MCFL News

Sept./Oct. 2010

Vol. 31, No. 5

The Schrafft Center
529 Main Street
Boston, MA 02129

Periodical
Postage Paid
Boston, MA
USPS #25329

Donald Berwick and the Rationing of American Health Care

Economics Becomes a Pro-Life Issue

"Rationing is medical discrimination by a polite name. Rationing boards are empowered to decide that certain CATEGORIES of people will be denied certain medically efficacious treatments that can extend or save life-treatments that may be available to others-based on discriminatory categories such as age, state of health, and state of ability, or current (or projected) disability. In essence, it creates a duty to die and denies human equality. It is very much a life issue." – Wesley Smith, bioethicist

"The decision is not whether or not we will ration care. The decision is whether we will ration with our eyes open. There needs to be global budget caps on total health care spending for designated populations."

- Dr. Donald Berwick, Director of the Center for Medicare and Medicaid Services

The year was 2081, and everybody was finally equal. They weren't only equal before God and the law. They were equal every which way. Nobody was better looking than anybody else. Nobody was stronger or quicker than anybody else. All this equality was due to the 211th, 212th, and 213th Amendments to the Constitution, and to the unceasing vigilance of agents of the United States Handicapper General.

So starts Kurt Vonnegut's short story, "Harrison Bergeron," about life in a modern society gone egalitarian mad. Ballerinas are encumbered with heavy weights and hideous masks "so that no one, seeing a free and graceful gesture or a pretty face, would feel like something the cat drug in." Television announcers have serious speech impediments, and intelligent people like George Bergeron have mental handicap radios in their ears. Tuned to a government transmitter, the radio emits loud noises every twenty seconds "to keep people like George from taking unfair advantage of their brains." George and Hazel's 14-year-old son Harrison has just been arrested by agents of the Handicapper General, Diana Moon Glampers.

The year 2010 finds Medicare facing an unfunded liability of $38 trillion with 77 million baby boomers rapidly facing retirement age. Health care costs continue to skyrocket, threatening to overwhelm the federal budget. Not everyone can get good medical care.

What are the options? The government could cut Medicare services. People could pay more themselves through private health insurance to take the load off the government, or perhaps, some combination of the two.

But instead, Congress passes the Patient Protection and Affordable Care Act (PPACA). It cuts Medicare all right. But it also restricts the ability of people to use their own money to pay for health insurance; denying them the right to chip in to the amount government spends on Medicare. It even prevents people from using their own money for nongovernmental health insurance. Private citizens can no longer spend their own money as they see fit in order to save their own lives.

If the government needs money, why would it restrict funds from people who are willing to pay?

Is this rationing? How will the economic structure and ideology of the PPACA affect American health care? What are the pro-life implications of rationing?

What is Rationing?

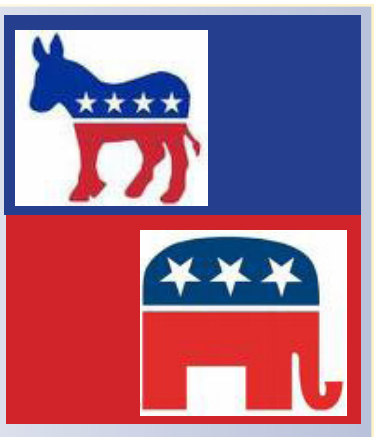
"Bad Medicine, A Guide to the Real Costs and Consequences of the New Health Care Law," a 38 page report by Michael Tanner of the Cato Institute, says that the Patient Protection and Affordable Care Act will "fundamentally change nearly

See **RATIONING** Page 4

Special Primary Edition

Primary elections are coming on September 14. How do your candidates stand on pro-life issues? Check out our pull-out section for reports on both federal and state candidates running for office from Massachusetts.

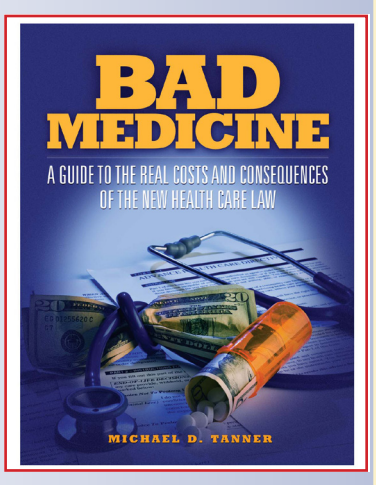
7-18



The Economics of Health Care Reform

Michael Tanner calls the Patient Protection and Affordable Care Act "Bad Medicine."

20-21



National Right to Life President Wanda Franz to be Keynote Speaker at MCFL Annual Dinner

Join us on Saturday, October 30 at the Lantana in Randolph

22

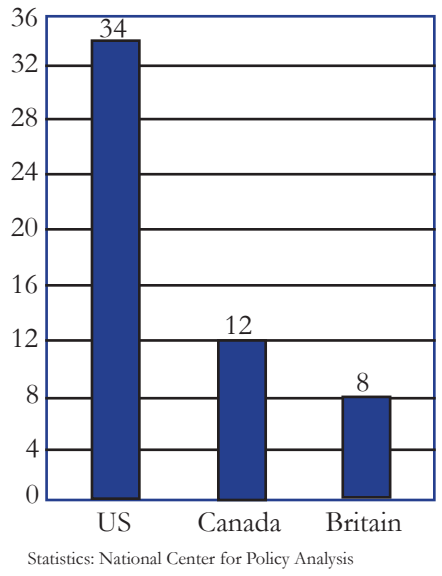
Respect Life Walk to Aid Mothers and Children

Get your sneakers on and walk for life! The need is great. Mothers and babies are counting on is to help raise money and make a difference.

23

Medicare Reimbursement Cuts Coming in 2011 For Use of Diagnostic Imaging, MRIs and CT Scans

Computerized Tomography (CT) Scanners Available Per Million People



Statistics: National Center for Policy Analysis

Breast Cancer Survival Rates Percentage still alive after five years (2002/07)	
1 U.S.	90.5%
2 Iceland	88.3%
3 Canada	87.1%
4 Sweden	86.1%
5 Finland	86.0%
6 Netherlands	85.2%
7 France	82.6%
8 Denmark	82.4%
9 New Zealand	82.1%
10 Norway	81.9%
11 OECD average	81.2%
12 UK	78.5%
13 Ireland	76.2%
14 South Korea	75.5%
15 Czech Republic	75.4%
16 Poland	61.6%

Bowel Cancer Survival Rates Percentage still alive after five years (2002/07)	
1 U.S.	65.5%
2 Finland	62.0%
3 New Zealand	60.9%
4 Canada	60.7%
5 Sweden	60.1%
6 South Korea	58.1%
6 Netherlands	58.1%
8 Norway	57.8%
9 OECD average	57.4%
9 Denmark	54.4%
11 Ireland	52.3%
12 UK	51.6%
13 Czech Republic	46.8%

Source: Daily Mail, "Britian, the sick man of Europe." Figures from the Organization for Economic Cooperation and Development

Life in Massachusetts

The Status of Abortion and Euthanasia Issues in Legislation and Culture

by Anne Fox, MCFL President

Enough is enough! A local blogger has been attacking Massachusetts Citizens for Life for the past year and a half. Last month she went beyond the pale by attacking the pro-life credibility of State Representative Jeff Perry who is running for Congress in the 10th Congressional District. Her statements are wrong and demoralizing.

The Mass. Citizens Fed PAC has endorsed Jeff Perry. Jack Rowe, Chairman of the PAC said in the endorsement, "As a member of the Massachusetts House of Representatives, Jeff Perry has been a strong advocate for life. He even voted against state funding of embryonic stem cell research.

"Perry opposes tax funding of abortion and takes a pro-life position on all important issues. He also will work to replace Obamacare with ethical, affordable health care for all.

"Jeff Perry has proven his commitment to protect our most vulnerable citizens – our unborn children. Jeff Perry's record should earn him the support of all voters who are concerned with the right to life and the protection of the most vulnerable members of the human family."

Jeff Perry is a very decent man who is pro-life.

MCFL is the oldest and largest pro-life group in the state. Our job is to identify, educate, and activate pro-life people. There are more than three million pro-life people in Massachusetts. Slightly more than 200,000 of them are members of MCFL. As groups with other, complementary missions have formed, we have all worked together for our common goal: saving babies and protecting all vulnerable lives.

Our PACs support politicians who will advance a culture of life, those who will make pro-life gains. As Fr. Frank Pavone has said, "Don't give me labels. Give me specific commitments."

We all want to save babies. It is good to have people constantly reminding us of what political purity ought to look like, but when those people drive away others, when they alienate us from elected officials, and when they seek to demoralize and divide the pro-life movement, they accomplish what even the pro-abortionists cannot accomplish.

This is a battle we must win. We must persuade and convert others. We must work with existing politicians and grow new candidates who will help advance the cause of the unborn. Jeff Perry is a friend and a man who will advance a culture of life. Tim Cahill is committed to strong measures as Governor that will advance a culture of life. Jim McKenna is a staunch pro-lifer who will use the office of Attorney General to enforce pro-life laws that are on the books. Senator Scott Brown has voted pro-life at every chance in Washington, even voting against "native daughter" Elena Kagan for Supreme Court.

An effective informed consent law, our "Laura's Law", will save an estimated 1,170 Massachusetts babies each year. We can get it passed if we focus on the battles we can win. While we work for an absolute ban on abortion and protection for innocent life at all stages of development, we must be working to save those babies we can save today.

Massachusetts Citizens for Life

MCFL News

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Mission Statement: In recognition of the fact that each human life is a continuum from conception to natural death, the mission of Massachusetts Citizens for Life, is to promote respect for human life and to defend the right to life of all human beings, born and preborn. We will influence public policy at the local, state, and national levels through comprehensive educational, legislative, political and charitable activities.

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MCFL News - PP 597 is published bimonthly by Massachusetts Citizens for Life, Inc., 529 Main Street, Boston, MA 02129-1100.
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We're Moving!

We are moving from our current office space to a new location in the Schrafft Center. It is almost directly below on the mezzanine.

SAVE THE DATE: Housewarming at the new office, Friday, Sept 10th from 5:30 to 7:00pm. Please join the Board, the Staff, and our wonderful Volunteers for a tour, good company, and snacks.

Memorials

Jean Murphy
by Fox Family

Arlene LeFebvre
by Collen & Dana Marek, Elaine & Jim Ferguson, Claire & John McGarry, Kerry & Kurt Duprez, Don & Sue, Steve & Sherry, Chuck & Sheila and Helen Dignan, Elaine Nadeau, Edgar & Edna Gunn, Gilda Lutz, Ken & Priscilla Wheeler, Lauretta & Hung Nguen, Robert & Jane Winthrop, Sharon Sutter

Lillian Tremblay
by Fran & Jimmy Curley

Clifford F. Mansir
by Mr.& Mrs. James Curley

Dr. Tom Connolly
By Ken and Anne Fox

In Honor of

Fr. Michael Lawlor
by Jim and Barbara Tierney

MCFL State PAC Endorses Jim McKenna for Attorney General

Madeline McComish, Chairman of the MCFL State Political Action Committee, announced that the MCFL State PAC has endorsed Jim McKenna for Attorney General in the September 14 Primary and November election.

"Jim McKenna is a dedicated defender of the law," said McComish. "He served as an assistant district attorney in the Organized Crime Division of the Suffolk County District Attorney's office where he focused on corruption and organized crime in Boston. For six years, McKenna also served as an assistant district attorney in the Worcester County District Attorney's office."

McKenna holds pro-life positions on all aspects of the pro-life issue, from abortion funding to informed consent, to partial birth abortion and parental consent. Very important also is his pledge to enforce the Massachusetts laws that provide protection to unborn children and are currently in place, according to McComish.

Martha Coakley is totally opposed to any laws that will protect the lives of the unborn. She strongly supports abortion and takes anti-life positions on the other life issues. Ten thousand (10,000) voters must **write in: James McKenna, 28 Miles St., Millbury, MA for Attorney General on their Republican primary ballots on Sept. 14th** in order to get his name on the November ballot. Writing the same on a Democratic ballot won't count as a vote but will send a strong message.

The McKenna Family

According to McComish, "The PAC recognizes that Guy Carbone, another pro-life candidate, is also attempting to get the write-in nomination. Neither candidate will get enough votes if the votes are split. In choosing one candidate to support, the PAC is backing McKenna because we feel he has the better organization"

MCFL State PAC is in the process of contacting pro-life people across the state and urging them to participate in the write in campaign. "This is the first time that the MCFL State PAC has endorsed a write-in candidate," says McComish. "If we pull together on September 14, we will succeed in getting Jim's name on the November ballot and make a statement against Coakely in the Democratic primary. Best of all, in November, we will elect a pro-life Attorney General." For more information about MCFL State PAC, please visit http://MCFLStatePAC.intuitwebsites.com

A Triumphant Life: Rebecca Kiessling's Journey From Sorrow to Peace

Greater Quincy and Dorchester Knights of Columbus Team up to spread pro-life awareness message

By Nicholi McLaughlin

The Greater Quincy and Dorchester Knights of Columbus Council teamed up and sponsored Rebecca Kiessling, International Pro-Life speaker on July 24, 2010 at the Greater Quincy Knights of Columbus Hall. Nicholi McLaughlin, MCFL Director and Nalida Besson coordinated the event.

Rebecca shared her compelling story of how she was "conceived in rape" and almost aborted in two back alley attempts prior to Roe V. Wade. Rebecca, from Michigan, shared her compelling story with the audience that promoted a great pro life message of how all life despite the way in which conceived is important and valuable. Rebecca thanked her pro life heroes in Michigan for saving her life. Rebecca is a former attorney now home school mother of five. Rebecca travels around the US and abroad to spread a great pro life message which opens minds and changes hearts.

The event collected over 55 new baby items that were donated to A Woman's Concern in Dorchester and Friends of the Unborn in Quincy. Nearly $500 was raised to support the pro-life work of the Massachusetts Citizens for Life, A Woman's Concern and Friends of the Unborn.

Learn more about Rebecca Kiessling at www.rebeccakiessling.com

Rebecca Kiessling's story of being conceived in rape rivets the audience at Columbus Hall in Quincy on July 24.
Photo by Nicholi McLaughlin

MCFL Welcomes Nicholi McLaughlin to the Board of Directors

Newly elected MCFL Board member Nicholi McLaughlin, (left) with Rebecca Kiessling

Nicholi McLaughlin is currently pursuing a Masters Degree in Human Services Management at the University of Massachusetts in Boston. She is already active on several MCFL committees: special events, membership, and finance.

"I am a big advocate of pro-life education," said Nicholi. " My desire in joining the MCFL Board of Directors is to help increase awareness of pro-life issues to insure that women are getting the correct information.

"Pregnant women are not getting enough information to make informed decisions."

Nicholi and her husband, Andrew, live in Dorchester.

State PAC Endorses Tim Cahill for Governor

The MCFL State PAC has chosen to endorse Tim Cahill for Governor of Massachusetts. The decision was based on conversations with Cahill and his responses to the questionnaire.

1. Would you sign legislation that bans partial-birth abortion?

Yes. The late Senator Daniel Patrick Moynihan, a Democrat, rightly called partial-birth abortion, "infanticide." This is a procedure everyone should be able to agree on banning, regardless of political party.

2. Would you sign a law which makes the unborn child a second victim when a crime is committed against a pregnant woman?

Yes.

3. Would you sign legislation called *A Woman's Right to Know Act*, "Laura's Law," which would offer women facts about both abortion and childbirth and provide a 24 hour "reflection period."?

Yes. I believe this is an important piece of legislation that would give a woman the proper facts about her decision while also enabling her to have the proper time to reflect on its consequences. I see another benefit to this bill in that it could protect a young woman from being coerced into making a choice that she does not, in her heart, want to make.

4. Regarding stem cell research, "Adult Stem Cells" are easily obtained with no risk to the donor. "Embryonic Stem Cells," however, can only be obtained by destroying living human embryos. Would you sign a bill that is against funding Embryonic Stem Cell Research?

The Cahill Family

Ten years ago, advances in embryonic stem cell research forced a choice between the welfare of suffering people and the interests of unborn human life. Today, the scientific advancements in respect to cord blood and adult stem cells have largely made this a moot issue. If stem cell research technology was as transformative as proponents claim, then private sector companies would invest in it, and we would hear reports of people healed every day. Thus far, that has not happened.

5. Would you sign a bill that prohibits all cloning? This includes reproductive cloning and so-called "therapeutic cloning" which creates human embryos for experimentation and destruction.

Yes, I would.

6. Would you sign a bill that bans sex selection abortion?

Yes.

7. Would you sign a bill that requires women to have an ultrasound prior to an abortion?

Yes.

8. Would you sign legislation that would prohibit abortion coercion?

Yes, I absolutely would. No woman should be coerced into an abortion.

9. Would you sign legislation known as the "Unborn Child Pain Awareness Act" that would include fetal anesthesia options for unborn children?

Yes.

10. Would you oppose legislation that would legalize physician-assisted suicide?

Yes. Our laws should place an emphasis on promoting human dignity at the end of life. Coupled with the passage of "Obama Care," legalized assisted-suicide could open a "Pandora's Box" of unintended consequences, leading us in the direction of devaluing life as a society, and I do not believe that is a good thing.

The Rationing of American Health Care

RATIONING Continued from Page 1

every aspect of health care, from insurance to the final delivery of care." Rationing will be inevitable.

Tanner's reasons are two fold. First, the government simply cannot pay for everything it has promised. It is unsustainable to put 32 million new people, largely into Medicare and Medicaid, while the Medicare budget is cut by $459 billion. The government expects to finance this great expansion by applying standards of "efficiency" and "quality" to the way medicine is currently practiced.

Burke Balch defines rationing as "governmental involvement in limiting or apportioning health care resources", Robert Tracinski as "government control that leads to the denial of care."

The second reason is the appointment of rationing fan Donald Berwick to head the Center for Medicare and Medicaid Services (CMS), the second largest health insurer in the world. CMS covers 100 million Americans and has an annual budget of $800 billion dollars, larger than the defense Department. Dr. Berwick is a devotee of the British National Health Service (NHS). During a 2008 speech to British physicians he said, "I am romantic about the National Health Service, I love it."

Berwick has also called it "generous, hopeful, confidant, joyous and just." Berwick calls Britain's National Institute for Clinical Effectiveness (NICE), which employs the use of comparative-effectiveness research to decide whether the benefits a patient receives, such as prolonged life, are cost effective, a "national treasure."

In a 2009 article in the *New York Times Magazine*, "Why We Must Ration Health Care," Princeton bioethicist Peter Singer claimed that rationing shouldn't be the dirty word that opponents to PPACA were making it. He said that you too, were in favor of rationing if you thought that spending $1 million was too much money to spend to prolong the life of a dying cancer patient just a few more months. Singer insists that rationing is just the benign application of a limit on exorbitant spending for little benefit.

However, Burke Balch of the Robert Powell Center for Medical Ethics defines rationing this way: governmental involvement in limiting or apportioning health care resources. Robert Tracinski says that government control leads to denial of care.

How will rationing be accomplished?

