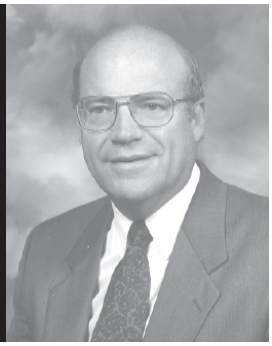
The Schwarz Report



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Why Health Care Reform is Bad for Your Health

by Dr. Michael Bauman

The president says he wants to control health care costs, on the one hand, and to bring millions upon millions of new persons into the health care system, on the other.

Seen together, the president's goals are contradictory and mutually exclusive. Here's why: If you intend to introduce tens of millions of new health care consumers into the system, then the demand for health care products and services will rise dramatically. When demand rises dramatically, prices rise dramatically as well. If the president wants to achieve his first goal, that of reducing health care costs, then achieving his second goal will make it impossible. What his left hand gives, his other left hand takes away.

But suppose he succeeds. That is, suppose he succeeds not at both these goals, which is impossible, but at just one of them. What happens when the government drives down prices, and what consequences follow when demand for health care products and services rises dramatically?

When the government tries to control health care costs, the consequence for health care providers like drug companies, medical instrument manufacturers, and doctors, is to drive some of them out of health care altogether. That is, if Washington restricts the profits of health care providers, some of those providers will re-allocate their quite considerable investments in directions away from health care, to places where government interference does not hinder or limit their financial success. They simply leave. In the wake of the coming state-induced exodus from the tyranny of price controls, fewer health care providers can or will remain. Fewer providers mean fewer products and fewer services. In your very first economics lesson, you'll recall, you learned that when the supply of a thing goes down, its price goes up.

In other words, the president's program to control health care costs will produce the opposite result. I promise you, health care after the president's reform goes into effect will not be cheaper than it is today. Health care after his reform will be more expensive than ever, far more expensive.

Count on it; plan for it.

The costs faced by a pharmaceutical company to develop new and effective drugs are staggering. Laboratories and equipment are expensive. Outstanding scientists demand high salaries. The path to FDA approval is arduous, time consuming, and fraught with uncertainty. The advertisement and distribution of the drugs that win approval are more costly still. The upshot of all that expensive research, certification, and advertisement is dicey at best, and massive sums of money can be—and have been—lost.

In order to pay for the development, approval, advertisement, and distribution of new drugs and the cures they might make possible, therefore, drug companies must make enormous amounts of money on existing drugs. If they do not, the development of new drugs cannot well continue. Thus, by holding down prescription costs, by prohibiting what it considers exorbitant drug company profits, the government is, therefore, also prohibiting future drug development and future cures—perhaps the one that will save your life or the life of a loved one. We will never know what things could have been accomplished and would have been accomplished in health care if the government puts a lid on prescription

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costs. If Obama's health care reform passes, more people will get sick, more people will stay sick, and more people will die.

Count on it; plan for it.

Consider the doctors: If the government puts a cap on what a doctor can make for, say, intestinal surgery, then the very talented and intelligent folks who otherwise would have worked very hard to become wealthy surgeons will figure out how to make a very good living in other ways, perhaps in architecture, nuclear technology, or international trade. In the shadow of government-restricted prices (and therefore government-restricted incomes), fewer and fewer of them will decide to undergo the long, difficult, and exceedingly expensive path through college, through medical school, through residency, and through certification in order to become doctors who can expect to earn less for themselves and their families than they would have earned had they turned their talents elsewhere and followed an easier and less restricted path to greater wealth. The same thing will happen with the pharmacists. If the president's program goes into effect, the result will be fewer doctors and pharmacists serving the millions and millions more patients the president wants to get into the system. In other words, there will be long lines—very long lines—at the clinic, at the emergency room, and at the pharmacy.

Count on it; plan for it.

The lesson of price controls is not new. Simply think of the government-imposed control on gas prices in the 1970s and the chaos, shortages, long lines, and rationing that followed in its wake—only substitute health care for gas and clinics for gas stations.

