

Stop Obama's Nazi Health-Care Reform!

The British Monarchy & Hitler Today

by Lyndon LaRouche

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Sept. 11—In the following report, historian Anton Chaitkin documents the personal complicity of the British Prince of Wales, Charles, in engagement with the type of crimes against humanity which the British monarchy has foisted, as a fraudulently alleged “health-care program” on its virtual puppet, U.S. President Barack Obama.

The crucially important point to be made, is that since the elevation of Britain’s Queen Victoria, as successor to the bankrupt British East India Company, and Empress, the British empire has been a continuation of what had been the imperial power and reach of the British East India Company, since the February 1763 Peace of Paris. That British monarchy has been a globally extended empire in the true sense of that term, and has been also the chief author of not only World Wars I and II, the author of Japan’s 1894-1945 warfare against such included nations as China, Korea, and Russia, and the co-author of the original early 1920s scheme for the British alliance with Japan for a planned Japan attack on the U.S. Pearl Harbor naval base which was actually carried out on December 7, 1941. It was this British monarchy which organized what became known as World War I and which had put Adolf Hitler and its policies into power in Germany through an operation run in January 1933.

It was British health-care policies, then, in September-October 1939, which are known today as both the genocide policies of the Hitler regime, and the policies, uttered from the London of former British Prime Minister and infamous liar Tony Blair, which are expressed as the pro-genocidal intention of the policies currently proposed by President



ABr/Valter Campanato

Prince Charles is a trustee of the King’s Fund, and his mother, the Queen, is its Patron; the organization is steering the discussion of “end-of-life services” (euthanasia) in Britain.

Barack Obama (those who deny that fact, are either stupid, or lying). The policies underlying the Hitler- and Blair-like policies of the Obama Administration presently, are entirely creations of the British Empire under the current British Royal Family’s role as an empire of a British monetarist system, a system currently based on the root supplied by President Franklin Roosevelt’s chief Bretton Woods adversary John Maynard Keynes.

The visible leading edge of the pro-genocidal, and drug-traffic-promoting policies of the current British imperial monarchy, is the pro-genocidal policies of population-control promoted under the

umbrella of the British Prince Royal Consort Philip, and his son and putative heir to the British Throne, Prince Charles, the Prince Charles who harbors former U.S. Vice-President Al Gore as a virtual lackey-in-waiting. The World Wildlife Fund, its lackies, and the international drug-trafficking policies of Nazi-trained, British lackey-in-fact George Soros, are the center of the principal enemies of not only our own U.S. Federal Constitution today, but, also, of the welfare of humanity at large.

The charges which I have made against President Obama for his complicity-in-fact with those evil policies, have been moderated by the evidence which I have received which indicates that the President is not in full charge of his own intellectual faculties, but should be kept in office, if possible, under protective managed care, as if according to the Woodrow Wilson precedent.

The challenge to all our U.S. citizens, under these circumstances, is, simply, are you a patriot, and are you actually capable of acting as a patriot, especially if you hold Federal public office?

The Royal Death Scheme

by Anton Chaitkin

Sept. 10—The British Royal Family and panicky City of London financiers began implementing, in 2008, a program to kill elderly and other sick people, precisely repeating the opening phase of Hitler's 1939 Tiergarten-4 euthanasia program. Under the Liverpool Care Pathway, adopted for general use by the National Health Service, those showing symptoms that might foreshadow death are to be killed by heavy narcotics and the withdrawal of fluids and nutrition. The policy accounted for about one-sixth of all deaths in Britain last year, according to a study by Dr. Clive Seale of the Barts and the London School of Medicine and Dentistry.¹

When the world financial system meltdown began in 2007, British imperial leaders pursued drastic shifts in funds away from public services and into bailouts of the London-Wall Street axis. They rushed into general practice a euthanasia policy that had been introduced as a pilot project in 2003-04 by then-Prime Minister Tony Blair and royal health advisor Simon Stevens.

This British fascist agenda was exported to the United States for adoption by the incoming Obama Administration.