Burke Balch sees four paths to rationing, with the primary danger coming from the creation of the new Independent Payment Advisory Commission (IPAC). The aim of IPAC is to push *private* spending down through recommendations made every two years to improve health care by "quality" and "efficiency" standards. The Secretary of Health and Human Services has the authority to impose regulations that health care providers must comply with or lose insurance contracts with the result that healthcare for **everyone** in the United State, whether on Medicare, Medicaid, privately or uninsured, is controlled by the government and what the government will pay based on "quality" and "efficiency."

Secondly, PPACA has given the Secretary of Health and Human Services standard-less authority to limit the ability of seniors to buy private fee-for-service health insurance (Medicare Advantage plans). With $529 billion slated to be cut from Medicare, seniors can't add their own money to buy an insurance plan that is less likely to ration health care.

Thirdly, state-based insurance exchange will put limits on what people can pay for insurance can't by excluding insurers whose plans, whether inside or *outside* of the exchange, allow private citizens to spend whatever government officials think is an excessive or unjustified amount on their own health insurance.

The fourth path to rationing is shared decision making by the funding of nongovernment groups to develop "patient decision-making aids" to help "patients, caregivers or authorized representatives . . . to decide with their health care provider what treatments are best for them." Shared Decision Making Resource Centers will be established to "provide technical assistance to providers and to develop and disseminate best practices . . ."

Redistribution: changes in the social safety net

In an article in the Wall Street Journal, "Health Law Augurs Transfer of Funds from Old to Young," Janet Adamy says PPACA "represents a change in how the government spreads the social safety net underneath Americans." Previous programs, such as Social Security, were funded by the contributions of younger workers. "The health overhaul diverges by tapping a program for the elderly to provide insurance to 32 million Americans of younger generations."

Redistribution is at the heart of healthcare reform. Donald Berwick said, **"Any healthcare funding plan that is just, equitable, civilized and humane must, MUST, redistribute wealth from the richer among us to the poorer and the less fortunate. Excellent health care is, by definition, redistributional."**

Cass Sunstein, who will be helping Dr. Berwick to develop regulations on who gets health care in the US said, "I urge that the government should indeed focus on life-years rather than lives. A program that saves young people produces more welfare than one that saves old people."

In an article in *The Lancet*, bioethicist Dr. Ezekial Emanuel wrote, "Allocation (of medical care) by age is not invidious discrimination." Dr. Emanuel calls this form of rationing the "complete lives system." Nat Hentoff comments, "You see, at 65 or older, you've had more life years than a 25 year old. As such, the latter can be more deserving of cost-efficient health care than older folks."

"Berwick leaves little doubt who is going to be in charge of the redistribution," said Dr. Hal Scherz. "He seeks not broad-based bottom-up decision making, but top-down edicts from elite panels of enlightened and, of course, "global" thinkers like himself that preempt decisions now made by doctors and their patients."

The claim that greater efficiency will avert rationing

The President has emphasized that health care resources must be limited to "health care that works." One of his administration's goals is to reduce projected health care spending by 30 percent over the next two decades. Reduction will be achieved in three ways: 1) by eliminating "high-cost, low-value treatments," by, 2) "implementing a set of performance measures that all providers would adopt," and by, 3) "targeting individual providers…/and other high-end outliers."

Burke Balch questions whether the quest for greater efficiency will actually improve health care outcomes. He cites the use of the "Dartmouth atlas" as an example. The atlas compares what different hospitals spend per patient on those in the last months or years of life. Results from research at Dartmouth University showed that 25 percent of Medicare spending was done in the patient's last sixty days of life. Balch said, "The claim was made that some hospitals spend much less with the same outcome (death), so we can limit payments to the level of the most efficient hospital without harm."

"An article appeared in the *New York Times* showing the fundamental fallacy on the way in which the Dartmouth Studies were done. The Dartmouth study found that UCLA Medical Center spent much more than the Mayo Clinic in Rochester, Minnesota. The Director of the Office of Management and Budget said, 'we have no idea of what we are getting for the extra $25,000/year. We can no longer afford an overall health care system in which the thought is more is always better, because it's not.'

Balch continues, "It turns out that the hospital that spent the most on heart failure patients had one-third fewer deaths after six months of an initial hospital stay. It's the difference between looking forward and looking back. Shortly after this another article criticizing the atlas appeared in the *Times*. The atlas's hospital rankings do not take into account one that prolongs or improves lives. If one hospital spends

Burke Balch's Four Paths to Rationing

1) Independent Payment Advisory Commission (IPAC)

- **IPAC:** Push private spending down, recommendations every two years
- **HHS:** Imposes "quality & efficiency"standards, providers must comply or lose insurance contracts
- **YOU**: Can't get health care exceeding standards.

2) Medicare Limits

- $529 billion cut from Medicare
- Older Americans will no longer be permitted to buy supplemental insurance for policies less likely to ration care.
- HHS can reject any private fee-for-service plan

3) Exchange Limits on What People Can Choose to Pay for Insurance

- Health insurers whether inside or outside the exchange, can be excluded if their plans allow private citizens to spend whatever the government thinks is an "excessive or unjustified" amount on their health insurance

4) Shared Decision-Making

- Funding to nongovernmental groups to "aid patients in health care decision making" is biased in favor of steering patients away from expensive treatments.

Redistribution by Medicare Cuts

Redistribution will be accomplished not only by cutting government spending, but also by limiting the amount of money private citizens can spend on their own health care.

2009 Medicare cuts to hospitals begin (long-term care (7/1/09) and inpatient and rehabilitation facilities (fiscal 2010) 2009

2010 Medicare care cuts to inpatient psych hospitals (7/1/10)

2011 Medicare Advantage cuts begin
Medicare cuts to home health begin
Medicare reimbursement cuts when seniors use diagnostic imaging like MRIs, CT scans, etc.
Medicare cuts begin to ambulance services, ASCs, diagnostic labs, and durable medical equipment
Employers required to report value of health benefits on W-2
New Medicare cuts to long-tem care hospitals begin (7/1/11)
Additional Medicare cuts to hospitals and cuts to nursing homes and inpatient rehab facilities begin (fiscal 2012)
Wealthier seniors ($85k/$170k) begin paying higher Part D premiums (not indexed for inflation in Parts B/D)

2012 Medicare cuts to dialysis treatment begins
New Medicare cuts to inpatient psych hospitals (7/1/12)
Medicare cuts to hospitals with high readmission rates begin (fiscal 2013)
Medicare cuts to hospice begin (fiscal 2013)

2013 Medicare cuts to hospitals which treat low-income seniors begin

2014 More Medicare cuts to home health begin
Government board (IPAB) begins submitting proposals to cut Medicare
Medicare payments cuts for hospital-acquired infections begin (fiscal 2015)

2015 More Medicare cuts to home health begin

List compiled by Rep. Dave Camp, House Ways and Means Committee

The Economics of Health Care Reform Becomes a Pro-Life Concern

a lot on five patients and manages to keep four of them alive, while another spends less on each but all five die, the hospital that saved patients could rank lower because Dartmouth compares only costs after death."

Who will decide criteria for identification of health care that works?

The fiscal stimulus package included $1 billion to fund comparative-effectiveness research to help identify "health care that works." Roger Stenson defines comparative-effectiveness as the determination, and the methods used for determination, of who gets health care, and what kind of health care. Single–payer systems work through a global budget, pre-set amounts they are allowed to spend. C-E research determines: 1) who gets bumped to keep within the global budget, 2) which diagnostic technologies to limit, 3) which treatments/drugs to diminish, and, 4) how long people will have to wait for treatment.

Michael Tanner writes, "For the first time the Secretary of Health and Human Services would be permitted to use comparative-effectiveness research in making reimbursement decisions. The use of such research will alter medical practice by interposing government cost-controls into determining what treatment someone will get." The use of this research for government programs such as Medicare sets the stage for its extension into private medical practice. "There is no doubt that national health care systems use comparative-effectiveness research as the basis for rationing."

Donald Berwick an outspoken admirer of Britain's NICE and comparative-effectiveness research.

What might rationing look like? "Tick-box" medicine, insufficient resources and a capacity crisis

The appointment of rationing fan and NHS lover, Dr. Donald Berwick, to head Medicare leads to an examination of the British health care system. An article in *Real Clear Politics* by Robert Tracinski, "Government Control Leads to Denial of Care", quotes doctors saying that an NHS-approved system in which doctors are encouraged to withdraw medical support for patients they deem too infirm to live is causing a "national crisis in patient care." What Tracinski calls "tick-box medicine," rationing protocols of treatment designed for the terminally ill are now being applied to elderly patients who are not dying.

The British newspapers are full of examples of rationing by "one-size-fits-all" medical treatment. *The Daily Mail* and the *London Times* had two separate stories on elderly patients who were misdiagnosed as being terminal and were "denied food, water, and medication except for painkillers."

One is still alive nine months later only after fighting for her own life, the other person died. It was only after an autopsy that it was found that the elderly man did not have a recurrence of cancer and was only suffering from pneumonia.

The *Daily Mail* reported on a premature baby, born just two days short of the cut-off, was denied treatment and died. Doctors ignored the mother's plea to try and save her child, telling her they were following national guidelines that babies born before 22 weeks should not be given medical treatment." Tracinski says, "This is what happens when your doctor is reduced to just another bureaucrat ticking off boxes on government paperwork."

Reported by *The Herald of Glasgow*, Scotland, "The Scotland Patients Association said hundreds of patients especially the elderly, are undernourished in National Health Insurance Hospitals because of a lack of assistance from staff members. About 50,000 patients die in a state of malnutrition each year at NHS facilities." British Hospitals struggled to contain deadly outbreaks of bacterial infections in NHS hospitals. Understaffing of the hospitals led to people being forced to defecate in their beds and wait hours to be cleaned and their linens changed. "British investigators and patients said that hospitals were beset by nursing shortages. Beds were jammed within a foot of each other, and the administration was preoccupied with meeting budget targets."

Patients being left lying on operating tables before doctors realize vital equipment had not been ordered, British maternity units turning away expectant mothers, dialysis shortages lead to more people dying from kidney failure due to long waits or outright denial of treatment, women over 65 given the least amount of breast cancer care are just some of the reports coming out of Britain.

In "Why Donald Berwick is Dangerous to Your Health," Dr. Hal Scherz describes the British health care as a "system where patients have little or no choice about their provider and little access to specialists. A health care system where waiting lists for visits to specialists and for surgery can sometimes last a year, 40 percent of cancer patients never see an oncologist, rationing for kidney dialysis and open heart surgery is open and explicit, and minimum wait times have been instituted for hospital admission (of 122 days) to reduce costs, leaving 750,000 people on wait lists."

Nat Hentoff quotes Michael Tanner's assessment of the NHS in "Health Care Rationing Obama Believes In", "The latest estimates suggest that for most specialties, only 30 to 50 percent of patients are treated within 18 weeks. For trauma and orthopedic patients, the figure is only 20 percent…Every year, 50,000 surgeries are canceled because patients become too sick on the waiting list to proceed."

Tracinski continues, "This is how an alleged 'right' to government-provided health care leads to the denial of care. As government budgets spiral out of control, hospitals find themselves with insufficient resources, so a centralized health-care bureaucracy tries to control costs by making sure patients are granted or denied care according to predetermined rules drafted by a medical rationing board."

But it gets worse, an article by Laura Donnelly in the *Telegraph*, "Axe Falls on NHS Services," tells of more cuts by cash-strapped government health care. Common operations such as knee and hip replacement and cataract surgery, will be rationed. Budget cuts are in line for the terminally ill, with cancer patients being told to go home and manage their own symptoms. Nursing homes for the elderly are slated for closure, job losses at NHS hospitals including a trust for cancer patients which are already understaffed, more cost-cutting for maternity and pediatric services, elderly care and respite care for care-givers… and this is what Donald Berwick thinks is kind and generous and just?

British heart and cancer survival rates among worst in the developed world

An article in the *Mail Online* said British health care is little better than that of former Communist countries which spend a fraction of the billions poured into the NHS. A survey published by the Organization for Economic Cooperation and Development found that British cancer and heart attack patients are more likely to die than almost anywhere in the developed world. The report attributed the poor results to a shortage of cancer specialists and the lack of access to life-saving drugs. As proof that British radio handicaps are preventing cogent thought, the article continues, "On the positive side, the survey shows British health care is much more equitable than most other countries." (It's reassuring that we all die together!)

"Much of the blame for Britain's poor showing is attributed to the fact that patients and GPs fail to spot cancer signs early enough. A lack of access to life-saving cancer drugs, a shortage of specialists and a lack of MRI scanners are also factors."

The *Telegraph* said in "U.K. Cancer Survival Rate the Lowest in Europe," cancer survival rates in England are on a par with Poland despite the NHS spending three times more on health care. A study published in *The Lancet Oncology* found England was the fifth worst in a league of 22 countries with Scotland at the bottom. Cancer experts blamed late diagnosis and waiting lists for radiotherapy.

An accompanying editorial at the *Telegraph* concluded that figures show that the NHS Cancer Plan was not working.

Not So NICE, Healthcare Quality and Efficiency

Donald Berwick calls Britain's National Institute for Clinical Effectiveness (NICE), a "national treasure." NICE is the cost-effectiveness arm of Britain's NHS and decides whether each method of treatment provides enough of an improvement to justify its cost, "NHS's real-time decider of life-or-death outcomes," according to Nat Hentoff.

"For example, the NHS approves only expensive treatments that add at least one Quality Adjusted Life Year (QALY) per £30,000 (about $49,685) of additional health care spending," writes Martin Feldstein of the Wall Street Journal. "If a treatment costs more per QALY, the NHS won't pay for it."

Roger Stenson writes, "The basic idea underlying the QALY is simple: it assumes that a year of life lived in a state of perfect health is worth 1 QALY (1 Year of Life x 1 Utility=1 QALY). A

See **QUALITY**, page 19

"On the positive side, the survey shows British health care is much more equitable than most other countries."

- The Mail Online

in an article entitled, "British Heart and Cancer Survival Rates Among the Worst in the Developed World."

Cancer survival rates

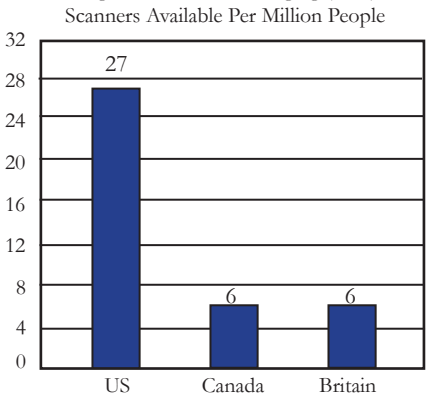
Five year survival rates 2000-2002

Female Country	All cancers %
USA	62.9
Iceland	61.8
Sweden	61.7
Belgium	61.6
Finland	61.1
Switzerland	61.1
Italy	59.7
Spain	59.0
Germany	58.8
Norway	58.4
Netherlands	58.3
Austria	58.0
Malta	54.6
Wales	54.1
Slovenia	52.9
England	52.7
Ireland	51.9
N. Ireland	51.0
Czech Republic	49.3
Poland	48.3
Scotland	48.0
Male	
USA	66.3
Sweden	60.3
Iceland	57.7
Finland	55.9
Austria	55.4
Switzerland	54.6
Belgium	53.2
Norway	53.0
Germany	50.0
Italy	49.8
Spain	49.5
Ireland	48.1
Wales	47.9
Netherlands	47.1
England	44.8
Malta	42.3
N.Ireland	42.0
Scotland	40.2
Poland	38.8
Czech Republic	37.7
Slovenia	36.6

Statistics from: "UK cancer survival rate lowest in Europe" from a study published in The Lancet Oncology. Late diagnosis caused by patients and GPs failing to spot cancer signs early enough, long waiting lists, waiting lists for radiotherapy, a lack of life-saving cancer drugs, a shortage of specialists, and a lack of MRI scanners were all contributing factors to this dismal showing according to doctors and researchers.

Access to a waiting list is not health care

Magnetic Resonance Imaging (MRI) Scanners Available Per Million People

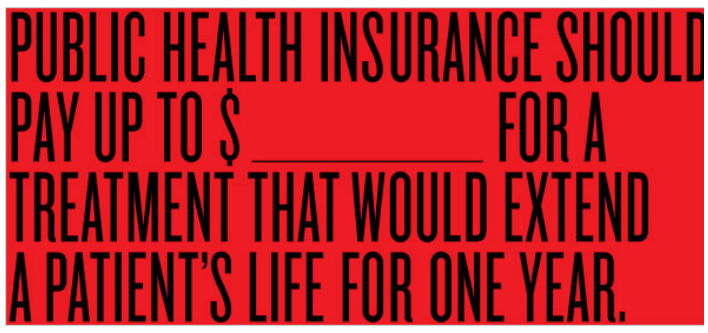


Statistics: National Center for Policy Analysis

Interview with National Right to Life's Burke Balch

MCFL: In a 2009 article in the NY Times, "Why We Must Ration Health Care", Princeton bioethicist Peter Singer said that if you don't agree that spending a million dollars for a cancer treatment that will give a patient six extra months of life is a good value for the money, then you think that health care should be rationed.

BALCH: The fundamental difference about what Singer calls "rationing" and the rationing we are talking about: governmental involvement in limiting or apportioning health care resources. About Singer's comment, it's true that resources are not unlimited, but the difference is that when you are making health care decisions, it is the government making a specific recommendation on what your insurance will or will not pay for. When the government limits by law what can be charged for health insurance, it limits what people are allowed to pay for medical treatment, it's an artificial constraint.



Peter Singer's New York Times article starts with what sounds like something we can all agree on, that money is not an unlimited resource. Therefore, according to Singer, we all believe in rationing. The definition of rationing is critical to understanding the impact of health care reform.

When an employer is deciding about choosing an insurance plan, he balances the costs and benefits of specific plans, using cost as one of the criteria. It's not the same thing as the government saying, for example, "In order to buy a television set, people have to meet a certain criteria."

MCFL: In the article, Singer's argument rapidly shifts to the idea that certain lives are more valuable than others, "The death of a teenager is a greater tragedy than the death of an 85-year-old and this should be reflected in our priorities."

BALCH: Singer is clever in that after making his view of rationing seem reasonable he decides that the amount of health care anyone can get should be based on discriminatory criteria, such as age. The fundamental difference is that Singer advocates using quality and efficiency standards as criteria for *who* may get treatment, rather than for assessing the treatment itself.

MCFL: Is there a difference between your concept of exchanges and the state-based exchanges in the health care bill?

BALCH: An exchange is based on a concept of a market place where you can pick among a variety of competing health care plans. It's a good way to comparison shop. The critical problem is how the exchanges are regulated under Obamacare. These exchanges will limit what people can pay for insurance. Government officials will *exclude* health insurers whose plans inside or *outside* the exchange allow private citizens to spend whatever government officials think is an "excessive or unjustified" amount on their own health insurance.

MCFL: Why would the Center for Medicare and Medicaid Services (CMS) want to keep people from using their own money for private-fee-for-service plans? If people are paying extra money into a system that needs money, why is it being cut?

