armed, rationing medical care is going to be something bureaucrats do at the risk of getting shot."

And then follows up with a threat of violence.

Is one of your masters degrees in criminal justice? Or political science?

You know, where they teach you about amending the constitution. Or teach you that posting threats against our politicians is against the law?

Aug 2, 2009 - 11:11 am [74](#). jharp:

rance,

"Holdren advocated:

- \* Women be forced to abort the unborn.

- \* Population sterilized by infertility drugs in water systems.

- \* Those deemed undesirable be sterilized.

- \* Single mothers' babies become property of the state.

- \* A "planetary regime" using an internal police force to assume control of the global economy.

Delia's comment was the closest to the truth of any.

Obamacare is about abortion and sterilization (eugenics)."

Put the crack pipe down and get yourself checked into rehab.

No one, except maybe the birthers, even remotely takes anything like this seriously. You are out of your mind. And your post is utterly preposterous.

Aug 2, 2009 - 11:15 am [75](#). rance:

Jharp, have you read Ecoscience?

Of course not!

Obama will replace mind numb idiots like you with robots.

Or, are you actually a mind numb idiot robot?

Aug 2, 2009 - 11:56 am [76](#). venividivici:

*You obviously have no understanding of the infrastructure required for R&D and production.*

*Clue. They ain't going anywhere.*

Wow, another assertion without backup. How utterly surprising.

*Hilarious. Now venividivici, pretends to be qualified as a consultant for a \$500 billion industry that he knows nothing about.*

Have you ever heard of a "strategy consultant"? That's what I do and have done for years. Read something like Michael Porter's "Competitive Strategy" to get a flavor for the kind of analysis I do. On a more practical note, India, China and Eastern Europe have been building factories that are FDA-certified for generic drugs for nearly a decade (that's why you can get generic drugs made in India in the US) and would be able to take the next steps to full-blown R&D in relatively short-order. How do I know this? One of my first client assignments out of business



school was to advise a client in the generic drug industry. I actually know plenty about the pharma industry.

*And then follows up with a threat of violence.*

It's actually not a threat, it's a forecast.

Aug 2, 2009 - 11:59 am [77](#). jharp:

"and would be able to take the next steps to full-blown R&D in relatively short-order."

"Wow, another assertion without backup. How utterly surprising."

Pot. Meet Kettle.

"It's actually not a threat, it's a forecast."

And your forecast is as preposterous and the other mindless drivel you post.

Aug 2, 2009 - 12:07 pm [78](#). venividivici:

Hey jharp,

Does Wharton know what they're talking about?

[http://knowledge.wharton.upenn.edu/special\\_section.cfm?specialID=40](http://knowledge.wharton.upenn.edu/special_section.cfm?specialID=40)

Don't try to argue business with me, man, because whereas the only time you'll be spending in a boardroom is if you're cleaning it up after a meeting, I'll be in the meeting telling the board what the best course of action is.

Aug 2, 2009 - 12:35 pm [79](#). Delia:

John Holdren, Obama's Science Czar, says:

[http://zombietime.com/john\\_holdren/](http://zombietime.com/john_holdren/)

Aug 2, 2009 - 12:41 pm [80](#). venividivici:

*And your forecast is as preposterous and the other mindless drivel you post.*

Let me guess. When you were a kid, you once had a vocabulary quiz with the words

"preposterous" and "drivel" and you got them wrong and the sting of that failure has led you to use them in every conversation since.

You are just a gigantic tool.

Aug 2, 2009 - 12:42 pm [81](#). Delia:

80. venividivici:

LMFAO@ vocabulary quiz with the words "preposterous and drivel" and the pedantic overuse of those aforementioned words. Pathetically repetitive ain't 'it'? Perhaps trolly McTrollerson should clutch Webster's enchiridion of werdz and their meeningz a little closer.

Aug 2, 2009 - 1:02 pm [82](#). jharp:

venividivici:

Hey jharp,

"Does Wharton know what they're talking about?"

Yes but you obviously=2 0don't. You have got to be the dumbest fake consultant I've run across.