Or, to take a lesson from countries like Canada and the UK (where government health care plans have been in place for many years), waiting lines are unconscionably long and some people actually die waiting for their turn in surgery because there aren't enough surgeons and operating rooms to meet the needs. To avoid that fate, Canadians often cross the border to get medical care at their own expense in the US, in cities like Detroit or Buffalo, where medical care is far more readily available than in Canada. In other words, they come to the system the president is trying to reform, and they leave the sort of system he is trying to emulate. If the president's counter-productive plan goes into effect, even Canadians will die.

My point, if it's not obvious, is that, judging by the incentives it creates and the consequences it generates, this is a health care plan from hell.

But it's worse than that, far worse. By introducing millions more folks into the system at the same time that his cost control measures are shrinking that system, the president's plan will strain our remaining health care resources enormously, perhaps to the breaking point, laying an unbearable demand upon what survives of a health care supply system shrinking under the effects of government policy. The results for millions of Americans needing medical care will be catastrophic. In order to meet the burgeoning demands that an expanding clientele puts on a shrinking system, the government will institute rationing.

Put succinctly, price controls lead to shortages; shortages lead to higher prices and to long lines; long lines lead to rationing; rationing health care leads to suffering and death.

When family and friends suffer or die because they couldn't get the health care they required, Americans will begin to regret the votes they cast in recent years, and they will struggle to return to the system that served them better—if by then a return is still possible.

My dire tale of higher prices, shortages, long lines and rationing is understated. I have purposely left the most expensive and most dangerous part of the President's health care reform until the end. To this point, I have focused primarily on health care providers and health care consumers. I turn now to health care bureaucrats—perhaps the most wasteful and dangerous element of the President's entire misbegotten scheme.

Depending upon precisely what sorts of things one includes in the equation, health care is approximately one-seventh of the entire American economy. To bring that much business under the watchful (but myopic) eye of government requires a simply enormous army of bureaucrats. To them will fall the power of evaluation and analysis of every sort, and the power to enforce their decisions. Almost nothing could be worse.

The notion that government bureaucrats and career politicians are competent to determine (from a distance, at a desk, or in a committee with other bureaucrats) what drugs "ought" to be prescribed, what tests "ought" to be conducted, what procedures "ought" to be undergone, and what "ought" to be the proper cost of every consultation, operation, test, or procedure in every American locality from Anchorage to Key West is unmitigated hubris and foolishness beyond measure. Those bureaucrats do not even know or understand how little their own jobs and services are worth; they absolutely cannot know the worth of the jobs of medical researchers and neuro-surgeons in varied localities across the nation, and what they "ought" to be paid for doing them. Nor will they know what things "ought" to be done for and by patients they have never

met and never will meet.

Precious few of the apparatchiks empowered by the government to make these decisions will be medically trained. Indeed, there aren't enough properly trained bureaucrats in the world to make this program work. Almost none will have seen face-to-face even one of the persons whose lives and health they hold in their red tape entangling hands. Indeed, they will not be dealing with persons at all, as they see it, but with "cases"—cases that must be dealt with according to the case book, the standard operating procedures compiled by other bureaucrats in other parts of government who spend their professional lives doing equally impossible jobs with equally deleterious effect.

Consider the bureaucrats. Like all other persons, bureaucrats are creatures of incentive. Those with careers in the medical bureaucracy will wish to succeed. They will wish to rise ever higher in the bureaucracy, to be in charge of ever increasing portions of taxpayer money and to exercise more power than they do now. In order to rise up the bureaucratic ladder, they must preside well over the affairs inside their bailiwick. They must follow the rules. They must keep their departmental budgets balanced. While I am in favor of governments living within their means, the implications of doing so in health care are staggering.

It often happens that almost 90% of a person's health care expenses occur in the last two or three years of life. When we get old, we get expensive. If the government is overseeing the program by which your health care costs get paid, and if that program is dangerously low on money, the bureaucrat in charge of your case, who knows that it's cheaper to die than to live, who knows that his budget is nearly depleted, and who wants to look good to his or her superiors, will be sorely tempted to reason this way: "At 76, old Joe has had a long life. His country has been good to him for many years. It's time for Joe to pay the system back. It's time for Joe to cash in his chips. That way, his own physical suffering is ended; my personal and professional burdens are eased; and others can move one step forward in the waiting line. If old Joe dies, it'll be better for everybody, including me and Joe."