BALCH: It comes from the ideological vision of President Obama and Donald Berwick, the newly appointed Director of the CMS, that there is a "two-tier" health care system in the US. In their egalitarian vision, the problem of inadequate health care for the poor can be fixed by redistribution. Healthcare will be made fair by taking from those who have health care resources and transferring them to those who have less.

When you take away the incentive for people to be able to improve circumstances for their own retirement and what kind of health care they'll have, you've removed a lot of what drives the economy, leaving it stagnant. For example, a new drug, TPA, was developed to treat heart attack. It was more expensive than earlier drugs, but also more effective. In Canada, where it's wrong to have a two-tier system, health care is decided by the provinces. In British Columbia, *no* poor people's lives were saved because use of TPA was denied. In California, where TPA was available, one out of three poor people were able to receive TPA and their lives were saved.

Many innovations are initially expensive, but eventually become more available to everyone. An analysis by Sherry Glied, *Chronic Condition*, shows how we *can* afford more and better health care when it's not focused on limiting access.

MCFL: In your analysis of the Senate bill passed 12-22-2009, you write that government price controls prevent access to lifesaving medical treatment that costs more to supply than the price set by the government. What effect might this have on the creation of new life-saving treatments?

BALCH: Medical innovation will slow to a crawl. Donald Berwick is hostile to new medical technology saying it will need a heavy burden of proof in order to be authorized. The American Cancer Society said that the pace of medical innovation is so fast that if you were being treated for cancer using treatment standards of 1990, you would be dead. If the Clinton health care plan had gone through with its similar antipathy to technological improvements, it makes you wonder if the same progress in treating cancer would have occurred.

MCFL: How will health care reform affect the current shortage of physicians?

BALCH: In trying to switch away from fee-for-service, doctors will get paid like managed care for hospitals. Instead of getting reimbursed for individual tests and treatments, doctors will receive a lump sum based on a diagnosis. This "one size fits all" care is treatment based not on what the individual patient needs, but on what treatment the government has decided is standard treatment and will pay for.

The need for primary care physicians will grow. They will provide low level health care that will be decent for things like broken legs and appendicitis. Far fewer specialists will be available for expensive higher-level health care such as treatment for cancer or heart disease.

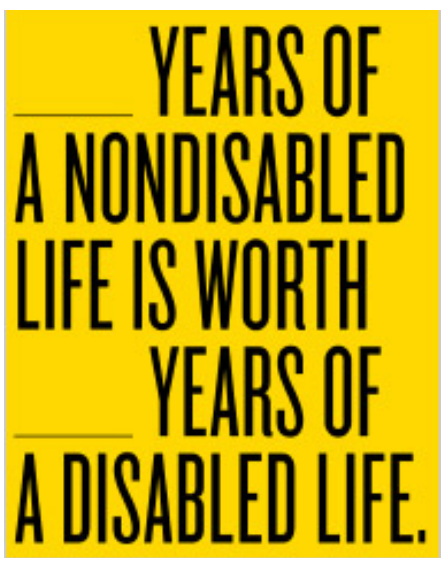
MCFL: Shared decision making is: funding to non-government groups to develop "patient-decision making aids" to help "patients, caregivers or authorized representatives…to decide with their health care givers what treatments are best for them." What's wrong with that?

BALCH: Should patients have information and discuss it? Of course, it's informed consent. The legislation looks praise-worthy. But the problem is how it's being implemented. Look at the various groups who are involved with shared decision making. The legislation establishes regional "Shared Decision making Resource Centers… "to provide technical assistance to providers and to develop and disseminate best practices…" What groups will be paid tax dollars to set the guidelines for and create "decision making aids."

Look at the website of the Foundation for Informed Decision Making. In a website box called "Did You Know?" various statements appear such as "More care does not equal better outcomes," "In many people with stable heart disease, medications are just as good as stents or bypass surgery," or "About 25% of Medicare dollars are spent on people in their last 60 days of life."

From Healthwise: "Avoid unnecessary care with Healthwise consumer health information."

From the Center for Information Therapy: "Toward the end of life too many people receive ineffective, expensive medical treatments."



Once Singer has made rationing seem reasonable, he switches his argument to favor the denial of care to certain less-favored groups.

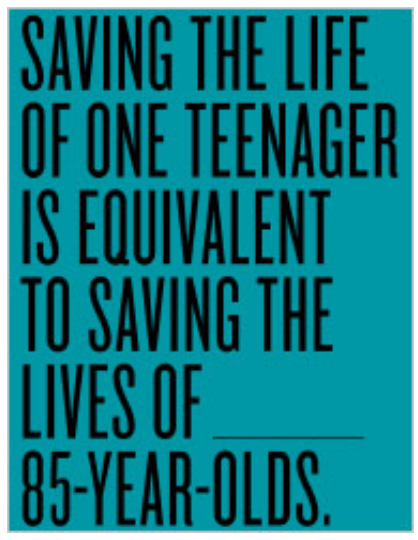
You can see very clearly that they are not unbiased. The information is skewed in order to persuade people that they'll be better off if they avoid expensive treatment. By using the governments coercive arm, the quality and efficiency standards, they'll teach us to like rationing, and convince us that we're better off without treatment. The government's idea of shared decision making is not benign discussion between patients, families and doctors of the risks and benefits of medical treatment, but a way to discourage people away from expensive treatments.

MCFL: In the final bill, language prohibiting the use of federal money to pay for physician-assisted suicide was removed. While the Assisted Suicide Funding Act of 1997 bars such funding, **doesn't this leave the states open to using PAS to reduce its own costs for federally mandated health care?**

BALCH: In the last chapter of suicide advocate Derek Humphrey's *Freedom to Die*, he acknowledges an "unspoken argument" that economics will push PAS towards acceptance. It creates a "duty to die." Some surveys of people asking them if they would consider PAS under certain circumstances, indicate not that they would choose PAS for intractable pain, but if they became a burden. This creates incentives for and a resort to PAS.

Healthcare articles continue on Page 19

Beware the "Bait and Switch"



This graphic accompanied Princeton bioethicist Peter Singer's article in the NY Times Magazine. Singer's arguments, and the graphics that accompany it, don't jibe until well into the article. The subliminal suggestion throughtout, is that certain lives aren't as valuable as others.

For the complete article, "Why We Must Ration Health Care," go to MCFL's newspaper blog at: www.massprolife.org

Election 2010

Congressional Candidate Questionnaire

ROE V. WADE

(1) Do you support the reversal of the Roe v. Wade and Doe v. Bolton decisions, so that elected legislative bodies may once again protect unborn children by limiting or prohibiting abortion?

"FREEDOM OF CHOICE ACT" (FOCA)

(2) Would you vote against the "Freedom of Choice Act" or any other proposed federal laws that would limit the authority of legislatures to restrict abortion?

THE PAIN OF UNBORN BABIES

(3) Would you support legislation to strictly limit abortion at least from the point in development that evidence suggests an unborn child has the capacity to experience pain?

ULTRASOUND INFORMED CONSENT

(4) Would you support federal legislation, such as the Ultrasound Informed Consent Act (H.R. 649 in the 111th Congress) to require that before an abortion is performed, the abortionist must perform an ultrasound and display the ultrasound images for the mother, so that she may view the images?

PROTECTION OF HUMAN EMBRYOS, BAN ON HUMAN CLONING

(5) Will you vote for measures to protect living human embryos from being used for medical experiments that would harm or kill them, including so-called "embryonic stem cell research" that would require the killing of human embryos, regardless of the method used to create these human embryos?

(6) Would you support a legal prohibition on all human cloning (i.e. the creation of human embryos by cloning), along the lines of the Stupak-Wamp Human Cloning Prohibition Act (H.R. 1050)?

7) Would you oppose "clone-and-kill" legislation (i.e. legislation that would permit the creation of human embryos by cloning but prohibit allowing such human clones to live past a defined point of development)?

ABORTION FUNDING

(8) Would you vote to renew the current Hyde Amendment policy without weakening amendments?

(9) Would you vote for legislation to make the current Hyde Amendment policy permanent, so that it would no longer be necessary for Congress to renew it every year?

(10) Would you vote for legislation that would restore the previous pro-life policy, under which any government funding of abortions in the District would be prohibited, except to save the life of the mother, or in cases of rape or incest?

(11) Would you vote against any attempt to weaken or repeal this pro-life policy?

(12) Would you support legislation to make organizations that operate abortion clinics (not bona fi de hospitals) ineligible for Title X funding, along the lines of H.R. 614 (111th Congress), the Title X Abortion Provider Prohibition Act?

ABORTION IN HEALTH INSURANCE

(13) Would you vote to repeal any law that does not contain strong prohibitions on federal subsidies for abortion and insurance plans that cover abortion, and strong guarantees against federal pro-abortion regulatory mandates, on a permanent basis (i.e. without requiring that Congress renew the pro-life restrictions on an annual basis)?

FOREIGN AID FOR ABORTION

(14) Would you support legislation to reinstate the Mexico City Policy, and would you oppose any legislation that would prohibit a future president from reinstating the policy by executive order?

PARENTAL NOTIFICATION/CONSENT FOR MINORS' ABORTIONS

(15) Would you vote for the Child Interstate Abortion Notification Act, and oppose weakening amendments?

INVOLUNTARY EUTHANASIA

(16) Would you vote to prevent involuntary denial of lifesaving medical treatment by amending the Patient Self-Determination Act to provide that, if failure to comply with a patient's or surrogate's choice for lifesaving treatment would be likely, in reasonable medical judgment, to result in or hasten the patient's death, a health care provider unwilling to respect the choice for lifesaving treatment must allow the patient to be transferred to a willing provider and must provide the treatment pending transfer?

HEALTH CARE RATIONING

(17) Would you vote against any bill that would prohibit or limit the right to spend one's own money for health care or health insurance?

MEDICARE RATIONING

(18) Would you vote against any bill that limits, or authorizes government officials to limit, the right of older Americans who choose to do so to adtheir own funds on top of the government contribution in order to obtain Medicare health insurance that is less likely to ration medical treatment?

GOVERNMENT LIMITS ON PRIVATE HEALTH CARE TREATMENT AND SPENDING

(19) Would you vote against any bill that would impose, or authorize government officials to impose, mandatory limits on the practice of medicine in the private sector so as to hold down health care spending?

(20) Would you vote against any bill that would impose price controls on health insurance premiums?

USE OF "COMPARATIVE EFFECTIVENESS" TO LIMIT TREATMENT BASED ON "QUALITY OF LIFE"

(21) Would you vote against any "comparative effectiveness" program that lacked protections to ensure that it is not used in a manner that treats extending the life of an elderly, disabled, or terminally ill individual as of lower value than extending the life of an individual who is younger, nondisabled, or not terminally ill?

Congressional Candidates Responses to Questionnaire

Congressional District	Congressional Candidates	Responses to 2010 Congressional Candidate Questionnaire 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21	Position determined by other data
	CAPITAL LETTER INDICATES INCUMBENT		
First	JOHN W. OLVER (D) William L. Gunn, Jr. (R)		Anti-life
Second	RICHARD E. NEAL (D) Jay S. Fleitman (R) Thomas A. Wesley (R)	 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	Mixed
Third	JAMES P. MCGOVERN (D) Robert J. Chipman (R) Robert A. Delle (R) Brian J. Herr (R) Martin A. Lamb (R) Michael P. Stopa (R)	 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	Anti-Life
Fourth	BARNEY FRANK (D) Rachel E. Brown (D) Sean D.M. Bielat (R) Earl H. Sholley (R)	 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	Anti-Life
Fifth	NICOLA S. TSONGAS (D) Jonathan A. Golnik (R) Sam S. Meas (R) Robert L. Shapiro (R) Thomas J.M. Weaver (R)	 Y Y Y N N N Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	Anti-Life
Sixth	JOHN F. TIERNEY (D) Bill Hudak (R) Robert J. McCarthy, Jr. (R)	 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	Anti-Life
Seventh	EDWARD J. MARKEY (D) Gerry Dembrowski (R) Thomas P. Tierney (R)	 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	Anti-Life Pro-Life
Eighth	MICHAEL E. CAPUANO (D)		Anti-Life
Ninth	STEPHEN F. LYNCH (D) MacDonald K. D'allessandro (D) Keith P. Lepor (R) Vernon M. Harrison (R)		Mixed
Tenth	William R. Keating (D) Robert A. O'Leary (D) Robert E. Hayden, III (R) Raymond Kasperowicz (R) Joseph Daniel Malone (R) Jeffrey Davis Perry (R) *	 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	Anti-Life Anti-Life Anti-Life

* Endorsed by MCFL Federal PAC

State Candidate Questionnaire

1. Would you vote for legislation that bans partial-birth abortion?

2. Would you vote for a law which makes the unborn child a second victim when a crime is committed against a pregnant woman?

3. Would you vote or be a sponsor for the A Woman's Right to Know Act "Laura's Law" which would offer women facts about both abortion and childbirth and provide a 24-hour "reflection period?"

4. Regarding stem cell research, "Adult Stem Cells" are easily obtained with no risk to the donor. "Embryonic Stem Cells," however, can only be obtained by destroying living human embryos. Would you vote against funding Embryonic Stem Cell research?

5. Would you vote to prohibit all cloning? This includes reproductive cloning and so-called "therapeutic cloning" which creates human embryos for experimentation and destruction.

6. Would you vote for legislation that bans sex-selection abortion?

7. Would you vote for legislation requiring women to have an ultrasound prior to an abortion?

8. Would you support legislation that would prohibit abortion coercion?

9. Would you vote for the Unborn Child Pain Awareness Act that would include fetal anesthesia options?

10. Would you oppose legislation that would legalize physician-assisted suicide?

A full listing of candidates and their responses to the questionnaire follows

Candidates for State House of Representatives

District	Cities/Towns - Wards/Precincts	Candidates CAPS = INCUMBENT	Answers to Candidate Questionnaire 1	2	3	4	5	6	7	8	9	10	Position determined by other data
First Barnstable	**Brewster** and **Dennis**, and precincts 1, 2, 4 and 7 of the town of **Yarmouth**	CLEON H. TURNER (D) Patrick J. Foran (R)	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Anti-life
Second Barnstable	Precincts 1, 2, 3, 4, 6, 8, 9 and 13, of the Town of **Barnstable**, and precincts 3, 5 and 6 of the Town of **Yarmouth**	DEMETRIUS J. ATSALIS (D) James F. Munafo, Jr. (R)	Y	Y	Y	Y	Y	Y		Y	N	Y	Anti-life
Third Barnstable	Precincts 5 and 7, of the town of **Barnstable**, precincts 5 and 6, of the town of **Bourne**, precincts 3, 4, 7, 8 and 9, of the town of Falmouth, and precincts 2, 4 and 5, of the town of **Mashpee**	MATTHEW C. PATRICK (D) David T. Vieira (R)											Anti-life
Fourth Barnstable	**Chatham, Eastham, Harwich, Orleans, Provincetown, Truro** and **Wellfleet**	SARAH K. PEAKE (D) David M. Dunford (R)											Anti-life
Fifth Barnstable	Precincts 10, 11 and 12, of the town of **Barnstable**, precinct 4, of the town of **Bourne**, precincts 1 and 3, of the town of **Mashpee**, and all precincts of the town of **Sandwich**	Lance William Lambros (D) Randy Hunt (R)	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	
Barnstable, Dukes & Nantucket	Precincts 1, 2, 5 and 6, of the town of **Falmouth**, and the towns of **Chilmark, Edgartown, Aquinnah, Gosnold, Oak Bluffs, Tisbury and West Tisbury,** and the town of **Nantucket**	TIMOTHY R. MADDEN (D)											Unknown
First Berkshire	The towns of **Adams, Clarksburg, Florida, North Adams, Savoy** and **Williamstown** the towns of **Charlemont, Hawley, Heath, Monroe and Rowe**	David R. Bissalion (D) Gailanne M. Cariddi (D) Edward MacDonald (D)											
Second Berkshire	The towns of **Becket, Cheshire, Dalton, Hancock, Hinsdale, Lanesborough, New Ashford, Peru, Richmond, Washington** and **Windsor**, and precinct B ward 1, of the city of **Pittsfield**; the towns of **Ashfield, Bernardston, Buckland, Colrain, Leydon, Northfield and Shelburn, Cummington, Middlefield** and **Plainfield**	Paul W. Mark (D) Noreen P. Suriner (D) Thomas S. Szczepaniak (D) Michael F. Case (R) Rosanne M. Frieri (R)	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	
Third Berkshire	Precinct A of ward 1, all precincts of wards 2, 3, 4, precinct A of ward 5, and all precincts of wards 6 and 7, of the city of **Pittsfield**	CHRISTOPHER N. SPERANZO (D)											Anti-life
Fourth Berkshire	The towns of **Alford, Egremont, Great Barrington, Lee, Lenox, Monterey, Mount Washington, New Marlborough, Otis**, precinct 5B of the city of **Pittsfield**, the towns of **Sandisfield, Sheffield, Stockbridge, Tyringham, West Stockbridge**, and the towns of **Blandford, Chester** and **Tolland**	WILLIAM "SMITTY" PIGNATELLI (D)											Anti-life
First Bristol	The town of **Foxborough**, and precincts 1, 3 & 6, of the town of **Mansfield**, and precincts 3, 4 and 5, of the town of **Norton**	FRED "JAY" BARROWS (R)	Y	Y	Y	Y	Y	Y	N	Y	Y	Y	Pro-life
Second Bristol	All precincts in wards 1 and 2, precinct A of ward 3, and all precincts of wards 4, 5 and 6, of the city of **Attleboro**	BILL BOWLES (D) George T. Ross (R)											
Third Bristol	Precinct B of ward 1, and all precincts of wards 2, 3, 5, 7 and 8, of the city of **Taunton**	JAMES H. FAGAN (D) Shaunna L. O'Connell (R)	Y	Y	Y	N	Y	Y	Y	Y	Y	Y	
Fourth Bristol	Precinct 1, of the town of **Norton,** the towns of **Rehoboth** and **Seekonk**, and precincts 1, 3, 4 and 5, of the town of **Swansea**	STEVEN J. D'AMICO (D) Steven S. Howitt (R) David P. Saad, Sr. (R)	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Anti-life
Fifth Bristol	The towns of **Dighton** and **Somerset**, precinct 2, of the town of **Swansea**, precinct A of ward 1, precinct B of ward 4 and all precincts of ward 6, of the city of **Taunton**	PATRICIA A. HADDAD (D)											Anti-life
Sixth Bristol	The town of **Berkley**, precinct C of ward 4, precincts A, C and D of ward 7, precincts B, C and D of ward 8, and precincts A, B and C of ward 9, of the city of **Fall River**, and precinct 1, of the town of **Freetown**	DAVID B. SULLIVAN (D) David K. Rose (R)											Mixed
Seventh Bristol	Precincts B, C and D of ward 1, precincts A, B and C of ward 2, precincts A, B and C of ward 3, precincts A and B of ward 4, and precinct A of ward 5, of the city of **Fall River**	KEVIN AGUIAR (D) Alan Silvia (D) CJ Ferry (R)	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Unknown
Eighth Bristol	Precinct A of ward 1, precincts B and C of ward 5, precincts A, B and C of ward 6, precinct B of ward 7, and precinct A of ward 8, of the city of **Fall River**, and the town of **Westport**	David J. Dennis (D) John J. Rodrigues (D) Paul A. Schmid, III (D)											
Ninth Bristol	The town of **Dartmouth**, precinct 2, of the town of **Freetown**, and precincts F and G of ward 3, of the city of **New Bedford**, and precinct 1 in the town of **Lakeville**	Christopher M. Markey (D) Raymond M. Medeiros, Jr. (D) Robert Tavares, Jr. (D) Joe Michaud (R)	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	
Tenth Bristol	Consisting of the town of **Fairhaven**, and the towns of **Marion, Mattapoisett** and **Rochester**, and precincts 3 and 6, of the town of **Middleboro**	WILLIAM M. STRAUS (D) Peter F. Winters (R)											Anti-life
Eleventh Bristol	The town of **Acushnet,** precincts A, B, C, D and E of ward 1 and all precincts of ward 2, of the city of **New Bedford**	ROBERT M. KOCZERA (D) Sean J. Burke (D) Ivo M. Almeida (R)	N Y	Y Y	N Y	N Y	N Y	N Y	N Y	Y Y	Y Y	N Y	