The King's Fund is the official agency driving the new euthanasia. A government-funded charity, called, alternatively, Marie Curie Cancer Care or Marie Curie Hospice, is the operations center tasked with shaping the killing program. Prince Charles has been president of the King's Fund since 1986, and president of the Marie Curie Hospice organization since about 2000.

What is today called the King's Fund was created in the late 19th Century by the Prince of Wales. After he became King Edward VII, the agency was incorporated in 1907 as King Edward's Hospital Fund for London. This was the Royal Family's planning center for the reform of health care, in accord with the Empire's innovation of the time, eugenics, or race-

purification theory.

To start up the new killing program in 2008, the Queen became the Patron; the agency was re-incorporated under the name King's Fund; and Prince Charles and his retainers went into overdrive.

The King's Fund and the Marie Curie Hospice were merged for action with the June 24, 2008 announcement that King's Fund Policy and Development Director Steve Dewar would henceforth lead both agencies, to "develop the contribution of both organizations to the further improvement of end-of-life services across the U.K." In July 2008, the National Health Service published its End of Life Care Strategy, developed by an NHS Strategy unit set up for the new euthanasia program.

The Marie Curie Palliative Care Institute in Liverpool is one of two centers for experimental killing regimes. Out of this has come the procedure called the Liverpool Care Pathway, with its Continuous Deep Sedation procedure for euthanasia, which has recently broken into the headlines in Britain due to a public protest by physicians against the murders.

'Doing Less with Less'

Marie Curie chief executive Tom Hughes-Hallett, a King's Fund Senior Associate, chairs the external Implementation Advisory Board for the national End of Life Care Strategy. In his forward to the Board's first annual report, published by the National Health Service in July 2009, Hughes-Hallett wrote:

"We're trying to change the way this country thinks about and responds to the idea of death. We're trying to change the way the medical and social care professions think about and respond to death. We're trying to change the way end of life care services are commissioned."

Hughes-Hallett, a City of London financier, wrote further on the urgency of getting the killing program going full blast: "One thing that has changed quickly, and unexpectedly, is the financial climate. For this financial year and the next, the NHS has new money for this strategy. After that things are much less certain..."

In that Strategy Report, the "end of life care pathway" proceeds from "Step One: Identifying people who are approaching the end of life," to "Step Six: Care After Death," or what to do with the bodies and the survivors, and the sticky problem of the death certificate. If the medical staff is to kill patients, they will run into what faced the Nazis in their T-4 euthanasia program: how to convincingly lie that the

1. The Marie Curie Hospice is the home of the "Liverpool Care Pathway," a protocol for "Continuous Deep Sedation," which Britain's National Health Service adopted in 2004, under Prime Minister Tony Blair. About one sixth of all deaths in Britain in 2008 were attributable to this program.

deaths resulted from underlying conditions, rather than homicide. The Strategy document hints at this dilemma: “In response to ... evidence that carers were being forced to wait unacceptable amounts of time for a doctor to verify the death ... it was proposed that a policy be developed allowing nurses to perform this function.”

A National Health Service-commissioned report by McKinsey and Company, calling for saving \$32 billion per year by drastic cuts in health care, was leaked to the press last week. King’s Fund chief economist John Appleby (quoted in *Time* magazine, Sept. 9, 2009) responded that these savings must be accomplished by finding “ways to counter rising health-care costs associated with an aging population, expensive new medical treatments and rising patient expectations.” King’s Fund chief executive Niall Dickson chimed in that, rather than

doing more with less resources, “Doing less with less seems a more realistic scenario.”

The Royal euthanasia program was introduced as a pilot project in 2003 and 2004, by Simon Stevens, Blair’s chief advisor on health policy 2001-04). In 2007, Stevens came to the United States to spread the euthanasia project here, becoming vice president of the Minnesota-based UnitedHealth Group, a massive private health insurance company for the United States and Britain, including the American Association of Retired Persons (AARP). Stevens’ official job is to advise all private health insurers to get behind the new agenda for health-care reform.