If you think I am making this up, I absolutely am not. I have seen it with my own eyes and heard it with my own ears directly from government bureaucrats themselves.

When government bureaucrats invade health care, the inevitable result is something much like veterinary medicine: If your dog is sick and you take it to the vet, the vet examines it and says, "Spot has a problem, and it will cost $300 to fix it. What would you like to do?" The vet says it to you, not Spot, because you are paying the bills. If you don't have the money to pay for the necessary procedures, it's bad news for Spot. Spot might die. When the government is in charge of paying the health care bills, and the bureaucrat in charge of your case doesn't have the money, you're Spot.

Count on it; plan for it.

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Britain's National Health Service

by Fraser Nelson and Irwin M. Stelzer

Liberals like big systems: mass transit, yes; the individual motor car, no. A massive electric grid, yes; regional electric grids relying on informal arrangements among companies, no. A massive government health care insurer, yes; individual customers using competing insurers, no. It has to do with control. Use your car and you can go where and when you please. Use mass transit and you get on and off at stations selected by central planners at times their models tell them are optimal. Allow local control of electric grids, and individuals will decide on standards, construction needs, and the like; replace them with a national grid, and those jobs and decisions move to Washington, to a Department of Energy that has never successfully completed an assigned task.

Worst of all from the liberal point of view, let control of the health care system slip from the grasp of the central government and consumers will be confused by competing insurance offers, have to deal with doctors who might not recommend a one-size-fits-all course of treatment, or who just might order that extra life-saving test that bureaucrats relying on statistical averages deem too costly. The same sort of people who thought they could model financial risk and develop techniques to eliminate it, the people who

confidently predicted that the president's stimulus package would hold the unemployment rate to 8 percent, now have a way for us to save billions on health care: an Electronic Health Information Technology System. "Barack Obama and Joe Biden will invest $10 billion a year over the next five years to move the U.S. health care system to broad adoption of standards-based electronic health information systems, including electronic health records." So says "Organizing for America"—the reincarnation of the "Obama for America" campaign organization. If Messrs. Obama and Biden have that kind of cash to invest, more power to them. Unfortunately, they don't.

So it's to be taxpayer money, "the necessary federal resources to make it happen," which is a somewhat different thing. Private investors would have an incentive to drop this massive project if it turned out that it was costing more than planned; government bureaucrats' sole incentive would be to plunge on—to them, money is free, and job preservation, rather than efficiency-maximization, is the bottom line. Doubt that, and consider the unhappy facts of Britain's National Health Service.

The goal of all this is scarier than the hubristic notion that construction of such a massive system is within the reach of even the most talented individuals. When up and running the IT system, we're told, will reduce hospital stays, avoid unnecessary testing, require more appropriate drug utilization, and garner other efficiencies. But no "system" can do that. All it can do is provide central controllers with the information to enable them, instead of your doctor, to decide just how long you should be allowed to recover after surgery, whether you might be permitted to have the tests needed to make that decision other than by using broad statistical averages that ignore individual patient differences, and which medications are appropriate for you.

Sound extreme? Consider this further promise of the Obama organization: "Barack Obama and Joe Biden will require that [disease management] plans that participate in the new public plan . . . utilize proven disease management programs." Patients suffering from diabetes, heart disease, high blood pressure, and other chronic conditions will do it the Obama-Biden way or else be excluded from insurance coverage. And decisions about whether this is good medicine or not will be facilitated by the IT system, which, in the unlikely event that it works, would enable your doctor—and the system's managers—to find out all about you by pushing a button. The judgment as to what to do by way of treatment will, alas, be made by people you have never met but who nonetheless can decide whether what your doctor recommends should be covered by insurance or is wasteful or contradicts the findings in the latest statistical study, perhaps reflecting the results of a small statistical sample of patients in Norway.