Candidates for State Representative

District	Cities/Towns - Wards/Precincts	Candidates CAPS = INCUMBENT	Answers to Candidate Questionnaire 1 2 3 4 5 6 7 8 9 10	Position determined by other data
Twelfth Bristol	Precinct 3, of the town of **Freetown,** precincts F and G of ward 1, precincts A, B, C, D and E of ward 3, and precincts D and E of ward 4, of the city of **New Bedford**, and precinct A of ward 4, of the city of **Taunton**, and precincts 2 and 3, of the town of **Lakeville**, and precincts 2 and 4, of the town of **Middleborough**	STEPHEN R. CANESSA (D)		Anti-life
Thirteenth Bristol	Precincts A, B, C, F and G of ward 4, all precincts of wards 5 and 6, of the city of **New Bedford**	ANTONIO F.D. CABRAL (D)		Anti-life
Fourteenth Bristol	Precinct B of ward 3, of the city of **Attleboro,** precincts 2 and 5, of the town of **Mansfield,** the town of **North Attleborough**, and precinct 2, of the town of **Norton**	ELIZABETH A. POIRIER (R)	**Y Y Y Y Y Y Y Y Y Y**	Pro-life
First Essex	The towns of **Amesbury** and **Salisbury**, and the city of **Newburyport**	MICHAEL A. COSTELLO (D)		Anti-life
Second Essex	Precinct 1, of the town of **Georgetown**, the town of **Groveland**, precinct 3 of ward 4, and precincts 1 and 3 of ward 7, of the city of **Haverhill,** and the towns of **Merrimac, Newbury, Rowley** and **West Newbury**	HARRIETT L. STANLEY (D) Robert V. Finneran (R)		Anti-life
Third Essex	All precincts of ward 1, precinct 3 of ward 2, all precincts of ward 3, precincts 1 and 2 of ward 4, precincts 1 and 3 of ward 5, and all precincts of ward 6, of the city of **Haverhill**	BRIAN S. DEMPSEY (D)		
Fourth Essex	Precincts 1 and 3, of the town of **Boxford**, and the towns of **Hamilton, Wenham, Ipswich, Manchester-by-the-Sea**, and precinct 2, of the town of **Middleton**	BRADFORD R. HILL (R)		
Fifth Essex	The towns of **Essex** and **Rockport,** and the city of **Gloucester**	ANN-MARGARET FERRANTE (D)		
Sixth Essex	The city of **Beverly**	Scott D. Houseman (D) Jerald A. Parisella (D) Brett R. Schetzsle (R)		
Seventh Essex	The city of **Salem**	JOHN D. KEENAN (D)		Anti-life
Eighth Essex	Precinct 4 of ward 3, and precinct 4 of ward 4, of the city of **Lynn,** and the towns of **Marblehead** and **Swampscott**	LORI A. EHRLICH (D) Katherine Kozitza (R)		Anti-life
Ninth Essex	Precincts 1 and 2 of ward 1, of the city of **Lynn,** precinct 2, of the town of **Lynnfield**, and precincts 1, 2, 4, 5, 6, 7, 8 and 9, of the town of **Saugus**, and precincts 1, 2 and 7, of the town of **Wakefield**	MARK V. FALZONE (D) Anthony V. Guardia (D) Raymond A. Igou, III (R) Donald H. Wong (R)	**Y Y Y Y Y Y N Y Y**	Anti-life
Tenth Essex	Precincts 3 and 4 of ward 1, all precincts of ward 2, precincts 1, 2 and 3 of ward 3, precincts 1, 2 and 3 of ward 4, and precinct 3 of ward 5, of the city of **Lynn**	ROBERT F. FENNELL (D)		Mixed
Eleventh Essex	Precincts 1, 2 and 4 of ward 5, all precincts of wards 6 and 7, of the city of **Lynn**, and the town of **Nahant**	STEVEN M. WALSH (D)		Anti-life
Twelfth Essex	Precincts of wards 1, 2, 3, 4 and 5, of the city of **Peabody**	JOYCE A. SPILIOTIS (D) Martin J. Scafidi (R)	**Y Y Y Y Y Y Y Y Y Y**	Mixed
Thirteenth Essex	The towns of **Danvers** and **Topsfield**, all precincts of ward 6, of the city of **Peabody**	THEODORE C. SPELIOTIS (D) Daniel C. Bennett (R)		Anti-life
Fourteenth Essex	Precincts 1 and 3 of ward A, precincts 2 and 3 of ward E, and precincts 1, 2 and 4 of ward F, of the city of **Lawrence,** and precincts 1, 2, 3, 4, 5 and 6 of the town of **North Andover**	DAVID M. TORRISI (D) Kevin J. Begley (R) Stanley Frank Novak (R)	**Y Y Y Y Y Y N Y Y** **Y Y**	Anti-life
Fifteenth Essex	Precincts 1, 2, 3, 4, 5, 6, 8, 9, 10, 11 and 12 of the town of **Methuen**	LINDA DEAN CAMPBELL (D) Al DiNuccio (R)		
Sixteenth Essex	Precincts 2 and 4 of ward A, all precincts of wards B and C, and precincts 3 and 4 of ward D, and precinct 3 of ward F, of the city of **Lawrence**	Marcos A. Devers (D) Enrique Matos (R)		
Seventeenth Essex	Precincts 2, 3, 4, 5, 6 and 9, of the town of **Andover**, precincts 1 and 2 of ward D, and precincts 1 and 4 of ward E, of the city of **Lawrence,** and precincts 3 and 3A, of the town of **Tewksbury**	Frank J. Bonet (D) Patricia A. Commane (D) Paul Adams (R) Salim (Sal) R. Tabit (R)	**Y Y Y N Y Y Y Y**	
Eighteenth Essex	Precincts 1, 7 and 8, of the town of Andover, precinct 2, of the town of **Boxford,** precinct 2, of the town of **Georgetown**, precincts 1 and 2 of ward 2, precinct 2 of ward 5, and precinct 2 of ward 7, of the city of **Haverhill,** precinct 7, of the town of **Methuen**, and precincts 7 and 8, of the town of **North Andover**	BARBARA A. L'ITALIEN (D) James J. Lyons, Jr. (R) John O. Thorlin (R)	**Y Y Y Y Y Y Y Y Y Y**	Anti-life
First Franklin	The towns of **Conway, Deerfield, Leverett, Montague, New Salem, Shutesbury, Sunderland, Wendell** and **Whately,** and precincts A and D, of the town of **Belchertown**, and the towns of **Chesterfield, Goshen, Huntington Pelham, Williamsburg** and **Worthington**	STEPHEN KULIK (D)		Anti-life
Second Franklin	The towns of **Erving, Gill, Greenfield, Orang**e and **Warwick,** and the town of **Athol.**	Denise Andrews (D) Lee E. Chauvette (D) Martin A. McGuane (D)		

(Continued on next page)

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		CAPS = INCUMBENT	1	2	3	4	5	6	7	8	9	10	
(Second Franklin)		David R. Roulston (D) Roxann D. Wedegartner (D) Steven E. Adam (R)	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	
First Hampden	The towns of **Brimfield, Holland, Palmer** and **Wales**, precincts B and C, in the town of **Ware**, and the towns of **Sturbridge** and **Warren**	TODD M. SMOLA (R)											Pro-life
Second Hampden	Precincts 3 and 4, of the town of **East Longmeadow,** the towns of **Hampden, Longmeadow** and **Monson,** and precincts B and C of ward 6, of the city of **Springfield**	BRIAN MICHAEL ASHE (D) Marie Angelides (R) Enrico John Villamaino, III (R)											Pro-life
Third Hampden	The city of **Agawam**, the towns of **Southwick, Granville**, and **Russell**	ROSEMARY SANDLIN (D) Mark A. Del Negro (D) Nicholas A. Boldyga (R)	Y	Y	Y	N	N	Y	Y	Y	Y	N	Anti-life
Fourth Hampden	The city of **Westfield**	DONALD F. HUMASON, JR. (R)	Y	Y	Y	Y	Y	Y		Y	Y	Y	Pro-life
Fifth Hampden	The city of **Holyoke**	MICHAEL F. KANE (D)											Pro-life
Sixth Hampden	Precinct B of ward 2, precincts A, B and C of ward 4 and precinct B of ward 5, of the city of **Chicopee**, precinct E of ward 2 of the city of **Springfield**, and the town of **West Springfield**	Michael J. Finn (D) Gregory C. Neffinger (R) Dean C. Vogel, Sr. (R)	Y Y	Y Y	Y Y	Y Y	Y Y	Y Y	Y Y	Y Y	Y Y	Y Y	
Seventh Hampden	Precinct B of ward 6, of the city of **Chicopee**, the town of **Ludlow**, precincts E, F and G of ward 8, of the city of **Springfield, Hampden**, and precincts B and C, of the town of **Belchertown**	THOMAS M. PETROLATI (D)											Mixed
Eighth Hampden	Precincts A and B of ward 1, precincts A, C and D of ward 2, precincts A, B and C of ward 3, precinct A of ward 6, precincts A and B of ward 7, precincts A and B of ward 8, and precincts A and B of ward 9, of the city of **Chicopee**	JOSEPH F. WAGNER (D)											Mixed
Ninth Hampden	Precincts A, B, C, D, F, G and H of ward 2, precincts C, D, G and H of ward 5, precinct H of ward 7, and precincts A, B, D and H of ward 8, of the city of **Springfield**, and precinct A of ward 5 of the city of **Chicopee**	SEAN CURRAN (D) Christopher P. Asselin (D)											
Tenth Hampden	All precincts of ward 1, precincts B, C, F, G and H of ward 3, and precincts A, E and G of ward 6, of the city of **Springfield**	CHERYL RIVERA (D)											Anti-life
Eleventh Hampden	Precincts A, D and E of ward 3, all precincts of ward 4, precincts A, B, E and F B, E and F of ward 5, precinct A of ward 7, and precinct C of ward 8, of the city of **Springfield**	BENJAMIN SWAN (D)											Anti-life
Twelfth Hampden	Precincts 1 and 2, of the town of **East Longmeadow** , precincts D, F and H of ward 6, precincts B, C, D, E, F and G of ward 7, of the city of **Springfield**, and the town of **Wilbraham**	ANGELO J. PUPPOLO, JR. (D) Joshua Carpenter (R)	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Pro-life
First Hampshire	The town of **Montgomery,** and the towns of **Hatfield, Southampton** and **Westhampton,** and the city of **Northampton**	PETER V. KOCOT (D)											Anti-life
Second Hampshire	The towns of **Easthampton, Hadley** and **South Hadley**	JOHN W. SCIBAK (D)											Anti-life
Third Hampshire	The towns of **Amherst** and **Granby**	ELLEN STORY (D) Daniel M. Sandell (R)											Anti-life
First Middlesex	The towns of **Ayer, Dunstable, Groton, Pepperell** and **Townsend**	Jane L. Morriss (D) Jesse Reich (D) Anthony J. Saboliauskas (D) Sheila C. Harrington (R) Cornelius F. Sullivan (R)	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	
Second Middlesex	Precincts 3, 5 and 7, of the town of **Chelmsford** and the towns of **Littleton** and **Westford**	JAMES ARCIERO (D)											Unknown
Third Middlesex	The towns of **Hudson, Maynard, Stow,** and **Bolton**	KATE HOGAN (D)											
Fourth Middlesex	The city of **Marlborough**, and precinct 1, of the town of **Southborough**, and the town of **Berlin**	DANIELLE W. GREGOIRE (D) Steven L. Levy (R)	Y	Y	Y	Y	Y	Y	N	Y	Y	Y	Unknown
Fifth Middlesex	Precincts 1, 2, 3, 4, 5, 6, 7, 8 and 9, of the town of **Natick**, and the town of **Sherborn**, and precincts 2 and 3, of the town of **Millis**	DAVID PAUL LINSKY (D)											Anti-life
Sixth Middlesex	Precincts 1 through 7, 9, 13, 14 and 17 in the town of **Framingham.**	PAM RICHARDSON (D) Chris Walsh (D)											Anti-life
Seventh Middlesex	The town of **Ashland**, and precincts 8, 10, 11, 12, 15, 16 and 18, of the town of Framingham	TOM SANNICANDRO (D) David S. Mercer (R)	Y	Y	Y	Y	Y	Y		Y		Y	Anti-life
Eighth Middlesex	The towns of **Holliston** and **Hopkinton**, precinct 1 of the town of **Medway**, and precincts 2 and 3, of the town of **Southborough**, and precint 2, of the town of **Westborough**	CAROLYN C. DYKEMA (D)											
Ninth Middlesex	Precincts 2, 3 and 4, of the town of **Lexington**, and all precincts of wards 1, 2, 3 and 4, and precinct 1 of ward 7, of the city of **Waltham**	THOMAS M. STANLEY (D)											Mixed

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Tenth Middlesex	Precincts 1 and 4 of ward 1, and precinct 4 of ward 3, of the city of **Newton** all precincts of wards 5 and 6, precinct 2 of ward 7, and all precincts of wards 8 and 9, of the city of **Waltham**, and precinct 10, of the town of **Watertown**	PETER J. KOUTOUJIAN (D) James E. Dixon (R)	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Anti-life
Eleventh Middlesex	Precincts 2 and 3 of ward 1, precincts 1, 2 and 3 of ward 2, precincts 1, 2 and 3 of ward 3, all precincts of ward 4, precinct 4 of ward 5, and precinct 2 of ward 7, of the city of **Newton**	KAY S. KHAN (D)											Anti-life
Twelfth Middlesex	Precincts 1, 2 and 3 of ward 5, all precincts of ward 6, precincts 1, 3 and 4 of ward 7, and all precincts of ward 8, of the city of **Newton**	RUTH B. BALSER (D) John F. Bortone (D)	Y	Y	Y	Y	Y	Y	N	Y	Y	Y	Anti-life
Thirteenth Middlesex	The towns of **Lincoln, Sudbury** and **Wayland**	THOMAS P. CONROY (D)											Anti-life
Fourteenth Middlesex	Precincts 1, 2 and 6, of the town of **Acton,** the towns of **Carlisle** and **Concord**, and precincts 1 and 9, of the town of **Chelmsford**	CORY ATKINS (D)											Anti-life
Fifteenth Middlesex	Precincts 14, 17, 20 and 21, of the town of **Arlington**, precincts 1, 5, 6, 7, 8 and 9, of the town of **Lexington**, and all precincts of wards 1 and 7, of the city of **Woburn**	JAY R. KAUFMAN (D)											Anti-life
Sixteenth Middlesex	Precincts 2, 6 and 8, of the town of **Chelmsford**, precincts 1, 2 and 3 of ward 5, and all precincts of wards 6 and 9, of the city of **Lowell**	THOMAS A. GOLDEN, JR. (D)											Pro-life
Seventeenth Middlesex	Precinct 4, of the town of **Chelmsford**, and all precincts of ward 1, precinct 3 of ward 2, precincts 2 and 3 of ward 4, and all precincts of wards 10 and 11, of the city of **Lowell**	DAVID M. NANGLE (D)											Mixed
Eighteenth Middlesex	Precincts 1 and 2 of ward 2, all precincts of ward 3, precinct 1 of ward 4, all precincts of wards 7 and 8, of the city of **Lowell**	KEVIN J. MURPHY (D)											
Nineteenth Middlesex	Precincts 1, 1A, 2, 2A, 4 and 4A, of the town of **Tewksbury,** and precincts 1, 2, 4, 5 and 6, of the town of **Wilmington**	JAMES R. MICELI (D) Mario S. Marchese (R)	Y Y	Y Y	Y Y	Y Y	Y Y	Y Y	Y Y	Y Y	Y Y	Y Y	Pro-life
Twentieth Middlesex	Precincts 1, 3 and 4, of the town of **Lynnfield**, and precinct 1, of the town of **Middleton**, and the town of **North Reading**, and precincts 1, 4, 6, 7 and 8, of the town of **Reading**	BRADLEY H. JONES, JR. (R)											Mixed
Twenty-first Middlesex	The towns of **Bedford** and **Burlington**, and precinct 3, of the town of **Wilmington**	CHARLES A. MURPHY (D)											Anti-life
Twenty-second Middlesex	The town of **Billerica**	Kevin P. Conway (D) Jarrett M. Scarpaci (D) Brion M. Cangiamila (R) Marc T. Lombardo (R)	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	
Twenty-third Middlesex	Precincts 1, 3, 5, 6, 7, 8, 9, 10, 11, 12, 13, 15, 16, 18 and 19, of the town of **Arlington,** precinct 2 of ward 3, and precincts 1 and 2 of ward 6, of the city of **Medford**	SEAN GARBALLEY (D)											Anti-life
Twenty-fourth Middlesex	Precincts 2 and 4, of the town of **Arlington** , the town of **Belmont,** precinct 3 of ward 10, and precincts 1, 2, and 3 of ward 11, of the city of **Cambridge**	WILLIAM N. BROWNSBERGER (D)											Anti-life
Twenty-fifth Middlesex	All precincts of ward 4, precincts 2 and 3 of ward 6, all precincts of wards 7 and 8, and precincts 1 and 2 of ward 10, of the city of **Cambridge**	ALICE K. WOLF (D)											Anti-life
Twenty-sixth Middlesex	All precincts of ward 1, precinct 1 of ward 2, precincts 1 and 2 of ward 3, and precinct 1 of ward 6, of the city of **Cambridge**, and all precincts of ward 1 and precincts 1 and 2 of ward 2, of the city of **Somerville**	TIMOTHY J. TOOMEY, JR. (D)											Pro-life
Twenty-seventh Middlesex	Precinct 3 of ward 2, all precincts of ward 3, precinct 3 of ward 4, and all precincts of wards 5 and 6, of the city of **Somerville**	DENISE PROVOST (D)	N		N	N			N	N		N	Anti-life
Twenty-eighth Middlesex	The city of **Everett**, and precinct 2 of ward 7, of the city of **Malden**	STEPHEN STAT SMITH (D) John F. Hanlon (D)	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Anti-life
Twenty-ninth Middlesex	All precincts of ward 9, of the city of **Cambridge,** and precincts 1, 2, 3, 4, 5, 6, 7, 8, 9, 11 and 12, of the town of **Watertown**	JONATHAN HECHT (D)											Unknown
Thirtieth Middlesex	Precincts 2, 3 and 5, of the town of **Reading,** precinct 3, of the town of **Stoneham,** and all precincts of wards 2, 3, 4, 5 and 6, of the city of **Woburn**	JAMES. J. DWYER (D) Kara Marie Fratto (R)	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	
Thirty-first Middlesex	Precincts 1, 2, 4, 5, 6 and 7, of the town of **Stoneham**, and the town of **Winchester**	JASON M. LEWIS (D) George Georgountzos (R)	Y	Y	Y	N	N	Y	N	Y		N	
Thirty-second Middlesex	The city of **Melrose** and precincts 3, 4, 5 and 6 of the town of **Wakefield**	Paul Brodeur (D) Eric P. Estevez (R) David R. Lucas (R) Monica C. Medeiros (R)											Pro-life
Thirty-third Middlesex	Consisting of all precincts of ward 2, precinct 1 of ward 3, all precincts of wards 4, 5, 6 and 8, of the city of **Malden**	CHRISTOPHER G. FALLON (D)											Pro-life