The fact that R&D development has been and is moving to India has nothing to do with what drug companies can sell their product for. Absolutely nothing.

If you had ever like, have been in business, you'd be aware of that. And you'd be aware that companies always look for less expensive alternatives regardless if they can sell their pills for \$25 or \$5.

You must have missed out on Business 101 while getting your multiple masters degrees.

Aug 2, 2009 - 3:14 pm [83](#). Bill H:

To address some of the ill-informed points that have been raised:

1. Pharmaceutical R&D used to be done in many European countries. That has changed over the past two decades, and now much of the world's medical pharmaceutical research is done in the



US. If there are major changes in the health care system here, the research will go elsewhere – perhaps to an emerging country. The change in health care systems and rules in other countries is the reason that the pharma research moved here. It is illogical to think this situation would remain the same if the rules (and \$\$) here change.

2. Obama – in his speech at the AMA convention last month – said that the one thing he would NOT consider is tort reform.

3. Medicare does not negotiate, it mandates. Medicare fixes the price for every drug and procedure via fee schedules. Price controls don't work very well – at least they haven't worked every other time they have been tried. An individual, hospital or provider (eg, physician) cannot negotiate pricing with each other or with the government for a Medicare-covered patient.

Aug 2, 2009 - 3:47 pm [84](#). billc:

I'm surprised that no one has yet keyed into the Obama healthcare plan movie that was made in the 1970's. It was called LOGANS RUN, it took place in the future where people were forced to die when they turned 31 in order to conserve resources. Come on you media types and politicians, start telling people about this movie, it is a great example of Obamacare.

Aug 2, 2009 - 3:54 pm [85](#). jharp:

Bill H:

“If there are major changes in the health care system here, the research will go elsewhere –”

Nonsense. There is no evidence that changes in our health care system will affect where Pharma research is done.

We're only adding a public plan to compete with private insurers, for God's sake. Is that what you call a major change?

The government already insures tens of millions through Medicare and Medicaid and the Military.

So what, add a public plan and see how it goes.

“The change in health care systems and rules in other countries is the reason that the pharma research moved here.”

More nonsense. Care to support your claims?

Aug 2, 2009 - 5:16 pm [86](#). venividivici:

*The fact that R&D development has been and is moving to India has nothing to do with what drug companies can sell their product for. Absolutely nothing.*

First, R&D wasn't moving to India, now, the fact that it is has nothing to do with the pricing of the drugs to the purchaser? Settle on a story.

Anyway, you are correct in one sense, that companies do look for cheaper manufacturing alternatives all the time, which is a great thing about capitalism. However, as a corollary to that, “cheaper” needs to be defined. Building a plant and infrastructure in India is not a cheap endeavor and if you don't think end-product pricing influences that decision, you are wrong. In addition, there are risks involved in any type of geographic footprint expansion, primarily supply chain, ability to source human capital from the new geographic location and reputation risk (don't want to be known as the company that buys defective drugs from India or lead-filled toys from China). So, by squeezing end-product pricing, the government does incent companies to look at alternatives that would have otherwise been considered too risky *ceteris paribus*.

Yeah, I'm a fake consultant alright.

Are you going to say one thing that isn't just plain wrong? If so, can you hurry it up?

Aug 2, 2009 - 5:22 pm [87](#). [Obama's Malthusian Health Care Lockbox | Better Well-Being:](#)

[...] post: [Obama's Malthusian Health Care Lockbox Share](#) and [...]

Aug 2, 2009 - 5:51 pm [88](#). jharp:



“companies do look for cheaper manufacturing alternatives all the time, which is a great thing about capitalism. However, as a corollary to that, “cheaper” needs to be defined. Building a plant and infrastructure in India is not a cheap endeavor and if you don’t think end-product pricing influences that decision, you are wrong. In addition, there are risks involved in any type of geographic footprint expansion, primarily supply chain, ability to source human capital from the new geographic location and reputation risk (don’t want to be known as the company that buys defective drugs from India or lead-filled toys from China). So, by squeezing end-product pricing, the government does incent companies to look at alternatives that would have otherwise been considered too risky *ceteris paribus*.”