Obama has made much of the fact that we spend a much larger portion of our GDP on health care than do countries such as Great Britain, which have a state-provided system covering all citizens (and noncitizens who are taken ill in Britain, including illegal immigrants). Leave aside the question of whether a richer country such as ours, which has more completely met basic food, housing, and other needs (not to mention desires), should not properly spend more on health care than a poorer country. Consider only the fact that the method used to keep health care costs lower in Britain, Canada, and other countries in which the government controls the system, is a simple one: rationing.

In Britain until very recently an expensive medication designed to arrest macular degeneration could not be administered until the patient was completely blind in one eye. Cancer patients who decided to use their own money to pay for life-prolonging drugs not covered by the National Health Service (NHS) have been denied access to any treatment by the NHS, even treatment to which they were otherwise entitled. In order to get the National Institute for Health and Clinical Excellence (NICE) to allow the NHS to make the breast cancer therapy Herceptin available, a number of patients had to take their primary care providers to court. The rationing system is quite simple: It is based on QALY, or quality-adjusted life year. As one expert student of the British system, actuary Joanne Buckle, put it, "New treatments that have a very high cost per QALY are not likely to be approved for payment because the health budget is limited." Adding to your life span won't get the product approved for payment—the committee has to deem that extra time of good "quality," a decision made by people who likely have never met the physician who wants to administer the drug to an individual patient and who have not even a passing acquaintance with any individual patient.

In the event that Obama has his way with Congress and gets his health care plan and associated taxes passed, work will begin on the IT system—unless someone in the administration has the good sense to pop over to England and learn about the experience the government has had in getting a similar program up and running.

In June 2002, when England launched plans to computerize all medical records, it was hailed as a move that would set an example for the world. Many governments may dream of such a project, but Tony Blair had the apparatus to accomplish it. Britain has the National Health

Service, a fully socialized health care system that pays 30,000 doctors to look after the country's 50 million patients. It should have been straightforward.

Seven years later and the plans for the "NHS supercomputer"—as it has become mockingly known—have become a national joke. The project was due to be completed next year but the deadline is now 2015, and slipping. The original £6.2 billion (almost $10 billion at current exchange rates) cost of the project looks more like £20 billion (over $30 billion)—some now say it will mount to £50 billion ($80 billion), eight times the original estimate. And what few computer systems have been introduced have often served to bring yet more chaos to the NHS, not least in the form of the 8,000 computer viruses that were introduced into English hospitals last year.

It is easy to understand Blair's motives. The NHS system was in urgent need of modernization, with about 660 million pieces of paper circulating in the system, many of them typed two or three times. Patients would sometimes die from wrong diagnoses, owing to missing or illegible paperwork. Blair argued then—as Barack Obama does now—that a new massive computer system would not just save money but save lives.

Fatally, Blair's analysis did not go beyond that. Instead of a rigorous cost-benefit analysis, there were just statistics, many the same sort used in a RAND report on which Obama relies for his estimate of the savings waiting to be had. In a typical week, NHS doctors see 6 million patients, administer 360,000 X-rays, and dispense 13.7 million drugs. Surely computerization would yield handsome savings. This was as far as the logic ran. Ministers wanted to do this because they could. So alongside those digital patient records there would be a "spine" linking the various parts of the NHS system closer together than they had been at any time since nationalization in 1948.

This massive network soon became the flagship procurement project of the Blair government. Richard Granger, a former management consultant, was brought on board and made the highest-paid man in the British government ($400,000 a year)—more than twice that of the prime minister. Ministers were determined to sidestep the perils of central government computer procurement. This was one project, they said, that would not go over budget or deadline.

Granger certainly moved fast. Within a year he drew up and awarded contracts for what was (and remains) the largest civilian IT contract on the planet and produced four main winners from 160 bidders. Their prices—on average, half of their opening bid—were laughably optimistic. As work began, it became clear that they had no hope of meeting either the deadline or the budget. They wanted to renegotiate—and Granger played hardball. He lost.