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Thirty-fourth Middlesex	All precincts in wards 4 and 5, precinct 1 of ward 7, and precinct 2 of ward 8, of the city of Medford, precincts 1 and 2 of ward 4, and all precincts of ward 7 of the city of **Somerville**	CARL M. SCIORTINO, JR. (D)											Anti-life
Thirty-fifth Middlesex	All precincts of ward 1, precinct 2 of ward 3, precinct 1 of ward 7, of the city of **Malden**, and all precincts of wards 1 and 2, precinct 1 of ward 3, precinct 2 of ward 7, and precinct 1 of ward 8, of the city of **Medford**	PAUL J. DONATO (D)	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Pro-life
Thirty-sixth Middlesex	The towns of **Dracut** and **Tyngsborough**	COLLEEN M. GARRY (D) George Derek Boag (R)	Y	Y	N	Y	N	N	N	Y		N	Pro-life
Thirty-seventh Middlesex	Precincts 3, 4 and 5, of the town of **Acton**, the towns of **Boxborough** and **Shirley**, and the town of **Harvard**, precinct 1 of the towns of **Lancaster** and the town of **Lunenburg**	JENNIFER E. BENSON (D) Kurt Hayes (R)											Anti-life Pro-life
First Norfolk	Precincts 3 and 4 of ward 3, precincts 1 and 3 of ward 4, precincts 2 and 5 of ward 5, and all precincts of ward 6, of the city of **Quincy**, and precincts 5 and 6 of the town of **Randolph**	BRUCE J. AYERS (D)											Pro-life
Second Norfolk	All precincts in ward 1, precincts 1, 2 and 5 of ward 3, precincts 2 and 4 of ward 4 and precincts 1, 3 and 4 of ward 5, of the city of **Quincy**	Tackey Chan (D) Joseph Keegan (D) John M. Iredale (R)											
Third Norfolk	Precincts 2, 3 and 4, of the town of **Holbrook,** all precincts of ward 2, and precinct 5 of ward 4, of the city of **Quincy,** precincts 5, 6, 9, 12 and 16, of the town of **Weymouth**	RONALD MARIANO (D)											Anti-life
Fourth Norfolk	Precincts 1, 2, 3, 4, 7, 8, 10, 11, 13, 14, 15, 17 and 18, of the town of **Weymouth**	JAMES MICHAEL MURPHY (D) Douglas R. Ness (R)											Anti-life
Fifth Norfolk	The town of **Braintree**, precinct 1 of the town of **Holbrook**, precinct 3, of the town of **Randolph**	Mark James Cusack (D) James Michael Daiute (D) James P. Regan (D)											
Sixth Norfolk	The towns of **Avon** and **Canton**, and precincts 1, 5, 7 and 8, of the town of **Stoughton**	WILLIAM C. GALVIN (D)											
Seventh Norfolk	Precincts 2, and 4 to 10 inclusive, of the town of **Milton**, and precincts 1, 2, 4, 7 and 8, of the town of **Randolph**	WALTER F. TIMILTY (D)											Pro-life
Eighth Norfolk	Precinct 4, of the town of **Mansfield**, and the town of **Sharon,** precincts 2, 3, 4 and 6, of the town of **Stoughton**, and precincts 3 and 4, of the town of **Walpole**	LOUIS L. KAFKA (D)											Anti-life
Ninth Norfolk	Precincts 3 and 4, of the town of Medfield, precinct 1, of the town of Millis, the towns of **Norfolk** and **Plainville,** precinct 5, of the town of Walpole, and the town of **Wrentham**	Stanley J. Nacewicz (D) Daniel B. Winslow (R)											
Tenth Norfolk	The town of **Franklin,** and precincts 2, 3 and 4, of the town of **Medway**	JAMES E. VALLEE (D)											Anti-life
Eleventh Norfolk	The town of **Dedham**, precinct 8, of the town of Walpole, and the town of **Westwood**	PAUL MCMURTRY (D)											
Twelfth Norfolk	The town of **Norwood**, precincts 1, 2, 6 and 7, of the town of **Walpole**	JOHN H. ROGERS (D) James M. Stanton (R)	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Pro-life
Thirteenth Norfolk	The town of **Dover**, precincts 1 and 2, of the town of **Medfield,** and the town of **Needham**	Denise C. Garlick (D) Gary B. McNeill (D) Gerald A. Wasserman (D) Joshua W. Levy (R) John P. O'Leary (R)											Anti-life Mixed
Fourteenth Norfolk	Precinct 10, of the town of Natick, and the towns of **Weston** and **Wellesley**	ALICE HANLON PEISCH (D)											Anti-life
Fifteenth Norfolk	Precincts 2, 3, 4, 6, 7, 8, 9, 10, 11, 12 and 13 of the town of **Brookline**	FRANK ISRAEL SMIZIK (D)											Anti-life
First Plymouth	Precincts 2, 3, 4, 5, 6, 7, 8, 9, 10, 12 and 14, of the town of **Plymouth**	VINNY M. deMACEDO (R)											Pro-life
Second Plymouth	Precincts 1, 2 and 3, of the towns of **Bourne, Carver** and **Wareham**	SUSAN WILLIAMS GIFFORD (R) David A. Smith (D)	Y	Y	N	Y	Y	N	N	Y	Y	Y	
Third Plymouth	The towns of **Cohasset, Hingham** and **Hull,** and precinct 3, of the town of **Scituate**	GARRETT J. BRADLEY (D) Timothy F. Finnerty (R)											Anti-life
Fourth Plymouth	The town of **Marshfield**, and precincts 1, 2, 4, 5 and 6, of the town of **Scituate**	JAMES M. CANTWELL (D)											Anti-life
Fifth Plymouth	The towns of **Hanover, Norwell** and **Rockland**	Rhonda Nyman (D) Jared L. Valanzola (R) Korey M. Welch (R)	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	
Sixth Plymouth	Precincts 2, 3, 4 and 5, of the town of **Duxbury**, precinct 2 of the town of **Halifax,** and the towns of **Hanson** and **Pembroke**	DANIEL K. WEBSTER (R) Josh S. Cutler (D)											Pro-life
Seventh Plymouth	The towns of **Abington, East Bridgewater** and **Whitman**	ALLEN J. MCCARTHY (D) Geoff Diehl (R)	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Anti-life
Eighth Plymouth	Precinct 6, of the town of **Easton,** and the towns of **Raynham** and **Bridgewater**	Patricia A. Lawton (D) Angelo L. D'Emilia (R)	Y	Y	Y	Y	Y	Y	Y	Y	Y	N	

Candidates for State Representative

District	Cities/Towns - Wards/Precincts	Candidates CAPS = INCUMBENT	Answers to Candidate Questionnaire 1 2 3 4 5 6 7 8 9 10	Position determined by other data
Ninth Plymouth	Precincts B and D of ward 1, precincts B, C and D of ward 2, all precincts of ward 3, precincts A and D of ward 4 and precinct A of ward 5, of the city of **Brockton**	MICHAEL D. BRADY (D)		Unknown
Tenth Plymouth	Precinct 3, of the town of **Easton,** and precincts B and C of ward 4, precincts B, C and D of ward 5 and all precincts of ward 6, of the city of **Brockton,** and the town of **West Bridgewater**	CHRISTINE E. CANAVAN (D) Matthew P. Albanese (D) John F. Cruz (R)		Anti-life
Eleventh Plymouth	Precincts 1, 2, 4 and 5, of the town of **Easton**, and precincts A and C of ward 1, precinct A of ward 2, and all precincts of ward 7, of the city of **Brockton**	GERALDINE CREEDON (D) Kristine Abrams (R)		
Twelfth Plymouth	Precincts 1 and 6, of the town of **Duxbury**, precinct 1, of the town of **Halifax,** the town of **Kingston**, precincts 1 and 5, of the town of **Middleborough**, precincts 1, 11 and 13, of the town of **Plymouth**, and the town of **Plympton**	THOMAS J. CALTER, III (D) Ben Wilson Burns Quelle (R) Joseph M. Truschelli (R)		Anti-life
First Suffolk	Precincts 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13 and 14 of ward 1, of the city of **Boston**	CARLO BASILE (D)		Anti-life
Second Suffolk	All precincts of ward 2, of the city of **Boston**, and all precincts of wards 1 and 2, precincts 1 and 3 of ward 3, and precincts 1 and 4 of ward 4, of the city of **Chelsea**	EUGENE L. O'FLAHERTY (D)		Pro-life
Third Suffolk	Precincts 1, 2, 3, 4, 6, 7 and 8 of ward 3, precinct 1 of ward 4, precinct 1 of ward 5, and precincts 1, 2, and 3 of ward 8, of the city of **Boston**	AARON MICHLEWITZ (D)		
Fourth Suffolk	Precinct 15 **Harbor Islands** of ward 1, all precincts of ward 6, precincts 1, 2, 3, 4, 5, 6, 7, 8 and 9 of ward 7, precinct 6 of ward 8, and precinct 3 of ward 13, of the city of **Boston**	Jacob D. Bombard (D) Nicholas Patrick Collins, Sr. (D) Michael McGee (D) Mark R. McGonagle (D) Patrick James Brennan (R)		
Fifth Suffolk	Precinct 10 of ward 7, precincts 5 and 7 of ward 8, precinct 6 of ward 12, precincts 1, 2, 4, 5 and 6 of ward 13, precincts 1, 2, 3, 4, 5, 7, 8 and 9 of ward 15, precinct 1 of ward 16, and precinct 2 of ward 17, of the city of **Boston**	Althea Garrison (D) Carlos Tony Henriquez (D) Barry Lawton (D) Roy Owens (D)		
Sixth Suffolk	Precincts 5, 8, 9, 10, 11, 12, 13 and 14 of ward 14, precincts 7, 8, 10 and 11 of ward 17, and precincts 7, 8 and 15 of ward 18, and precincts 11, 12 and 13 of ward 19, of the city of **Boston**	Kathy Gabriel (D) Russell E. Holmes (D) Darrin D'Wayne Howell (D) Divo Rodrigues Monteiro (D) Karen L. Payne (D)	Y Y Y Y Y Y Y Y Y Y	
Seventh Suffolk	Precincts 8 , 9 and 10 of ward 4, precinct 4 of ward 8, precincts 4 and 5 of ward 9, precinct 4 of ward 10, precinct 1 of ward 11, precincts 1, 2, 3, 4, 5, 8 and 9 of ward 12, and precinct 1 of ward 21, of the city of **Boston**	GLORIA L. FOX (D)		Anti-life
Eighth Suffolk	Precinct 3 of ward 2, precinct 3 of ward 3, and all precincts of ward 5, of the city of **Cambridge**, and precinct 5 of ward 3, and precincts 3, 4, 5, 6, 7, 8, 9 and 11 of ward 5, of the city of **Boston**	MARTHA "MARTY" WALZ (D) Brad Marston (R)	Y Y N N N Y Y Y	Anti-life
Ninth Suffolk	Precinct 2 of ward 2, of the city of **Cambridge**, and precincts 2, 3, 4, 5, 6 and 7 of ward 4, precincts 2 and 10 of ward 5, and precincts 1, 2 and 3 of ward 9, of the city of **Boston**	BYRON RUSHING (D)		Anti-life
Tenth Suffolk	Precincts 14, 15 and 16, of the town of **Brookline**, and precincts 3, 5, 6, 7, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19 and 20 of ward 20, of the city of **Boston**	Matthew J. Benedetti (D) Edward F. Coppinger (D) Robert W. Joyce (D) Pamela (Pam) Julian (D) Paul P. Sullivan (D) Kelly Ann Tynan (D)	Y Y Y Y Y Y Y Y	
Eleventh Suffolk	Precincts 2, 3, 4, 5, 7, 8, 9 and 10 of ward 11, precinct 7 of ward 12, precincts 1, 2, 3, 4, 6 and 7 of ward 14, precincts 6 and 7 of ward 19, of the city of **Boston**	ELIZABETH A. MALIA (D)		Anti-life
Twelfth Suffolk	Precincts 1 and 3 of the town of **Milton**, and precincts 8, 11 and 12 of ward 16, precincts 4, 12, 13, and 14, of Ward 17, and precincts 1, 2, 3, 4, 5, 6, and 21 of Ward 18, of the City of **Boston**	LINDA DORCENA FORRY (D)		Anti-life
Thirteenth Suffolk	Precincts 7, 8, 9 and 10 of ward 13, precinct 6 of ward 15, precincts 2, 3, 4, 5, 6, 7, 9 and 10 of ward 16, and precincts 1, 3, 5, 6 and 9 of ward 17, of the city of **Boston**	MARTIN J. WALSH (D)		Anti-life
Fourteenth Suffolk	Precinct 11 of the town of **Milton**, and precincts 9, 10, 11, 12, 13, 14, 16, 17, 18 19, 20, 22 and 23 of ward 18, precinct 10 of ward 19, and precincts 8 and 9 of ward 20, of the city of **Boston**	ANGELO M. SCACCIA (D)	Y Y Y Y Y Y Y Y Y Y	Pro-life

Candidates for State Representative

District	Cities/Towns - Wards/Precincts	Candidates CAPS = INCUMBENT	Answers to Candidate Questionnaire 1	2	3	4	5	6	7	8	9	10	Position determined by other data
Fifteenth Suffolk	Precinct 5 of the town of **Brookline**, and precincts 1, 2, 3, 5, 6, 7, 8 and 9 of ward 10, precinct 6 of ward 11, precincts 1, 2, 3, 4. 5. 8 and 9 of ward 19, and precincts 1, 2 and 4 of ward 20, of the city of **Boston**	JEFFREY SANCHEZ (D) Jeffrey A. Herman (D)											Anti-life
Sixteenth Suffolk	Precincts 3 and 10, of the town of Saugus, and precincts 2 and 4 of ward 3, precincts 2 and 3 of ward 4, of the city of **Chelsea**, and precinct 3 of ward 1, precinct 1 of ward 3, precincts 1, 2 and 3 of ward 4, precincts 1 and 2 of ward 5, and precincts 1, 2 and 3 of ward 6, of the city of **Revere**	KATHI-ANNE REINSTEIN (D)											Anti-life
Seventeenth Suffolk	Precincts 3, 5, 6, 7, 8, 9, 10, 11 and 12 of ward 21, and precincts 2, 3, 6, 9 and 10 of ward 22, of the city of **Boston**	KEVIN G. HONAN (D)											Anti-life
Eighteenth Suffolk	Precinct 1, of the town of **Brookline**, and precincts 2, 4, 13, and 14 of ward 21, and precincts 1, 4, 5, 7, 8, 11, 12, and 13 of ward 22, of the city of **Boston**	MICHAEL J. MORAN (D)											Anti-life
Ninteenth Suffolk	Precincts 1 and 2 of ward 1, all precincts of ward 2, precincts 2 and 3 of ward 3, and precinct 3 of ward 5, of the city of **Revere**, and the town of **Winthrop**	ROBERT A. DELEO (D)											Mixed
First Worcester	The towns of **Holden, Hubbardston, Oakham, Princeton, Rutland**, precinct 1 of the town of **Sterling** and **Westminster.**	Kenneth O'Brien (D) Kimberly N. Ferguson (R)	 Y	 Y	 Y	 Y	 Y	 Y		 Y	 Y	 Y	
Second Worcester	The town of **Ashby**, the city of **Gardner**, the towns of **Ashburnham, Royalston** and **Winchendon.**	Amy P. Feeley-Knuuttila (D) Patrick M. Gerry (D) Richard Bastien (R)	 Y	 Y	 Y	 Y	 Y	 Y	 N	 Y	 N	 N	
Third Worcester	The city of **Fitchburg**.	STEPHEN L. DINATALE (D)											Pro-life
Fourth Worcester	The city of **Leominster**.	DENNIS A. ROSA (D)											
Fifth Worcester	Precinct A, of the town of **Ware**, the towns of **Barre, Brookfield, Hardwick, New Braintree, North Brookfield, Petersham, Phillipston** and **West Brookfield,** precincts 2 and 3 of the town of **Spencer**, and the town of **Templeton**.	ANNE M. GOBI (D) Rodney Arvid Josephson (R)	 	 Y	 Y	 Y	 Y	 Y	 Y	 Y	 Y	 N	Anti-life
Sixth Worcester	The towns of **Charlton, East Brookfield** and precinct 2, of the town of **Oxford**, the town of **Southbridge**, and precincts 1 and 4, of the town of **Spencer.**	GERALDO ALICEA (D) Peter J. Durant (R) Michael Jaynes (R)	 Y Y	 Y Y	 Y Y	 Y Y	 Y Y	 Y Y	 Y Y	 Y Y	 Y Y	 Y	Anti-life
Seventh Worcester	The towns of **Auburn** and **Millbury,** precinct 3, of the town of **Sutton,** and precincts 1 and 3, of the town of **Oxford**.	PAUL K. FROST (R)											Pro-life
Eighth Worcester	The towns of **Douglas** and **Dudley**, precinct 4, of the town of **Oxford**, precinct 3, of the town of **Uxbridge**, and the town of **Webster.**	PAUL KUJAWSKI (D) Kevin J. Kuros (R)											Mixed
Ninth Worcester	The towns of **Grafton, Northbridge** and **Upton,** and precincts 3 and 5, of the town of **Westborough.**	GEORGE N. PETERSON, JR. (R) Timothy A. Dodd (D)	Y Y	Y Y	Y Y	Y N	Y N	Y Y	Y N				Mixed
Tenth Worcester	The towns of **Hopedale, Mendon** and **Milford**.	JOHN V. FERNANDES (D)											Anti-life
Eleventh Worcester	The town of **Shrewsbury**, and precincts 1 and 4, of the town of **Westborough.**	Dennis M. Leary (D) Matthew A. Beaton (R)											Pro-life
Twelfth Worcester	The towns of **Boylston, Clinton, Northborough**, and precinct 2 of the town of **Sterling** and precinct 2 of the town of **Lancaster.**	HAROLD P. NAUGHTON, JR. (D) James F. Gettens (R)	 Y	 Y	 Y	 Y	 Y	 Y	 Y	 Y	 Y	 Y	Mixed
Thirteenth Worcester	The town of **Paxton**, precincts 1, 2, 3 and 4 of ward 1, all precincts of ward 9, and precinct 3 of ward 10, of the city of **Worcester.**	Margot R. Barnet (D) Gina M. DiBaro (D) John. J. Mahoney (D) Mike C. Perotto (D) Donald P. Sharry (D) Joffrey A. Smith (D) Paul J. Franco (R)	 Y	 Y	 Y	 Y	 Y	 Y	 Y	 Y	 Y	 Y	
Fourteenth Worcester	The town of **West Boylston**, and precinct 5 of ward 1, all precincts of ward 2, and precincts 1, 3 and 5 of ward 3, of the city of **Worcester**.	JAMES J. O'DAY (D)											Unknown
Fifteenth Worcester	Precincts 2 and 4 of ward 3, all precincts of ward 4, precinct 3 of ward 5, and precincts 1, 2, 4 and 5 of ward 10, of the city of **Worcester.**	VINCENT A. PEDONE (D)											
Sixteenth Worcester	Precincts 1, 2, 4 and 5, of ward 5, all precincts of ward 6, and precincts 1 and 5 of ward 8, of the city of **Worcester**.	JOHN P. FRESOLO (D)											Pro-life
Seventeenth Worcester	The town of **Leicester**, and all precincts in ward 7, and precincts 2, 3 and 4 of ward 8, of the city of **Worcester**.	JOHN J. BINIENDA, SR. (D)	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Pro-life
Eighteenth Worcester	The town of **Bellingham** and precincts 1, 2 and 4, of the town of **Uxbridge**, precincts 1 and 2, of the town of **Sutton**, and the towns of **Blackstone** and **Millville.**	JENNIFER M. CALLAHAN (D) Ryan C. Fattman (R)											Anti-life