Continuing as a trustee of the King’s Fund for Prince Charles in London, Stevens connects President Obama with the London-Wall Street axis, for implementation of its urgent strategy in the face of financial catastrophe.

Simon Stevens and His Mobile Death Squads

Sept. 17—Royal Family courtier Simon Stevens was Britain’s “Death Minister,” simultaneously advising Prime Minister Tony Blair and successive health ministers from 1997 to 2004.

From that post, in 1999, he established NICE, the National Institute for Health and Clinical Excellence, to ration health care. In 2000, he crafted the plan for creeping privatization of the National Health Service. In 2002, as fascist financiers claimed that the elderly were “clogging the beds,” Stevens arranged a National Health Service contract with UnitedHealth Group’s Evercare Hospice unit, to conduct pilot studies on how to restrict hospital access for older patients.

Based on the mindset in the Evercare contract and Evercare’s pilot-project report, Stevens then put into effect the Liverpool Care Pathway, an experimental program for killing the frail elderly.

In 2004, Stevens left the Blair government to become chief executive of UnitedHealth Group’s European division. Then, in 2007, he moved to the United States to become chief executive of the elderly (“Ovations”) division of the company, where he oversees the Evercare Hospice unit. The Minneapolis-based UnitedHealth Group was founded in 1974, as an outgrowth of President Richard Nixon’s 1971 deal to establish health

management organizations (HMOs).

UnitedHealth Group and its allies at the Robert Wood Johnson Foundation put millions of dollars into the Dartmouth Atlas of Health Care 2008, a propaganda sheet that is demanding lower medical costs (see series by Dr. Ned Rosinsky, *EIR*, July 31, Sept. 11, 2009).

Stevens’ photograph is displayed on the website of the American Association of Retired Persons, whose 40 million members are advised to buy AARP-endorsed insurance—from Evercare. In effect, UnitedHealth has simply bought AARP for this purpose, paying for this promotion.

During Spring 2009, Stevens was all over the American media, beating the drums for austerity “reform.” Quoting the phony Dartmouth Atlas statistics, Stevens demanded \$540 billion in cuts from payments for medical services to the elderly and poor.

Working with the George Soros apparatus, Stevens is now a central player in the London-Wall Street axis that is driving President Obama’s health-care reform. *Business Week* (Aug. 17), gloating under the headline, “Why Health Insurers Are Winning,” featured a full-page photo of Stevens, overshadowing the U.S. Capitol Building.

—Anton Chaitkin

Hitler's T4 Program Revived In Obama's Health-Care 'Reform'

by Nancy Spannaus

In July of 1939, a conference of medical professionals was held in Berlin, Germany. Participating were the professors and chairmen of the departments of psychiatry of the leading universities and medical schools of Germany, many of them, the most respected professionals in their fields. The subject? What would be the criteria for determining what patients would be considered to have "lives unworthy to be lived," and what was the most "practical and cheap" manner of removing them from being burdens on the health-care system—by death.

Thus, the bureaucratic machine began to be cranked up for what is known as Adolf Hitler's program of genocide through "euthanasia," a program which killed hundreds of thousands of non-Jewish Germans, and eventually, millions of Jews and non-Germans as well.

That program, which had already begun years before, against concentration camp inmates and handicapped children, was officially put into effect in October 1939, when Hitler penned his own personal, and secret, authorization for the program, under the title, "The Destruction of Lives Unworthy of Life":

"Reichsleiter Bouhler and Dr. Brandt are charged with the responsibility for expanding the authority of physicians, to be designated by name, to the end that patients considered incurable according to the best available human judgment of their state of health, can be accorded a mercy death."

To carry out this program, Hitler and his fiendish Nazi associates would fully utilize the "professional" apparatus which had been put in place, as well as the popular, British-eugenics-spawned ideology which had been increasingly dominant in Germany since Hitler seized power with the aid of powerful British-Wall Street financiers. The killing would proceed with the utmost "cost-effectiveness" and pro-



The Obama Administration is beginning to resemble, more and more, the early Hitler dictatorship. Are Obama's "cost-effectiveness" experts any different than Hitler's Nazi doctors, whose mandate was to reduce medical costs to those deemed "not worthy of life"?

fessionalism, in order to save funds for the Nazi state's preferred projects, and not waste them on "ineffective" medical treatments.