The NHS turned out to be far more disparate than ministers imagined. Doctors and clinics come in all shapes and sizes, with different needs and priorities. Even in this socialized system, one size did not fit all—as the purveyors of this new computer system found to their sorrow.

Accenture walked away from its £2 billion contract three years ago, declaring a £260 million write-off. Last year, Fujitsu followed suit. Quietly, Granger quit too. His plan had failed. The British government is now reliant on just two companies for what is still the largest civilian IT contract in the world—BT Global Services and CSC of Virginia.

This left BT with the whip hand: If it were to drop out, then Britain's entire NHS program would be run from the Falls Church, Va., headquarters of CSC. So BT has been able to negotiate far better deals, such as a new £500 million contract to pick up the work which Fujitsu left behind. This is in spite of BT's being four years behind its own deadlines for installing computer systems in various London hospitals. Desperate overtures are being made to new bidders who might be able to get the program moving again. Costs are slipping out of control.

Meanwhile, the doctors and nurses are bitterly complaining that their shiny new software is no good, that it is designed for American hospitals, which bill patients whereas the NHS does not. The conceit of central government is again at fault: Little time, if any, was spent asking the people who would be using the systems what they want. As one doctor told lawmakers in Westminster, computerization of medical records is like "a juggernaut lorry going up the motorway—it didn't really matter where you went as long as you arrived somewhere on time."

While the records may still be years away, there have been achievements: digital archiving of X-ray scans,

for example, and a new NHS email directory featuring 500,000 of its 1.3 million employees (more users than any email system in the nonmilitary world save Walmart and the Indian state railway). But few think this is worth the $7.4 billion already spent—especially as havoc has accompanied the introduction of the new system. One hospital manager is threatening to sue the government for the disruption the new records system has caused.

The NHS medical records program is now the subject of ridicule and embarrassment in Westminster, with aspects of its unintended consequences filling newspaper pages and television documentaries. Recently declassified documents show that Blair's officials had warned about the inability to predict the costs of this starry-eyed procurement scheme. It was then, and is now, too big to succeed. Even for a supposedly homogenized medical system like Britain's NHS, there are too many variables.

The Conservatives, likely to win power in an election next year, are of a mind to scrap as much of this system as they can—and then give hospitals freedom to choose whatever records system is best for them. This includes patient-owned records like the free-to-use Google Health.

Officially BT and CSC have been given until November to make progress on the patient record system—before being threatened with what the Department of Health calls a "new plan." It is a threat unlikely to carry much weight. There is, of course, no new plan. The awful truth is that there was never a properly thought-out plan to begin with. Just a soundbite, a wing, a prayer, and an awful lot of wasted money that British taxpayers will never see again. The only promise kept is that the system does, in fact, contain a lesson for the world: Abandon hope all ye who enter here.

Development and implementation of a scheme appropriate for America would, of course, be enormously more complicated than any that would work in Britain's highly centralized, single-payer health care system. Which just might be why the president finds the British model so attractive and wants to turn the U.S. health care system over to the tender mercies of the bureaucrats who will tell your doctor just what he may do to cure whatever ails you.

—*The Weekly Standard*, July 27, 2009, p. 20-22. Used by permission.

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The Congressional Black Caucus and Castro

by Antonio Benedi

The Castro brothers received a warm and grateful audience with the Congressional Black Caucus last week. Rep. Barbara Lee, California Democrat and the current head of the 42-member caucus, and her colleagues seemed by all reports to have had the time of their lives.

According to the gushing pundit on the 24-hour news channels, their meeting was an extraordinary if not magnificent series of events. The focus was the almost 48 year trade embargo placed on Cuba that has well served the foreign policy agendas of many U.S. presidents, Democrats and Republicans alike.

There was a private meeting with Fidel Castro with some of the Caucus' delegation of six representatives. This friendly and neighborly meeting supposedly took place at dictator Castro's home, where his wife met the group at the front door. "Leave it to Beaver" episodes crossed my mind. I wonder if she wore pearls.