Of course it an extremely complex decision on where to locate you R&D.

“First, R&D wasn’t moving to India, now, the fact that it is has nothing to do with the pricing of the drugs to the purchaser? Settle on a story.”

And my “story” has been consistent. There is no evidence that lower prices for pharma will cause them to move operations outside the U.S.

Lower prices on drugs has nothing to do and where their R & R is done. They are two completely unrelated events.

By the way, I deal in consumer products out of China. The lead paint thing was huge, and still is. That pesky federal government interfering with business over some meaningless issue like keeping our children from getting poisoned.

Aug 2, 2009 - 6:01 pm 89. Bill H:

jharp – Sure, I will back this up. I can give you source documents, but here is the condensed Wikipedia version from the EUROPEAN Federation of Pharmaceutical Industries, which you will probably find easier to read:

“Since the early 1990s, the research-based pharmaceutical industry in Europe has been losing competitiveness with respect to its main competitors, in particular the US. Data for 2006 and preliminary figures for 2007 confirm the vulnerability of Europe’s research-based pharmaceutical industry. Benchmarking and performance indicators show Europe’s relative lack of attractiveness for pharmaceutical R&D investments.

Between 1990 and 2007, R&D investment in United States grew 5.2 times whilst in Europe it only grew 3.3 times.

There is rapid growth in the research environment in emerging economies such as China and India. The current tendency to close R&D sites in Europe and to open new sites in Asia will show dramatic effects in the next few years if nothing is done to maintain the pharmaceutical discovery expertise in the EU.

The United States still dominates the biopharmaceutical field, accounting for the three quarters of the world’s biotechnology revenues and R&D spending.

In 2007 North America accounted for 45.9% of world pharmaceutical sales against 31.1% for Europe. According to IMS Health data, 65% of sales of new medicines launched during the period 2002-2007 were generated on the US market, compared with 24% on the European market.

It would be too simplistic to attribute the relative lack of attractiveness of Europe for pharmaceutical R&D to one single factor. Contributing to this problem are the economic and regulatory framework, the science base, the investment conditions, and societal attitudes towards new technologies.”

**[http://en.wikipedia.org/wiki/European Federation of Pharmaceutical Industries and As sociations](http://en.wikipedia.org/wiki/European_Federation_of_Pharmaceutical_Industries_and_Associations)**

Aug 2, 2009 - 6:23 pm 90. venividivici:



*There is no evidence that lower prices for pharma will cause them to move operations outside the U.S.*

*Lower prices on drugs has nothing to do and where their R & D is done. They are two completely unrelated events.*

When the government comes in and says that your prices are going to be X% lower than you thought they were going to be, you have to make decisions to preserve your shareholders' value. These can take a variety of forms (raise prices on non-government customers, find manufacturing efficiencies, optimize marketing spend to gain incremental market share, etc.) but if you don't see that reducing R&D spending by shifting locations is one of those that is your problem, not mine. You can maintain that they are "unrelated" and perhaps in the normal course of business they would be less-related, but we are not talking about the normal course of business, we are talking about how an industry that will see its profitability undercut will react. One of those ways will be to speed up whatever pre-existing plans for moving R&D offshore there were. Instead of building one plant in India, they'll build two or three. I don't need you to believe me for it to be so.

*By the way, I deal in consumer products out of China.*

How is the fake rubber dogshit and vomit business anyway?

Aug 2, 2009 - 6:57 pm [91](#). jharp:

Bill H:

Are you serious? Please.

Your two quotes. "If there are major changes in the health care system here, the research will go elsewhere —"

"The change in health care systems and rules in other countries is the reason that the pharma research moved here.""

And you cite this?

"It would be too simplistic to attribute the relative lack of attractiveness of Europe for pharmaceutical R&D to one single factor. Contributing to this problem are the economic and regulatory framework, the science base, the investment conditions, and societal attitudes towards new technologies.""

Take another hit on the bong and try again.

Aug 2, 2009 - 7:24 pm [92](#). jharp:

90. venividivici:

You know nothing about business.

You are an impostor.