If that sounds familiar, it should. For the proposals which the Obama Administration has currently put on the table, follow them in virtual lockstep. First, the "experts" decide what is "effective" care, with "cost-effectiveness" foremost in mind, ruling out "inappropriate" treatments. These standards become the law, in terms of what medical care will be paid for. Then other experts efficiently implement those decisions, through the existing hospital apparatus.

The result, as in Nazi Germany, is that millions are, with the stroke of a pen, consigned to death.

The T4 Program

The T4 program, which was established following Hitler's secret order, took its name from its Berlin office address, Tiergarten 4, which address housed the coordinating organization for the program, the Reich Work Group of Sanatoriums and Nursing Homes. In charge were Philip Bouhler, chief of the Chancellory, and Dr. Karl Brandt, Hitler's personal physician and chief medical officer of the land.

Their first task was to devise the questionnaires which would be used to categorize the targeted institutionalized populations. Four categories were specified:

1. Patients suffering from specified diseases who are not employable, or are employable only in simple mechanical work. These included schizophrenia, epilepsy, senile diseases, therapy-resistant paralysis, feeble-mindedness, and the like.

2. Patients who have been continually institutionalized for at least five years.

3. Patients who are criminally insane.

4. Non-German patients.

While including these categorizations, the questionnaire overall gave the impression of a rather neutral statistical survey, which also delved into the patients' biographies, their financial situations, and the like (**Figure 1**). It was accompanied by a questionnaire for the institution in which the patient was housed, which asked about staffing, beds available, and budgetary questions. A significant stress was also put on detailing the patients' abilities to work.

The first questionnaires went out in October 1939, the month Hitler signed his order, to state hospitals and other public and private institutions where mental patients, epileptics, the mentally retarded, and other handicapped persons resided. The responsibility for filling them out, often in a very short period of time, fell on the physicians at those institutions.

The questionnaires were then sent to panels of three or four psychiatric experts, who indicated their opinion about whether the patient (whom they had never seen, much less examined, and whose medical history they were unfamiliar with) was to live or die. Each "expert" made his or her

FIGURE 1

Questionnaire 1

Case no.

Name of Institution:

in:

First and family name of patient: maiden name:

Date of birth: City: District:

Last residence: District:

Unmarr., marr., wid., div.: Relig.: Race^a Natly:

Address of nearest relative:

Regular visits and by whom (address):

Guardian or Care-Giver (name, address):

Cost-bearer: How long in this inst.:

In other Institutions, when and how long:

How long sick: .. From where and when transferred:

Twin ^{YES}/_{NO} Mentally ill blood relatives:

Diagnosis:

Primary symptoms:

Mainly bedridden? ^{YES}/_{NO} .. Very restless? ^{YES}/_{NO} Confined? ^{YES}/_{NO}

Incurable phys. illness: ^{YES}/_{NO} War casualty: ^{YES}/_{NO}

For schizophrenia: Recent case Final stage .. good remission

For retardation: Debility: Imbecile: Idiot:

For epilepsy: Psych. changes Average freq. of attacks

For senile disorders: Very confused Soils self

Therapy (Insulin, Cardiazol, Malaria, Salvarsan, etc.): Lasting effect: ^{YES}/_{NO}

Referred on the basis of §51, §42b Crim. Code, etc. By

Crime: ... Earlier criminal acts:

Type of Occupation: (Most exact description of work and productivity, e.g. Fieldwork, does not do much.—Locksmith's shop, good skilled worker.—No vague answers, such as housework, rather precise: cleaning room, etc. Always indicate also, whether constantly, frequently or only occasionally occupied)

.....

Release expected soon:

Remarks:

Do not mark in this space.

..... Place, Date

.....