Miss Lee said, "We believe it is time to open dialogue and discussion with Cuba." Another member of the delegation, obviously overcome by Fidel Castro's "very healthy, very energetic, and very clear thinking demeanor" said, "Castro looked directly into our eyes and asked how Cuba could help [President] Obama in his efforts to change the course of U.S. foreign policy."

Reps. Laura Richardson, California Democrat, and Bobby L. Rush, Illinois Democrat, also attended. Discussions, we are told, ranged from travel restrictions to free trade and exchange programs.

At one point, the issue of racism in America was mentioned, a big concern for the Castro brothers. This has been the cornerstone of the Castro's continued propaganda, perpetrated on the Cuban people and throughout Latin America since the so-called Liberation Revolution came down from the Sierra Maestra, led by Fidel Castro with his coldblooded thugs in tow in 1959.

There also was a subsequent meeting with now President Raul Castro at a different location. The setting was magnificent: an Italian marble-pillared grand room with picture windows filled with waving palm trees symbolic of the Cuba most of us remember. It looked like a palace in paradise. This ornate, glamorous room looks nothing like the debilitated 1950s relic buildings and streets

that make up most of Cuba today. It's glorious to be in Cuba, but only if you are a high-ranking Communist Party member. Too bad the people can't experience the luxuries enjoyed by its communist leaders. I suppose the people are still sacrificing for the good of all.

As I listened to the reports last week when this story broke, I was overcome by even the most balanced of news forums commenting that the embargo obviously has not worked and something new has to be tried.

As a Cuban refugee who fled my native land to escape tyranny and obtain liberty, I find these throwaway observations read from a teleprompter to be naïve, uneducated, and totally irresponsible. Cuba is not in the economic or political parole in which it finds itself because of the U.S. embargo.

The rest of the world trades with Cuba and has no travel restrictions there. The flow of money has continued to enter Cuba regardless of the U.S. embargo. Europeans flock to the beaches of Cuba with hard currency. Native Cubans are not allowed on those beaches except to work with permits, given by the government and monitored strictly.

These activities only further enrich the Castros' and their cronies. It is estimated that Fidel Castro has more that $15 billion in overseas accounts.

The underlying cause of Cuba's economic, cultural, and political status is of the Castro government's own making. Cuba's communist totalitarian regime has inflicted insurmountable and possibly permanent damage on an Island nation that should be the envy of the hemisphere.

This institutional communist regime has stripped its people of God-given freedoms and human rights that must never be taken by any tinhorn dictator. These same basic freedoms were set forth in the Cuban Constitution of 1940. Fidel Castro dismissed the constitution and replaced it with his own manifesto, doing away with any notions of individual rights. Cubans have suffered excruciating pain for what some misguided "progressive" American politicians would call social justice and balance.

In fact, the majority of Cubans live in poverty. And the majority at this time is of African descent. A report published in 2002 by the Institute for Cuban and Cuban-American Studies at the University of Miami puts the black population in Cuba at 68 percent. The most comfortable and highly educated Cubans on the Island are white.

Cuba is not a progressive paradise. It's a banana apartheid 90 miles from Miami, sustained by a constant balm of approval from our hard left, who falsely claim to support human rights. I respectfully ask the Congressional Black Caucus certain questions arising from my concerns, as a taxpayer who funded your recent love-fest with the Castro brothers. If you are so concerned about human rights and insist on opening the game for Cuba to enter a Free World—a world the Castros have systematically denied to their own people—why did you not ask to visit the prisons, the detention work farms, and talk to the brave dissidents who have been incarcerated for decades because of their views? I assure, you would find many liberty-loving blacks suffering among them.

Why not inquire of Fidel Castro about the days when Cuba went to war in Angola and why the majority of the front-line troops (not volunteers) were black. I also would challenge the delegation to give the American people a true account of the Cubans of African descent in leadership positions that you met with during your visit. How many blacks are in the so-called Cuban Cabinet of Ministers, in the "Politburo" made up of 29 party leaders? I have never seen one. What is the percentage of Cubans of African descent that make up the Central Communist Party (ruling party) of Cuba?