Candidates for State Senate

District	Cities/Towns - Wards/Precincts	Candidates	Answers to Candidate Questionnaire										Position determined by other data
		CAPS = INCUMBENT	1	2	3	4	5	6	7	8	9	10	
Berkshire, Hampshire and Franklin	Adams, Alford, Becket, Cheshire, Clarksburg, Dalton, Egremont, Florida, Great Barrington, Hancock, Hinsdale, Lanesborough, Lee, Lenox, Monterey, Mount Washington, New Ashford, New Marlborough, North Adams, Otis, Peru, Pittsfield, Richmond, Sandisfield, Savoy, Sheffield, Stockbridge, Tyringham, Washington, West Stockbridge, Williamstown and Windsor, Chesterfield, Cummington, Goshen, Huntington, Middlefield, Plainfield, Westhampton, Williamsburg, Worthington, Ashfield, Charlemont, Conway, Hawley, Heath, Monroe and Rowe.	BENJAMIN BRACKETT DOWNING (D)											Anti-life
Bristol and Norfolk	Attleboro, ward 3, precinct B, ward 4, precincts A and B, ward 5, precincts A and B, ward 6, precincts A and B, Mansfield, Norton, Rehoboth and Seekonk, Dover, Foxborough, Medfield, Sharon, precincts 1, 4 and 5, and Walpole.	JAMES E. TIMILTY (D)											Anti-life
First Bristol and Plymouth	Fall River, Freetown, Somerset, Swansea, Westport, Lakeville and Rochester.	Michael J. Coogan (D) Lorne K. Lawless (D) John R. Mitchell (D) Michael J. Rodrigues (D) Derek A. Maksy (R)											Mixed
Second Bristol and Plymouth	New Bedford, Acushnet, Dartmouth, Fairhaven, and Mattapoisett.	MARK C. MONTIGNY (D)											Anti-life
Cape and Islands	Barnstable, precincts 1 to 9, inclusive, and 13, Brewster, Chatham, Dennis, Eastham, Harwich, Mashpee, Orleans, Provincetown, Truro, Wellfleet Yarmouth, Aquinnah, Chilmark Edgartown, Gosnold, Oak Bluffs, Tisbury, West Tisbury Dukes County, and Nantucket.	Sheila R. Lyons (D) Daniel A. Wolf (D) James H. Crocker, Jr. (R) Eric R. Steinhilber (R)	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	
First Essex	Haverhill, Newburyport, Amesbury, Merrimac, Methuen, North Andover, precincts 1, 4, 6 and 8, and Salisbury.	STEVEN A. BADDOUR (D) Stephen R. Cole (R) Sean Downing (R)	N	Y	Y			Y	Y	Y		Y	Anti-life
Second Essex	Beverly, Peabody, Salem, Danvers and Topsfield.	FREDERICK E. BERRY (D) Richard A. Jolitz (R)	Y	Y	Y		Y	Y	N	Y	Y	N	Anti-life
First Essex and Middlesex	Gloucester, Boxford, Essex, Georgetown, Groveland, Hamilton, Ipswich, Manchester-by-the-Sea, Middleton, Newbury, North Andover, precincts 2, 3, 5 and 7, Rockport, Rowley, Wenham, West Newbury, North Reading, and Wilmington.	BRUCE E. TARR (R)											Anti-life
Second Essex and Middlesex	Lawrence, Andover, Dracut and Tewksbury.	Barry R. Finegold (D) John A. Kelly (D) Debbie Silberstein (D) John J. Wilson, Jr. (D) Patrick J. Rahilly (R) Jamison Tomasek (R)	Y	Y	Y	Y	Y	Y	N	Y	N	Y	Anti-life
Third Essex and Middlesex	Lynn, Marblehead, Nahant, Saugus, precincts 1, 3 to 5, inclusive, 7 to 9, inclusive, Swampscott, and Melrose, wards 6 and 7.	THOMAS M. MCGEE (D) Christopher Jordan Dent (R)											Anti-life
Hampden	Chicopee, ward 2, precincts A to D, inclusive, ward 4, precincts A to C, inclusive, ward 5, precincts A and B, Springfield, wards 1, 3 and 4, ward 5, precincts A and B, ward 6, Agawam and West Springfield.	Susan R. Dawson (D) Ronald R. Patenaude (D) James T. Welch (D) Kenneth G. Condon (R) Robert A. Magovern (R)	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Anti-life

Candidates for State Senate

District	Cities/Towns - Wards/Precincts	Candidates	Answers to Candidate Questionnaire										Position determined by other data
		CAPS = INCUMBENT	1	2	3	4	5	6	7	8	9	10	
First Hampden and Hampshire	**Springfield,** ward 2, ward 5, precincts C to H, inclusive, wards 7 and 8, **East Longmeadow, Hampden, Longmeadow, Ludlow, Wilbraham, Belchertown**, precincts B and C, and **Granby**.	GALE D. CANDARAS (D) Thomas A. McCarthy (R)	Y			Y							Anti-life
Second Hampden and Hampshire	**Chicopee**, ward 1, precincts A and B, ward, 3, precincts A to C, inclusive, ward 6, precincts A and B, ward 7, precincts A and B, ward 8, precincts A and B, ward 9, precincts A and B, **Holyoke, Westfield, Blandford, Chester, Granville, Montgomery, Russell, Southwick** and **Tolland, Easthampton** and **Southampton.**	MICHAEL R. KNAPIK (R)											Pro-life
Hampshire and Franklin	**Northampton, Amherst, Belchertown, precincts A and D, Hadley, Hatfield, Pelham, South Hadley, Bernardston, Buckland, Colrain, Deerfield, Erving, Gill, Greenfield, Leverett, Leyden, Montague, New Salem, Northfield, Shelburne, Shutesbury, Sunderland, Wendell** and **Whately**	STANLEY C. ROSENBERG (D)											Anti-life
First Middlesex	**Lowell, Dunstable, Groton, Pepperell, Tyngsborough** and **Westford.**	Christian L. Doherty (D) Eileen M. Donoghue (D) James J. Buba (R)											
Second Middlesex	**Medford, Somerville**, ward 1, precincts 2 and 3, ward 2, precincts 2 and 3, and wards 3 to 7, inclusive, **Woburn,** ward 2, and **Winchester.**	PATRICIA D. JEHLEN (D) David M. Carnevale (R)	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Anti-life
Third Middlesex	**Waltham, Bedford, Carlisle, Chelmsford, Concord, Lexington,** precincts 3, 8 and 9, Lincoln, Sudbury, precincts 1 and 4, and **Weston**.	SUSAN C. FARGO (D) Eric Richard Dahlberg (R) Sandra B. Martinez (R)	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Anti-life
Fourth Middlesex	**Woburn,** ward 1, wards 3 to 7, inclusive, **Arlington, Billerica, Burlington** and **Lexington,** precincts 1 and 2 and 4 to 7, inclusive.	KENNETH J. DONNELLY (D)											
Middlesex and Essex	**Malden, Melrose**, wards 1 to 5, inclusive, **Reading, Stoneham** and **Wakefield, Lynnfield.**	Katherine M. Clark (D) Michael Seamus Day (D) Craig Spadafora (R)											Anti-life
First Middlesex and Norfolk	**Newton, Brookline** and **Wellesley,** precincts A and C to E.	CYNTHIA STONE CREEM (D) Charles S. Rudnick (D)											Anti-life
Second Middlesex and Norfolk	**Ashland, Framingham, Holliston, Hopkinton** and **Natick**, precincts 1 to 5, inclusive, and 8, Franklin, precincts 1 and 5 to 8, inclusive, and **Medway.**	KAREN E. SPILKA (D) Edward Bergin McGrath (R)	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Anti-life
Middlesex, Suffolk and Essex	**Cambridge**, ward 3, precinct 2, wards 6 and 7, ward 8, precincts 1 and 2, ward 9, precinct 1, ward 10, precinct 2, **Everett** and **Somerville**, ward 1, precinct 1, ward 2, precinct 1, **Boston,** ward 2, ward 21, precincts 4, 6 and 7, ward 22, precincts 1, 2, and 5, **Chelsea** and **Revere**, ward 6, and **Saugus,** precincts 2, 6 and 10.	SAL N. DIDOMENICO (D) Timothy R. Flaherty (D) Barbara T. Bush (R)											
Middlesex and Worcester	**Marlborough, Acton, Ayer, Boxborough, Hudson, Littleton, Maynard, Shirley, Stow** and **Sudbury,** precincts 2, 3 and 5, **Harvard, Northborough**, precinct 3, **Southborough** and **Westborough**	JAMES B. ELDRIDGE (D) George M. Thompson (R)											Anti-life
Norfolk, Bristol and Middlesex	**Franklin**, precincts 2 to 4, inclusive, **Millis, Needham, Norfolk, Plainville, Wellesley**, precincts B, F and G, and **Wrentham, Attleboro**, wards 1 and 2, ward 3, precinct A, **North Attleborough Natick,** precincts 6, 7, 9 and 10**, Sherborn** and **Wayland.**	RICHARD J. ROSS (R)											Pro-life
Norfolk, Bristol and Plymouth	**Avon, Braintree,** precincts 1, 3, 4 and 5**, Canton, Milton, Randolph, Sharon,** precincts 2 and 3, and **Stoughton** **Easton**, precincts 3 to 6, inclusive, **East Bridgewater**, precinct 4, **West Bridgewater.**	BRIAN A. JOYCE (D) Robert E. Burr, Jr. (R) Richard Livingston (R)	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Anti-life

Candidates for State Senate

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Norfolk and Plymouth	**Quincy, Braintree**, precincts 2 and 6 to 12, inclusive, and **Holbrook, Abington** and **Rockland.**	John F. Keenan (D) Arthur Stephen Tobin (D) Daniel M. Dewey (R)		Mixed
Plymouth and Barnstable	**Kingston, Pembroke, Plymouth** and **Plympton, Barnstable,** precincts 10 to 12, inclusive, **Bourne, Falmouth** and **Sandwich.**	THERESE MURRAY (D) Thomas Francis Keyes (R)		Anti-life
First Plymouth and Bristol	**Bridgewater, Carver, Marion, Middleborough, Wareham, Taunton, Berkley, Dighton** and **Raynham.**	MARC R. PACHECO (D) David W. Pottier (R)	Y Y Y Y Y Y Y Y Y Y	Mixed
Second Plymouth and Bristol	**Brockton, East Bridgewater,** precincts 1 to 3, inclusive, **Halifax, Hanover, Hanson, Whitman, Easton,** precincts 1 and 2**.**	THOMAS P. KENNEDY (D)		Pro-life
Plymouth and Norfolk	**Duxbury, Hingham, Hull, Marshfield, Norwell, Scituate, Cohasset** and **Weymouth**	ROBERT L. HEDLUND (R)		Pro-life
First Suffolk	**Boston**, ward 1, precinct 15, wards 6, 7 and 13, ward 14, precincts 1, 2, 4, 5 and 12 to 14, inclusive, wards 15, 16 and 17, ward 18, precincts 1 to 6, inclusive, and 21.	JACK HART (D)		Mixed
Second Suffolk	**Boston,** ward 3, precincts 7 and 8, ward 4, precincts 1 to 6, inclusive, 8 and 9, ward 5, precincts 1, 4 to 8, inclusive, and 11, wards 8, 9, 10, 11 and 12, ward 14, precincts 3, 6 to 11, inclusive, and ward 19, precincts 1 to 9, inclusive.	SONIA ROSA CHANG-DIAZ (D) Hassan A. Williams (D)		Anti-life
First Suffolk and Middlesex	**Boston**, ward 1, precincts 1 to 14, inclusive, ward 3, precincts 1 to 6, inclusive, and ward 5, precinct 3, **Revere,** wards 1 to 5, inclusive, **Winthrop, Cambridge**, wards 1 and 2, ward 3, precincts 1 and 3, wards 4 and 5, and ward 8, precinct 3.	ANTHONY W. PETRUCCELLI (D) Frank John Addivinola, Jr. (R)		
Second Suffolk and Middlesex	**Boston**, ward 4, precincts 7 and 10, ward 5, precincts 2, 9 and 10, ward 21, precincts 1 to 3, inclusive, and 5, and 8 to 16, inclusive, ward 22, precincts 3 and 4, and 6 to 13, inclusive, **Cambridge**, ward 9, precincts 2 and 3, ward 10, precincts 1 and 3 and ward 11, **Belmont** and **Watertown.**	STEVEN A. TOLMAN (D) William B. Feegbeh (D)	N N N Y Y Y Y Y	Anti-life
Suffolk and Norfolk	**Boston**, ward 18, precincts 7 to 20, inclusive, 22 and 23, ward 19, precincts 10 to 13, inclusive, and ward 20, **Dedham, Norwood** and **Westwood**.	Michael F. Rush (D) Michael F. Walsh (D) Brad Williams (R)	Y N N Y Y Y Y Y N Y	Pro-life
First Worcester	**Worcester,** wards 1 to 4, inclusive, 9 and 10, **Berlin, Boylston, Clinton**, precincts 3 and 4, **Holden, Northborough**, precincts 1, 2 and 4, **Paxton, Princeton** and **West Boylston.**	HARRIETTE L. CHANDLER (D) William J. Higgins, Sr. (R)	Y Y Y Y Y Y Y Y Y Y	Anti-life
Second Worcester	**Worcester**, wards 5 to 8, inclusive, **Auburn, Grafton, Leicester, Millbury, Shrewsbury** and **Upton.**	MICHAEL O. MOORE (D)		Anti-life
Worcester, Hampden, Hampshire and Franklin	**Ashburnham, Athol, Barre, Brookfield, Charlton, East Brookfield, Hardwick, Hubbardston, New Braintree, North Brookfield, Oakham, Petersham, Phillipston, Royalston, Rutland, Spencer, Sturbridge, Templeton, Warren, West Brookfield and Winchendon, Brimfield, Holland, Monson, Palmer and Wales, Ware, Orange and Warwick.**	STEPHEN M. BREWER (D) Daniel D. Dubrule (R)	Y Y Y Y Y Y Y Y Y Y	Mixed
Worcester and Middlesex	**Fitchburg, Gardner, Leominster, Bolton, Clinton, precincts 1 and 2, Lancaster, Lunenburg, Sterling, Westminster, Ashby and Townsend.**	JENNIFER L. FLANAGAN (D) Neal Andrew Heeren (R)	Y Y Y Y Y Y N Y Y Y	Anti-life
Worcester and Norfolk	**Blackstone, Douglas, Dudley, Hopedale, Mendon, Milford, Millville, Northbridge, Oxford, Southbridge, Sutton, Uxbridge, Webster and Bellingham,**	RICHARD T. MOORE (D)		Pro-life

Government will control spending based on "quality of life"

QUALITY Continued from Page 5

year of life lived in a state of less than perfect health is worth less than 1."

Quality of life determinations are derived by different formulas, but they are based on people's responses to questions such as, "would you rather live 5 years in perfect health or 10 years in a wheelchair?" "Peter Singer advocates use of QALY's to determine government rationing of health care," said Stenson. "Singer thinks society should be willing to withhold treatment from those who are old and those with disabilities."

How could comparative-effectiveness using QALY's be used to deny treatments? "First, a target level would be set for spending growth. C-E research would then be used to choose the set of new technologies whose cost fit within the limit and which maximizes the number of new QALYs delivered. A technology would be in the package only if its value of dollars per QALY were lower than that of all excluded technologies."

Comparative-effectiveness excludes the use of new technologies, treatments and drugs which may be expensive at first, but by artificially constraining their use, prevents them from becoming more widespread and affordable later. It also compromises the ability of doctors to treat more serious medical conditions such as cancer and heart disease.

Said Michael Tanner, "NICE is not simply a government agency that helps bureaucrats decide if a treatment is better than another. With the creation of NICE, the government has effectively put a dollar amount on how much a citizen's life is worth."

Donald Berwick's love of NICE has ominous overtones. "NICE harbors a deep bureaucratic aversion to extended care for the elderly and those with chronic diseases, an approach Dr. Berwick explicitly endorses," said Hal Scherz.

NICE's equivalent in the United States is the newly created Independent Payment Advisory Commission (IMAC). "IMAC has the power to recommend changes to the procedures that Medicare will cover and the criteria to determine when those services would be covered, provided that its recommendations 'improve the quality of care' or 'improve the efficiency of care' of the Medicare program's operation," writes Tanner. "IMAC can't make recommendations that would 'ration care,' increase revenues, or change benefits, eligibility or Medicare beneficiary cost-sharing. This leaves IMAC with few options other than reducing provider payments. Many physicians will leave the system because Medicare already under-reimburses physicians."

Burke Balch has identified twelve places in the PPACA that need language to ban the use of comparative-effectiveness research to deny treatment based on age, disability or terminal illness.

However, the financial incentive to ration care remains.

"Once the centralized planning of medical delivery is complete-with cost-containment boards controlling the standards of care and the extent of coverage for both the private and public sectors - insurance companies, HMOs, and the government will be able to legally discriminate against the sickest, most disabled and most elderly in our country. In other words, those whose care is most expensive," says Wesley Smith. "Remember that legislation is only half the problem with Obamacare.

Hundreds of bureaucrats, in the federal agencies will have years to promulgate the details of the law…even if the legislation doesn't push in a specific direction-for instance, the government refusing treatment, the regulations could."