(Signature of medical director or his representative)

^aGerman or related blood (German-blooded), Jew, Jewish *Mischling* [half-breed] 1st or 2nd degree, Negro (*Mischling*), Gypsy (*Mischling*), etc.

Part of the questionnaire designed by the Nazi doctors to judge whether a patient should live or be murdered.

decision independently, and passed on the questionnaire to the next. The choice for the experts was effectively only one of two options: a plus sign in red, which meant death; or a dash in blue, which meant life. Occasionally, a psychiatrist would put a question mark in the space provided.

The questionnaires were then sent to a chief expert, who passed the final judgment. At this "higher" level, there was no alternative other than life or

death. In fact, the “senior expert” was not bound by the recommended decisions. From his judgment, there was no appeal. From that point on, it was merely a matter of sending back the decision to the relevant institution, where the final dispensation of the patient was carried out, and, if so ordered, sending him or her to one of the designated “killing centers.”

These centers were supervised by medical personnel, who oversaw the killing, and were responsible for devising the fraudulent death certificates which were sent to the families of those who had been determined to have lives “not worthy to be lived.”

Councils of Experts

Shift now to today, where we are in the first phases of the Nazi euthanasia program (called “reform”) being promoted by the Obama Administration and its behavioral psychologist “experts.” It starts with the dictum that there are insufficient resources to provide medical care for all, especially those at the “end of life,” or not able to be “effectively” rehabilitated. In other words, the Nazi assumption that there are lives “not worthy to be lived.” At least according to the priorities for spending which the Administration has set—i.e., the banks must be saved first.

The second step is for the Administration to set up those “panels of experts” who will determine the criteria for who will get medical care, and who won’t. Already, the so-called Obama stimulus package has created one such panel, the Federal Coordinating Council for Comparative Effectiveness Research. This 15-member council is comprised of highly credentialed “experts,” many of them medical doctors, who are tasked with “coordinating research” on the relative values of treatments. While explicitly claiming that the Council will not directly pronounce judgments on treatments and payments, it is clear that the research that they are supervising is intended to do precisely that.

Particularly ominous is the fact that one of the Council’s members, Dr. Ezekiel Emanuel, is trained in “bioethics,” a discipline dedicated precisely to determining criteria for deciding who should live, and who should die. Crucially significant as well, is that Obama’s head of the Office of Management and Budget, Peter Orszag, has already set out his genocidal judgment that around 30% of current healthcare services and procedures are unnecessary.

The model for their work, as reflected in statements by many of the relevant officials, is the Brit-

ish National Institute for Health and Clinical Excellence (NICE), the Orwellian-named agency which has central control over what medical care will be provided to British subjects within the British National Health Service. As the following article explains, NICE’s directives have systematically denied Britons quality care, on the basis of its being “too expensive,” and have singled out, especially, the elderly, for being undeserving of intensive medical care.

The Comparative Effectiveness Council is clearly only the beginning of the genocide—if this Nazi plan is not stopped cold.

Let’s look at a number of other proposals.

One has been made by former Sen. Tom Daschle, the man whom President Obama wanted to appoint Secretary of Health and Human Services, and special health czar in the White House (his appointment was derailed over tax problems). Daschle’s plan, as laid out in his 2008 book *Critical: What We Can Do About the Health-Care Crisis*, centers around the creation of an all-powerful Federal Health Board, which would be able to act *without political interference*, as the Federal Reserve does in the monetary system.

Daschle’s Federal Health Board would have a board of governors (“clinicians, health benefit managers, economists, researchers, and other respected experts”) which would command a huge staff of analysts that would come up with policy diktats in the areas of health insurance and medical care. The board would determine which treatments are, in its view, “the most clinically valuable and cost effective.” They would promote “quality,” by “using evidence-based guidelines and cutting down on inappropriate care.” In addition, the Board would “align incentives with high-quality care,” an obfuscatory term which means paying doctors to keep costs down, and withholding payments for unapproved (read: “expensive”) procedures.