How many black Cuban government spokesmen have you seen on television? Has anyone ever seen a high-ranking black Cuban general in Raul Castro's army in 48 years? Where is the outcry for equality? Only in sports do you see Cubans of African descent—and then highly monitored so they don't escape their chains of slavery and flee to freedom.

I could go on, but I am sickened by the thought of our elected representatives from the Congressional Black Caucus honeymooning with tyrants, murdering racists, true bigots.

The injustice Fidel Castro's communist regime has perpetrated on the Cuban people and especially on the African-descended population on the island is deplorable. Shame on all of you for representing our country in this way, participating in a grotesque, vile exhibition, planned and manipulated by liars and master tyrants, the Castro brothers.

—*The Washington Times*, April 14, 2009, p A 17

Pope Benedict and World Government

by Cliff Kincaid

Some in the media are calling it just a statement about "economic justice." But Pope Benedict XVI's "Charity in Truth" statement, also known as an encyclical, is a radical document that puts the Roman Catholic Church firmly on the side of an emerging world government.

In explicit and direct language, the Pope calls for a "true world political authority" to manage the affairs of the world. At the same time, however, the Pope also warns that such an international order could "produce a dangerous universal power of a tyrannical nature" and must by guarded against somehow.

The *New York Times* got it right this time, noting the Pope's call for a world political authority amounted to endorsement of a New World Economic Order, a long-time goal of the old Soviet-sponsored international communist movement. Bloomberg.com highlighted the Pope's call for a new world order with "teeth."

The Pope's shocking endorsement of a "World Political Authority," which has prophetic implications for some Christians who fear that a global dictatorship will take power in the "last days" of man's reign on earth, comes shortly after the United Nations Conference on the World Financial and Economic Crisis issued a call for global taxes and more powerful global institutions. U.N. General Assembly President, Miguel D'Escoto, a Communist Catholic Priest, gave a speech at the event calling on the nations of the world to revere "Mother Earth" but concluded with words from the Pope blessing the conference participants.

The controversial Papal statement comes just before a meeting of the G-8 nations and a scheduled meeting between the Pope and President Obama at the Vatican on July 10.

Sounding like Obama himself, Pope Benedict says this new international order can be accomplished through "reform of the United Nations Organization, and likewise of economic institutions and intentional finance, so that the concept of the family of nations can acquire real teeth."

The "teeth" may come in adopting the global environmental agenda, which the Pope warmly embraces.

Sounding like Al Gore, the Pope said that one pressing need is "a worldwide redistribution of energy resources, so that countries lacking those resources can have access to them." He adds that "This responsibility is a global one, for it is concerned not just with energy but with the whole of creation, which must not be bequeathed to future generations depleted of its resources."

In strong endorsement of foreign aid, the Pope says that, "In the search for solutions to the current economic crisis, development aid for poor countries must be considered a valid means of creating wealth for all."

But there must be more. He says that ". . . more economically developed nations should do all they can to allocate larger portions of their gross domestic product to development aid, thus respecting the obligations that the international community has undertaken in this regard."

This statement seems to be an urgent call for fulfillment of the U.N. Millennium Development Goals, which involved an estimated $845 billion from the U.S. over a ten-year period.

The Pope goes on to say that the social order should conform to the moral order, but the fact is that on moral issues such as abortion and homosexuality, the agenda of the United Nations is opposed to that of the Catholic Church. Even on capital punishment, there is disagreement. The U.N. opposes it while traditional church teaching (Section 2267 of the Catholic Catechism) allows it in certain cases.

In his statement, the Pope declares that "Some non-governmental Organizations work actively to spread abortion, at times promoting the practice of sterilization in poor countries, in some cases not even informing the women concerned. Moreover, there is reason to suspect that development aid is sometimes linked to specific health-care policies which *de facto* involve the imposition of strong birth control measures. Further grounds for concern are laws permitting euthanasia as well as pressure from lobby groups, nationally and internationally, in favor of its juridical recognition."

What he doesn't mention is that some of these groups operate through and with the support of the United Nations.