American health care

A report by Dr. Scott W. Atlas of the National Center for Policy Analysis, "10 Surprising Facts About American Health Care," reports that Americans have better survival rates than Europeans for common cancers and better access to treatment for chronic diseases. Compared to Canadians, Americans have lower cancer mortality and better access to preventative cancer screenings such as mammograms, pap smears, PSA tests and colonoscopies. Low income Americans are in better health than comparible Canadians.

Americans spend less time waiting for care, "Canadian and British patients wait about twice as long to see a specialist to have elective surgery such as hip replacements or to get radiation treatment for cancer."

The "10 Most Important Recent Medical Innovations" (see page 24) have largely originated in the United States. It's hard to imagine medicine without CT scans and MRIs, technology which "physicians consider the most important medical innovations for improving patient care in the last decade."

Hazel Bergeron notices that George is tired and worn out from the heavy bag of bird shot which is padlocked around his neck, "Go on and rest the bag for a little while. I don't care if you're not equal to me for a while. If there was just some way we could take out a few of them lead balls, you could rest."

"If I tried to get away with it," said George, "then other people'd get away with it - and pretty soon we'd be right back to the dark ages again, with everybody competing against everybody else. You wouldn't like that would you?"

When President Obama says there will be no two-tier health care system in the United States, he sees the current system as being unfair. A British citizen commenting on why the National Health Service denies the ability of people to use their own money for better health care for themselves, cries out that it wouldn't be fair to the people who can't afford it. Thus, British people die of diseases when they could have been saved, when they could pay for it, if they had been allowed to. The British press finds it positive that their health care system is equitable.

George Bergeron goes to the refrigerator to get a beer. While he is away, his son Harrison appears on television having broken into the station during a ballet broadcast. Having removed all his handicaps Harrison finds a ballerina and also removes her handicaps. She is gloriously beautiful and graceful. They are dancing until Diana Moon Glampers, the Handicapper General appears. She shoots both Harrison and the ballerina dead.

See **HARRISON** Page 24

What is the "Doc-Fix"?

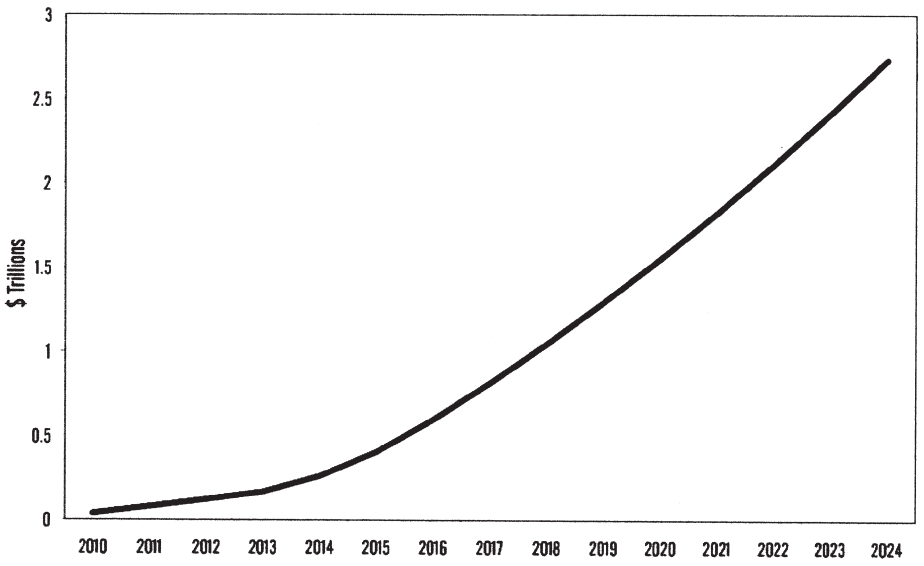
Savings attributed to cuts that are never made

Michael Tanner calls the "doc-fix," a "budget gimmick." Government credits a $196 billion savings to a 23% reduction in Medicare fee-for-service reimbursement payments to providers.

"First called for in 2003, as part of changes to the sustainable growth rate required by the Balanced Budget Act of 1997, these cuts have never been implemented. Congress regularly postpones their effective dates."

Current law reduces payments by 21% beginning in 2011. "In fact, congressional Democrats have introduced a separate bill, the Medicare Physician's Payment Reform Act of 2009 (HR 3961) effectively repealing the cuts. In March 12, 2010 Congress passed a $6.4 billion postponement of the required cuts." (See pages 29-30 of "Bad Medicine," and footnote 277.)

Figure 10
Total Cost of PPACA Through 10 Years of Implementation, including "Doc Fix" and Administrative/ Implementation Costs



Source: Author's calcualtions based on Letter from Douglas Elmendorf, director, Congressional Budget Office, to House speaker Nancy Pelosi, March 20, 2010

"Unless Medicare savings are captured and plowed right back into the Medicare program, the solvency of the Medicare program will continue to weaken." Robert Moffit, Ph.D. "Obamacare: Impact on Seniors"

UVa Study: Surgical Patients on Medicaid Are 13% More Likely to Die Than Those Without Insurance

One of the assumptions of the health care reform debate was that people without medical insurance were being denied quality care. A study by the University of Virginia calls that assumption into question in an article by Avik Roy on *National Review Online*.

The Patient Protection and Affordable Care Act adds 16 million people to the Medicaid program at a cost of $100 billion. Roy reports, "Medicaid is broken. Medicaid so severely underpays doctors-reimbursing them at 72% of already-stingy Medicare rates-that many physicians refuse to see Medicaid patients.

"Surgical patients on Medicaid are 13% more likely to die than those *with no insurance at all,* and 97% more liely to die than those with private insurance."

A Nationwide Inpatient Sample database of 893,658 major surgical operations was evaluated by University of Virginia researchers and adjusted to control for age, gender, income, geogrpahic region, operation, and comorbid conditions - having two or more diseases simultaneously.

"That way they could correct for the obvious differences in the patient populations, for example older and poorer patients being more likely to have ill health."

The quality of surgical outcome was measured in three ways: rate of in-hospital mortality, average length of stay (longer hospital stays are a marker of poorer outcomes), and total costs.

In-Hospital Death Rate

Surgical patients with Private insurance = 1.3%
Medicare: 54% higher
Uninsured: 74% higher
Medicaid: 97% higher

Average Length of Stay

Private Insurance: 7.38 days
Medicare: 19% longer
Uninsured: 5% shorter
Medicaid: 42% longer

Total Costs Per Patient

Private Insurance $63,057
Medicare: 10% more
Uninsured: 4% more
Medicaid: 26% more

Outcome	Private	Medicare	Uninsured	Medicaid
In-Hospital Mortality (vs. Private Insurance)	1.00	1.45	1.74	1.97
Length of Stay (days)	7.38	8.77	7.01	10.49
Total Costs	$63,057	$69,408	$65,667	$79,140

Writes Roy, "Medicaid patients were almost twice as likely to die as those with private insurance. It is hard to see how this problem doesn't get significantly worse when Obamacare's expansion of Medicaid is fully phased in."

Bad Medicine, A Guide to the Real Costs and Consequences of the New Health Care Law

By Helen Cross

Michael Tanner of the Cato Institute, has published a 48 page analysis of the Patient Protection and Affordable Care Act (PPACA).

Part I: The Patient Protection and Affordable Care Act

Individual Mandate

a) The requirement that every American obtain health insurance coverage that meets the government's definition of "minimal essential coverage" is unprecedented in US governance, the government has never required people to buy any good or service as a condition of lawful residence in the US. If you don't buy insurance, there is a tax penalty.

b) Simply having insurance isn't enough to satisfy the mandate. The Secretary of health and Human Services (HHS) is given the authority to define the terms of "minimal essential coverage." (See Page 21 in notes on Massachusetts for how residents are "gaming the system.")

Employer mandate

a) If a company with 50 or more employees doesn't provide health insurance and even a single worker qualifies for a subsidy to purchase insurance through the exchange, the company must pay a tax penalty. Estimated costs to businesses are $52 billion from 2014 -2019.

b) This will force employers to offset added costs by passing them on to consumers, lowering wages, reducing future wages, cut back on hiring, or laying-off employees.

Subsidies

a) Massive spending does not necessarily mean that health outcomes improve. For example: Tennessee saw Medicaid costs rise 149% after expanded Medicaid eligibility, while other states saw costs rise 71% over a ten year period. Health outcomes did not improve in Tennessee under a program called Tenncare. (My note, this has also been the case in Britain, despite massive spending health care outcomes have not improved

b) The expansion of Medicaid will dramatically drive up costs for both state and federal governments. Initially, the federal government will pay 100% of the cost for new enrollees, but the states will be required to pay 5% beginning in 2017, increasing to 10% by 2020.

The Exchanges

Exchanges function as middlemen or wholesalers, matching customers with providers and products. They allow small companies and individuals to take advantage of scale, both in administration and risk pooling like large companies. The exchanges would be able to "use market share to bargain down the price of services." The exchanges will start in 2014 using rules developed by each state.

a) The plans they offer must meet federal requirements for minimum benefits.

b) Each state must offer at least two multi-state insurance plans contracted with private insurers. Of these, one plan must not include abortion coverage.

c) The Massachusetts experience with the health "connector" (see below) shows that claims that exchanges will reduce premiums should be greeted with skepticism.

Impact on Consumer-Directed Health Plans

President Obama has always been hostile to consumer-directed health care. Consumer-directed health care is a broad term used to describe a variety of insurance arrangements, including health savings accounts (HSAs), flexible spending accounts (FSAs), and health reimbursement accounts (HRAs), based on the concept that patients ("consumers") should have more control over the utilization of their health care dollars.

Patients (consumers) have more control over spending; purchase health insurance the way we buy other goods and services. Consumer oriented health care has been rejected in favor of government control.

Medicare Cuts

a) Medicare is facing unfunded liabilities of $50 trillion to $100 trillion (depending on the accounting measure used) and needs to be cut.

b) However, savings from cuts to Medicare aren't being used to reduce the program's future obligations, but to fund a new entitlement program.

c) "Doc-Fix" - The bill anticipates a 23% reduction in Medicare fee-for-service reimbursement payments to providers, yielding $196 billion in savings. But Medicare has been supposed to make reductions to those payments since 2003, yet each year Congress has voted to defer the cuts. "In fact, it is a perfect exercise in cynicism, the House has already passed separate legislation to repeal them.

d) Medicare Advantage allows Medicare recipients to receive their coverage through private insurance plans. MA programs receive payments 14% higher than traditional Medicare. The program also offers benefits not included in traditional Medicare. 40% of African-Americans and 54% of Latinos use MA, seeing it as a low-cost alternative to Medigap insurance.

Comparative-Effectiveness Research

For the First Time the Secretary of HHS would be permitted to use comparative-effectiveness research in making reimbursement decisions.

a) "The use of such research in determining what procedures would be reimbursed could fundamentally alter the way medicine is practiced and could interpose government bureaucracies in determining how patients should be treated." (My note: this results in "Tick-Box" medicine)

b) Use of comparative-effectiveness research such as Medicare sets the stage for its extension into private medical practice.

c) "There is no doubt that national healthcare systems use comparative effectiveness research as the basis for rationing."

d) The appointment of Dr. Donald Berwick to head the Center for Medicare and Medicaid Services (CMS) is ominous. He is an unspoken admirer of NICE and comparative-effectiveness research.

Independent Medical Advisory Committee

Establishment of the new IMAC has the power to recommend changes to the procedures that Medicare will cover and the criteria to determine when those services would be covered, provided that its recommendations "improve the quality of care" or "improve the efficiency of care" of the Medicare programs operation.

a) IMAC cannot make any recommendations that would "ration care," increase revenues, or change benefits, eligibility or Medicare beneficiary cost-sharing.

b) This leaves IMAC with few options other than reducing provider payments. Most of the cuts fall on physicians, with Medicare already under reimbursing providers; many physicians will leave the program.

c) According to Medicare's chief actuary, if Medicare cuts were to occur as projected, as many as 15% of US hospitals could close.

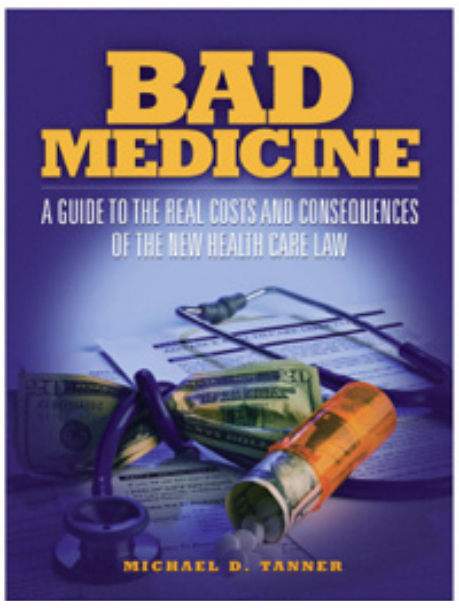
d) Claim that changes under the health care law combined with new Medicare tax revenue, would increase the life of the Medicare Trust Fund is a very misleading double counting of the savings and revenue: 1) The government is structurally incapable of actually saving money. Though technically funds would be routed through the Medicare Trust Fund, where they would be counted as extending the Trust Fund's solvency, the funds would be used to purchase special issue treasury bonds. The funds used to purchase them become general revenue and are spent on the government's annual operating expenses. When the bonds come due, the government will have to repay them out of the general revenue. (Treasury bonds are like a form of IOU)

2) In the meantime, the government counts on that new general revenue to pay for the costs of the new health legislation. Thus, the government spends the money now, while pretending that it is available in the future to pay for future Medicare benefits. 3) Will cuts ever actually occur? Medicare's chief actuary warns that the proposed cuts "may be unrealistic." The Congressional Budget Office (CBO) itself warns, "It is unclear whether such a reduction in the growth rate of spending could be achieved through greater efficiencies in the delivery of health care or through reductions in access to care or the quality of care."

Tax Increases

The PPACA includes $669 billion in new or increased taxes over the first ten years. The combination of taxes and subsidies in this law results in a substantial redistribution of income. "PPACA is a tax and regulatory nightmare."

a) Tax on "Cadillac" health plans – 40% increase on high-cost insurance plans.
b) Payroll tax hike
c) Tax on investment income
d) Limited or itemized deductions
e) Tax on prescription drugs
f) Tax on medical devices
g) Additional taxes on insurers
h) Tax on tanning beds



"Bad Medicine" is available in full, on the MCFL newspaper blog site: www.massprolife.org

CLASS Act

The Community Living Assistance and Support Act is a new national long-term care program. Tanner calls it a Ponzi scheme, money paid into the Trust Fund will be spent by the government; there is no guarantee that there will be any money in the account when needed. (Similar to the way funds are used in the Medicare Trust Fund.) Premiums will start being collected in 2011; the program will initially run a surplus because it won't start paying benefits until 5 years after the program starts. "The CLASS Act may represent one of the health care legislation's biggest fiscal time bombs."

Part II

Costs and Consequences

Physician Shortage

The US already faces a potential shortage of physicians, especially primary-care and certain specialties such geriatric care. Some have estimated a shortage of more than 150,000physicians in the next 15 years.

A survey in Investors Business Daily, Sept. 15, 2009 by Terry Jones reported that 45% of physicians would at least consider quitting as a result of health care reform.

Expanded, but not universal coverage

Roughly 47% of newly insured won't be getting traditional health insurance; they will be put into Medicaid or SCHIP. One-third of physicians no longer accept Medicaid patients, so individuals may still find it hard to get access to health care despite their newly insured status. See note below for experience in Massachusetts.

(My note: You'll have insurance, but no doctor!)

More Spending

Giving more people access to more insurance and mandating that current insurers cover more services will result in more spending. Giving more people access to more insurance, not to mention mandating that current insurance cover more services, will undoubtedly result in

Government Promising More Than it Can Afford to Pay is "Bad Medicine"

even more spending.

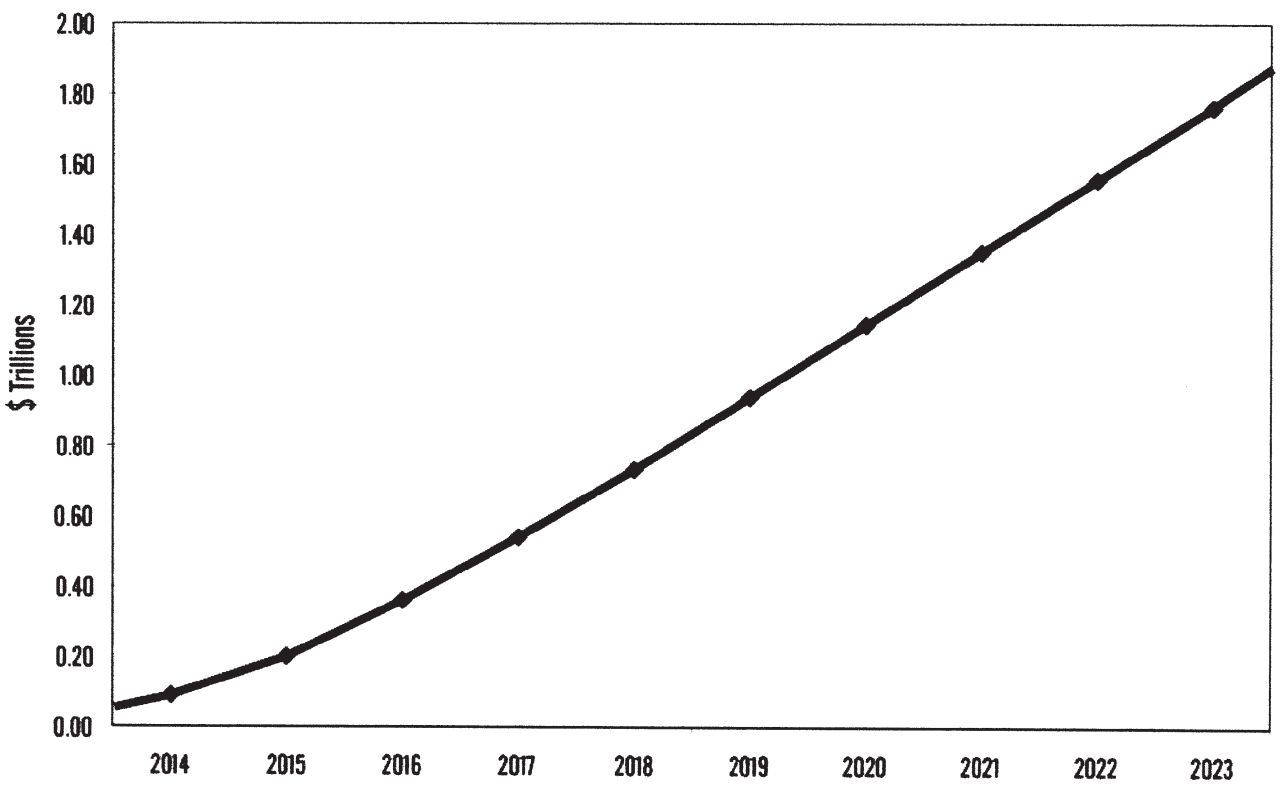
a) For example: The roughly 40% of the real increase in per capita health care spending from 1950 to 1990 reflected the spread of comprehensive health insurance.