Daschle calls the Federal Health Board a “standard setter,” but, in fact, it would become the dictator as to who lives, and who dies.

Paralleling Daschle’s proposal is a piece of legislation which was introduced by Sen. Jay Rockefeller (D-W.Va.) on May 20. Rockefeller proposes that the Medicare Payment Advisory Commission (MedPAC, created in 1997), move beyond its current mandate to advise on rates of payment for the 44 million enrollees in Medicare, to set lists of approved treatment standards, and enforce compli-

ance with regulations on health-care delivery and reimbursement. Rockefeller's press release states that he wants MedPAC to be made up of "independent experts," as an "executive agency modelled after the Federal Reserve."

He adds: "We must take Congress out of its current role. . . . It is inefficient and ineffective; we are not health-care experts, and being a deliberative body means that we cannot keep pace with the rapidly transforming health-care marketplace."

Knew or Should Have Known

When the Nazi doctors, and others, were tried for crimes against humanity and genocide at the Nuremberg Tribunal after World War II, many claimed that they only had the most noble intentions; others, that they were only following orders.

In fact, they were wittingly serving as "expert" or bureaucratic cogs in a mass-murder machine, of whose outcome they were fully aware.

While there is no doubt that the degeneration of our culture, in terms of the valuation of life, has proceeded quite a distance over the last decades, thus preparing our population to accept Nazi euthanasia today, the apparatus parallel to that which Hitler set up *can still be stopped*. It must be done now—before the medical and economic "experts" carry out genocide again.

Among the sources for this article were, A Sign for Cain, an Exploration of Human Violence, by Fredric Wertham, M.D.; and The Nazi Doctors, by Robert Jay Lifton.

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LaRouche Repudiates Obama's Fascist Sophistries on Health Care

by Nancy Spannaus

July 17—Since his return from Europe approximately two weeks ago, President Barack Obama has conducted a non-stop campaign, in his unique Nero-like fashion, to demand that the U.S. Congress ram through his Hitler health program immediately—or else. There is no alternative to my plan, the President rants, for those who are suffering from lack of medical care, or high-cost medical care. "We're going to get this done!" he decrees.

As on so many other issues, the nutty President is lying—on behalf of his British masters.

Lyndon LaRouche has not only repudiated the President's fascist sophistries, but he has put forward, in precise detail, the measures which can and must be taken in order to solve what is real about the health care crisis. The essential elements of the LaRouche Plan are three:

1. Abolish the Health Maintenance Organization (HMO) system;
2. Revive the principles and implementation of the 1946 Hill-Burton Act;
3. Implement the Single-Payer plan (Medicare

for all), as the key means of financing adequate health care for all.

By taking these measures, in the context of the necessary bankruptcy reorganization and return to Hamiltonian national banking, which is needed to restore the physical economy as a whole, the real problems of the U.S. health care system are actually addressed.

First, abolishing HMOs eliminates from the medical system, the Nazi premise that health care can be made a profitable enterprise by measuring the value of human lives in dollars and cents. This corrosion of our system, which began under President Richard Nixon in 1973, and now encompasses, in its various forms of managed care—the majority of those with health care coverage in the United States—has led to millions of people being deprived of medical care, if not sent to their deaths, by an army of accountants, and the bankers they work for, who fundamentally believe, as Hitler did, that there are lives "not worthy to be lived."

As LaRouche put forward in draft legislation



White House/Pete Souza

President Obama's Nazi health plan is running into opposition, both on Main Street and on Capitol Hill. The White House is not happy, as can be seen in this photo of the President, in the Oval Office June 16, with his chief of staff Rahm Emanuel (right) and press secretary Robert Gibbs.

back in 2000, HMOs should be not only shunned, but *banned* for leading to crimes against humanity for which the Nazis were tried at Nuremberg. (See box, p.11.)