Stay focused here. You two claim that ObamaCare will cause pharma to move R&D out of the U.S.

There is no evidence to support this ludicrous claim.

Aug 2, 2009 - 7:29 pm [93](#). Elise:

*Make sure they take end-of-life counseling. It's mandatory every five years under the House bill, and more often than that if you get a bad cough.*

This is simply, totally, flatly, and utterly untrue. The House health bill (HR3200) does not mandate end of life counseling. Section 1233 creates a new benefit (right after cardiovascular care and kidney disease) by which Medicare will pay for a stand-alone consultation with a recipient's doctor every five years to discuss end of life issues. If the recipient's health care status changes (e.g., he is diagnosed with a serious illness) Medicare will pay for a consultation at that point even if it has not been five years since the last consultation. Currently Medicare



will pay for end of life counseling as part of a standard physical exam but not as part of a stand-alone visit.

There's plenty to oppose in HR3200 without making stuff up.

Aug 2, 2009 - 9:12 pm [94. Delia](#):

Obama really does love the nutters!

Maybe the Zero Admin should call it the "nutters for Czars" program:

<http://www.firstthings.com/blogs/secondhandsmoke/2009/07/30/obama-science-adviser-trees-should-be-allowed-to-sue-babies-not-yet-human-beings/>

Aug 3, 2009 - 9:57 am [95. paul](#):

Great article. Thanks for posting!

Aug 5, 2009 - 9:26 am

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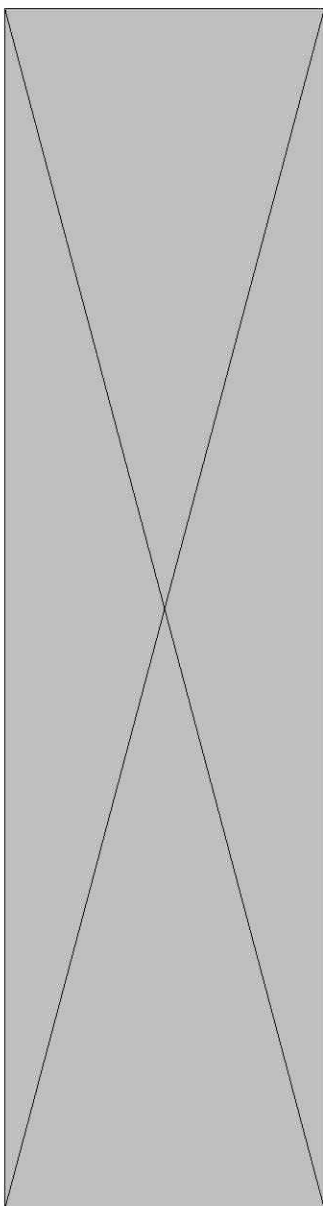
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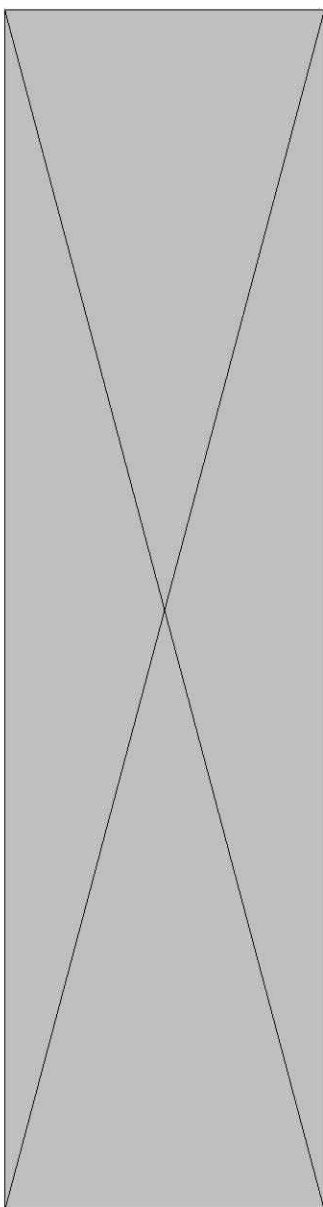
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