b) Failure to restrain costs will put a tremendous strain on the federal budget. IN the CBO's judgment, the new health care law does not substantially diminish that pressure. See Figure 9, page 29, that shows total spending under PPACA through ten years of implementation. Real cost of PPACA from 2014 to 2019 is nearly $2 trillion.

c) Adding the cost of the doc-fix and discretionary costs to the legislation brings the total cost over 10 years of actual operation to over $2.7 trillion, and will add $352 billion to the national debt. See Figure 10, page 30, Figure 11, page 32 of Bad Medicine, (also on page 19 of this issue of the *MCFL News*.)

d) Doesn't reduce premiums, See Table 2, Premiums under PPACA

Figure 9
Total Spending under PPACA Through 10 Years of Implementation

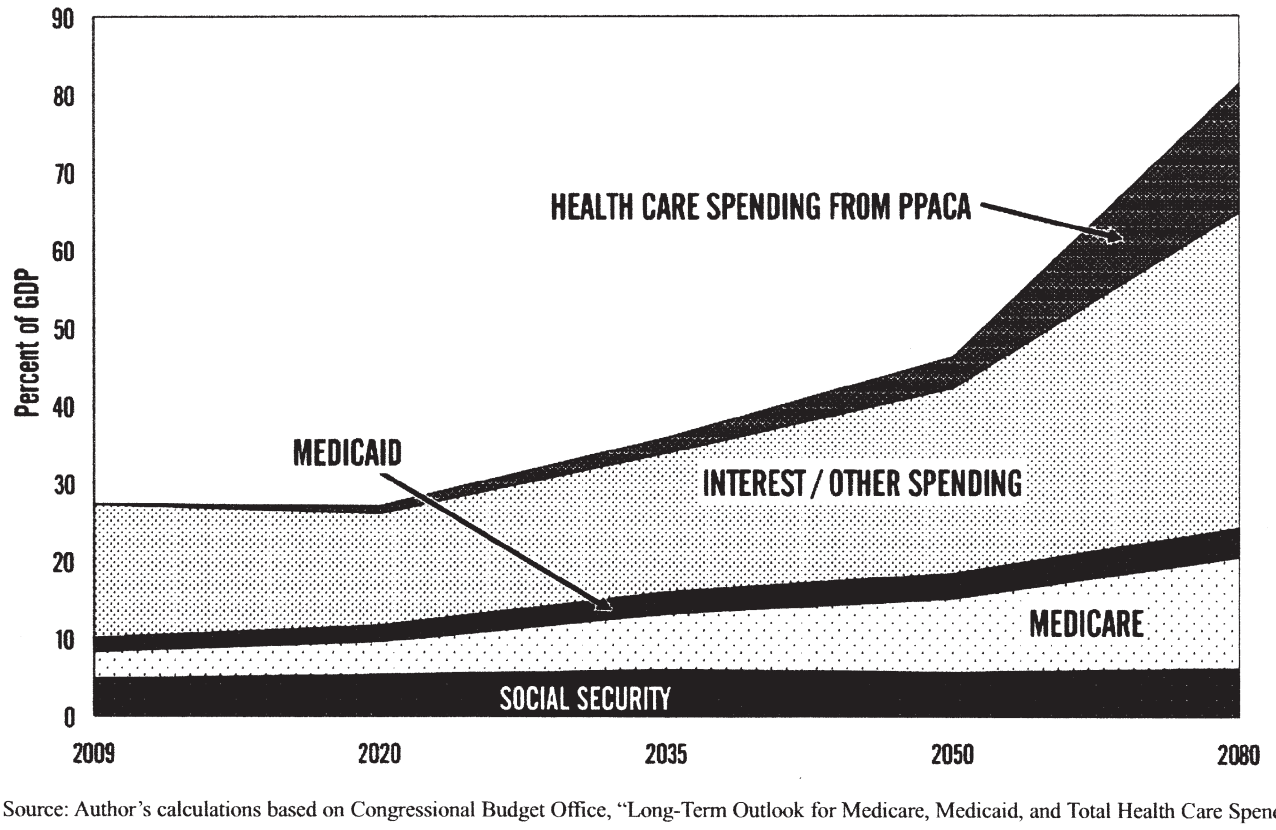


Author's calculations based on Letter from Douglas Elmendorf, Director, Congressional Budget Office, to House speaker Nancy Pelosi, March 20, 2010.

Conclusions
The Patient Protection and Affordable Care Act

1) Doesn't accomplish its goals of universal coverage reducing costs or increasing health quality and value.
2) Increases the federal budget deficit
3) People will lose plans they like.
4) Expanded coverage may not lead to expanded access because of the lack of available physicians.
5) Doesn't control costs and will actually increase US health care spending
6) Will cost over $2.7 trillion over 10 years and add $352 billion to the national debt.
7) Shifts $4.3 trillion to businesses, individuals and state governments
8) Makes government rationing more likely
9) Includes $669 billion in new or increased taxes.

Figure 11
Spending Projections Under PPACA



Source: Author's calculations based on Congressional Budget Office, "Long-Term Outlook for Medicare, Medicaid, and Total Health Care Spending."

Massachusetts

1) Massachusetts residents are increasingly "gaming the system," purchasing health insurance only when they are going to use health care and them dropping it when they no longer need it. In 2009, 936 people signed up for Blue Cross and Blue Shield of Massachusetts for 3 months or less and ran up claims of more than $1,000 per month while in the plan.

2) The "connector" was supposed to reduce premiums for individual insurance by 25-40%. Premiums sold through the connector have been rising, up 11% for the lowest cost plan.

3)Massachusetts expanded coverage in large part by enrolling more people in Medicaid. However, after reform was enacted, 6.9% of low-income residents reported that they could not find a doctor or get an appointment, a 50% increase since the plan went into effect.

Table 2
Premiums under PPACA

		2016	
Type of Plan	Current	With bill	Without bill
Large Business	$13,375	$20,000	$20,300
Small Business	$13,375	$19,200	$19,300
Individual Policy	$6,328	$15,200	$13,100

Source: Current cost of health insurance based on America's Health Insurance Plan (AHIP) data; future estimates based on Letter from Douglas Elmendorf, Director, Congressional Budget Office, to Sen. Evan Bayh, Nov. 30, 2009.

Did You Know?

Invaluable links to the articles cited in this issue of the *MCFL News* are available online in two places:
www.masscitizensforlife.org
www.massprolife.org

Massachusetts Citizens for Life

Annual Dinner

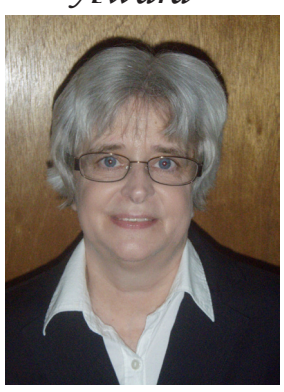
Saturday, October 30, 2010

Lantana Restaurant, Randolph

Keynote Speaker

Wanda Franz, President
National Right to Life Committee

Dr. Joseph Stanton Award



Marianne Rea Luthin

Peggy McCormack Award

Bill Kelly

Laurette Loiselle

Ignatius O'Connor Award Joint Recipients

Jackie Antonioni

Claire Rollo

Regional Awards

Chapter Service Awards

Paulette Martinville
Greater Fall River Chapter

Janet McCarthy
North Suburban Chapter

Pro-Life Community Awards

Pat and Jim Reilly
West Roxbury /Roslindale Chapter

Janet Callahan
North Suburban Chapter

Kathleen Lopolito
Burlington Chapter

Doris Toohill
Cape Cod Chapter

Dinner Menu : Chef's Salad, Top Round Roast Beef w/ Gravy, Seasonal Vegetables and Apple Crisp ala mode

Purchase Tickets: $50.00
Visit our website: www.masscitizensforlife.org. to reserve tickets.
Call: 617 242-4199, press 0
Silent Auction will be part of the evening's festivities!

MCFL

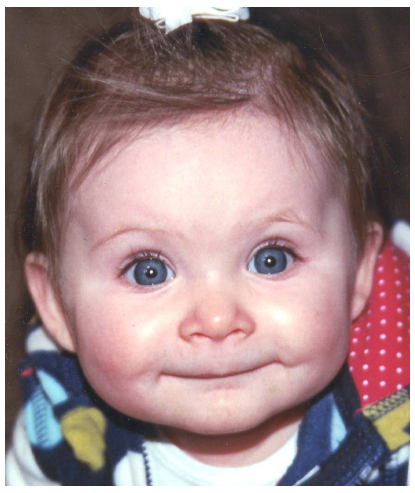
2010 Respect Life Walk to Aid Mothers & Children

Sunday, October 3, 2010
(rain or shine)

At the Parkman Bandstand
Boston Common
Near the Corner of
Tremont & Boylston Streets

Registration &
Pre-Walk Celebration
1:30 PM

Walk
2:30 PM



The 2010 Walk Baby
Gracelin Mary

THE FIRST SUNDAY OF OCTOBER IS LIKE NO OTHER

Join thousands of people from across the state to raise much needed funds to support pro-life organizations (crisis pregnancy centers, counseling services, women's homes and educational programs). Dozens of pro-life organizations are infused with thousands of dollars, energy and optimism through the visible presence of so many pro-lifers and the generosity of their sponsors.

So...Come to the Walk! Solicit your neighbors, friends, and family as sponsors. Bring returns to the Walk on Boston Common, Respect Life Sunday, October, 3. Registration and Pre-Walk Celebration begins at 1:30 PM.

- The walk is a 5K (3.1 mile) circular route beginning and ending at Boston Common bandstand near the corner of Tremont and Boylston streets.
- Registration is $5 per walker age 18 years and older
- Checks should be made out to **"Respect Life Walk"**
- Collect all sponsor monies **upfront** and bring the completed form with all donations to the Walk on October 3 or mail to MCFL Charitable Trust, The Schrafft Center, 529 Main Street, Boston, MA 02129-1100
- To order sponsor sheets and posters call the MCFL office at (617) 242-4199, or visit the MCFL web site at www.masscitizens forlife.org

2010 Respect Life Walk to Aid Mothers & Children Beneficiary Organizations

ORGANIZER OF THE WALK
1. Mass Citizens for Life

PREGNANCY - ADOPTION ASSISTANCE
2. Alternatives Pregnancy Center
3. A Woman's Concern
4. Bethany Christian Services of New England
5. Birthright of Amherst
6. Birthright of Attleboro
7. Birthright of Greater Taunton
8. Birthright of Hudson-Marlboro
9. Birthright of Massachusetts
10. Birthright of New Bedford
11. Brockton Catholic Charities
12. Care Net Pregnancy Resource Center
13. Catholic Charities of Worcester County
14. Daybreak Pregnancy Resource Center
15. Fund For the Unborn
16. Heartbeat Crisis Pregnancy Center
17. Liferight of North Adams
18. Merrimack Valley Catholic Charities
19. New Women's Center, Springfield
20. Pregnancy Care Center, Merrimack Valley
21. Pregnancy Help, Archdiocese of Boston
22. Pregnancy Services, Stoughton
23. Pregnancy Support Services of Berkshire County
24. Problem Pregnancy of Worcester

HOMES
25. Friends of the Unborn
26. Life Saver Ministries/My Father's House
27. St. Mary's Women and Children's Center
28. Spring House
29. Visitation House

POST-ABORTION COUNSELING
30. Compassion Ministries
31. Project Rachel (Boston)
32. Project Rachel (Fall River)
33. Project Rachel (Worcester)
34. Rachel's Vineyard Retreats (Springfield)

EDUCATION
35. Cardinal Cushing School
36. Knights of Columbus
37. Ladies Ancient Order of Hibernians
38. Pro-Life Apostolate, Diocese of Fall River
39. Pro-Life Office, Archdiocese of Boston
40. Pro-Life Office, Diocese of Springfield
41. Pro-Life Office, Diocese of Worcester

HOW TO AID MOTHERS & CHILDREN

1. CHOOSE A BENEFICIARY ORGANIZATION. You can direct your sponsorship money to benefit any one of the organizations listed above.
2. SPONSOR YOURSELF. Begin at home to help your chosen organization.
3. COLLECT SPONSORSHIP MONEY FORM OTHERS. Simply ask everyone you know, "Will you sponsor me?" You'll be surprised how many will support you: your co-workers, family, relatives, friends, neighbors and anyone else you know from church, associations, school, etc. Don't forget people out of town.
4. BRING SPONSORSHIP MONEY WITH YOU ON OCTOBER 3.
5. PAY THE $5.00 REGISTRATION FEE (For Walkers 18 years and older)

WALKER SPONSOR LIST

Registration Fee $5.00

Walker's Name _____

Address _____

City _____ State _____ Zip Code _____

Home Phone _____ Work/Cell _____

Email _____

I want my proceeds to benefit # ____ (List ONLY ONE organization per form.)

Bring this form and donations with you to the walk, or you may mail them to:
MCFL Charitable Trust, The Schrafft Center, 529 Main Street, Boston, MA 02129

Sponsor's Name	Sponsor's Address	Telephone	Amount

In consideration of the foregoing, I for myself, my executors, administrators, and assigns, do hereby release and discharge all sponsors and/or beneficiary organizationa from any and all claims, damages, demands, and actions whatsoever in any manner arising or growing out of my participation in said Walk.

_____
Walker signature (if under 18 yrs. old - parent or Guardian signature)

MCFL State and Federal PACs Announce Endorsements

MCFL State PAC Endorses Candidates for House and Senate

Madeline McComish, Chairman of the MCFL State Political Action Committee, has announced these endorsements in the September 14th Primary for State Representative: 9th Bristol, Robert Tavares, Jr (D); *18th Essex*, James Lyons, Jr (R); *28th Middlesex*, John Hanlon, (D); and *10th Suffolk*, Robert Joyce, (D) and these Primary endorsements for State Senate: Cape and Islands, Eric R Steinhilber (R); *3rd Middlesex*, Sandra Martinez (R) and *Suffolk and Norfolk*, Michael Rush (D).

She also listed the following recommendations for State Representative: *2nd Berkshire*, Michael Case, (R), *4th Bristol*, David Saad, Sr. (R); *7th Bristol*, Alan Silvia (D); *9th Essex*, Raymond Igou, III (R); *3rd Hampden*, Mark DelNegro (D); *1st Middlesex*, Sheila Harrington (R); *12th Middlesex*, John Botone (D); *22nd Middlesex*, Marc Lombardo (R); and *5th Plymouh*, Jared Valanzola (R) and these recommendations for State Senate: *2nd Essex and Middlesex*, Jameson Tomasek (R), *Hampden*, Robert Macgovern (R); *Norfolk, Bristol, Plymouth*, Richard Livingston (R); and *2nd Suffolk and Middlesex*, William Feegbeh (D).

McComish stated, "Massachusetts is very fortunate to have so many fine, pro-life candidates in this Primary. The PAC encourages all those who care about the unborn, the disabled, or the elderly to vote pro-life on September 14th"

MCFL State PAC Endorses Tim Cahill for Governor

Madeline McComish, Chairman of MCFL State Political Action Committee, today announced that the MCFL State PAC has endorsed State Treasurer, Tim Cahill, for Governor in the November election.

Tim Cahill will be an outstanding advocate for the unborn, the disabled, and the elderly. He will bring commonsense solutions to protecting their rights and their lives. Cahill holds pro-life positions on all aspects of the issue, from abortion funding to informed consent, to partial birth abortion and parental consent. Very important also is his opposition to Physician Assisted Suicide which is currently being proposed in the state legislature, according to McComish.

She added, Currently pro-life people across the state are collecting signatures to repeal Obamacare. They welcome Tim Cahills pledge to opt out of the abortion funding in Obamacare. People remember that Cahill was the first to point out that Romneycare in Massachusetts will go bankrupt in four years, thus subjecting everyone in the state to rationing and denial of care. The other gubernatorial candidates have publicly stated their support for the pro-choiceposition. In other words, they support abortion and take anti-life positions on the other life issues."

MCFL State PAC is in the process of contacting pro-life people across the state and will mobilize more than 100,000 activists in Massachusetts in support of Cahill. For more information about MCFL State PAC, please visit, http://MCFLStatePAC.intuitwebsites.com

MCFL Federal PAC Endorses Perry in 10th Congressional District

The Massachusetts Citizens for Life Federal PAC, the political arm of Massachusetts Citizens for Life has endorsed Jeff Perry for Congress in the Tenth Congressional District.

According to Jack Rowe, Chairman of the Fed PAC, "As a member of the Massachusetts House of Representatives, Jeff Perry has been a strong advocate for life. He even voted against state funding of embryonic stem cell research.

"Perry opposes tax funding of abortion and takes a pro-life position on all important issues. He also will work to replace Obamacare with ethical, affordable health care for all.

"Jeff Perry has proven his commitment to protect our most vulnerable citizens – our unborn children. Jeff Perry's record should earn him the support of all voters who are concerned with the right to life and the protection of the most vulnerable members of the human family."

Good things soon to be ruined under the guise of fairness

HARRISON Continued from Page 19

Secretary of Health and Human Services Kathleen Sibelius calls Donald Berwick, "absolutely the right leader for this time." Dr. Berwick is the perfect candidate for Handicapper General. He will be in charge of making sure that no one takes unfair advantage of their brains or their own labor to have something that other people cannot. If it is wrong and unfair for poor people to die while richer people can pay for better health care, then healthcare will be wrecked for everyone.

As Burke Balch warns, the government will go into hyperdrive to convince us that rationing is a good thing and to teach us to like it. If the British press are any example, this is not a farfetched idea. We are in danger of being controlled by people who can't see why "Harrison Bergeron" is funny. People who can't tell a perverted idea of fairness from a real one.

MCFL is going to keep telling you about real fairness and about health care that works in our future issues. Try to get an issue to your legislators. Before they forget.

"You been crying?" George said. "What about?"
"I forget," she said. "Something real sad on television."
"What was it?" he said.
"It's all kind of mixed up in my mind," said Hazel.
"Forget sad things," said George.
"I always do," said Hazel.
"That's my girl," said George. He winced. There was a sound of a riveting gun in his head.

10 Most Important Recent Medical Innovations
(with country of origin)

Rank	Technology	Description	Country of Origin
1	Magnetic resonance imaging (MRI); Computed tomography (CT)	Noninvasive imaging	United States, United Kingdom; United States, United Kingdom
2	Angiotensin converting enzyme (ACE) inhibitors	Hypertension and heart failure drugs	United States
3	Balloon angioplasty	Minimally invasive surgery to unblock arteries	Switzerland
4	Statins	Cholesterol-reducing drugs	United States, Japan
5	Mammography	Breast cancer detection	Indeterminate
6	Coronary artery bypass graft (CABG) surgery	Surgery for heart failure	United States
7	Proton pump inhibitors (PPIs); H2-receptor antagonists	Antiulcer drugs	Sweden; United States
8	Selective serotonin re-uptake inhibitors (SSRIs)	Antidepressant drugs	United States
9	Cataract extraction and lens implants	Eye surgery	United States
10	Hip replacement; Knee replacement	Mechanical Prostheses	United Kingdom; Japan, United Kingdom, United States

Source: "The U.S. Health Care System as an Engine of Innovation," *2004 Economic Report of the President*.