Second, the revival of Hill-Burton, the 1946 "Hospital Survey and Construction Act," will put on the agenda government funding of the hospitals and public-health centers which are urgently required in order to provide adequate health care to all. It is a cruel hoax, if not a crime, to talk about expanding health care in the context of the shrinking number of hospital beds and medical facilities, which has been proceeding at an accelerating pace over the past 35 years. Instead, the Federal government should be extending the credit necessary to build new, modern facilities that will make medical care available to the entire population.

The third element of LaRouche's approach, the adoption of the Single-Payer plan being proposed by Rep. John Conyers (D-Mich.) and his allies, is a crucial means for wiping out the criminal and wasteful layers of administrative bureaucracy, which have been built up to both increase profit and deny care. The Medicare model, which Conyers uses, for example, has administrative costs of 3%, rather than anywhere from 15 to 35% under HMOs, and other private insurance plans. A Medicare-style plan thus frees up hundreds of billions of dollars, which are now being spent for insurance compa-

nies, not health care. Hospitals, physicians, and others in the medical-care delivery system can, under the new Medicare-for-all system, be provided full payment for their services, instead of consistently cheated and underpaid, as in recent years. In fact, private insurance should not be permitted to be involved in the Medicare system—although it could be available as an option for separate, supplemental coverage, for those who want it.

Among the immediate savings of the LaRouche Plan would be reducing the cost of pharmaceuticals, by a crackdown on the role of speculation in pushing up their prices.

There is no rational argument that can be made against LaRouche's proposals. They provide health care and funding sources—whereas the Obama plan provides neither. What Obama's does, instead, is to provide a British-Nazi-style apparatus to *kill* people, as part of a British imperial drive to utterly destroy the only threat to their world domination, the republic of the United States. And *that* must be stopped.

The Hitler Health Model

What has to get through the heads of the American people, on the health-care and other issues, is that the President is trying to push through a *fascist* program, which is a mortal threat to them and to the world as a whole. This fact could not be clearer than it is in the Obama health plan.

The model for the Obama Plan is, quite literally, Hitler's T4 program, which took its name from its Berlin office, Tiergarten 4. This program began in October 1939, immediately after Adolf Hitler issued his infamous secret order, in his own handwriting, under the title "The Destruction of Lives Unworthy of Life." That order read:

"Reichsleiter Bouhler and Dr. Brandt are charged with the responsibility for expanding the authority of physicians, to be designated by name, to the end that patients considered incurable, according to the best available human judgment of their state of health, can be accorded a mercy death."

The T4 program operated through the circula-

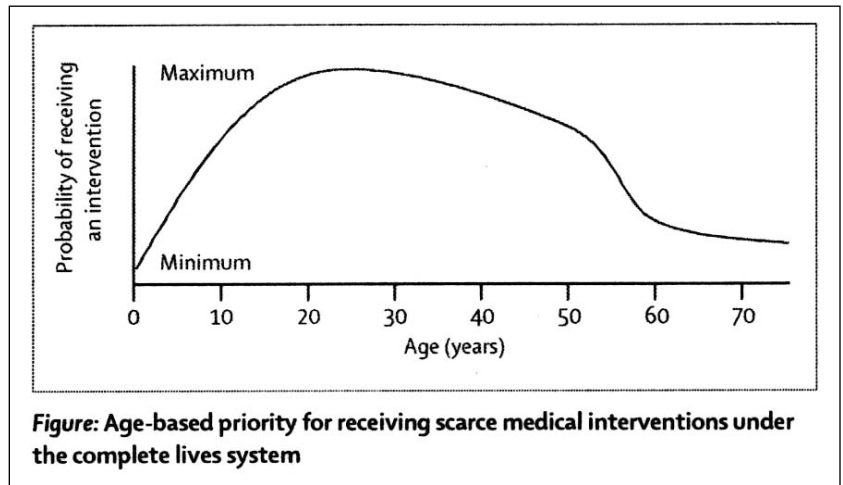
tion of information on patients, obtained through questionnaires, and their evaluation by teams of psychiatric “experts,” who indicated their opinion about whether the patient (whom they had never seen, much less examined, and whose medical history they were unfamiliar with) were to live or die. These panels of experts then submitted their evaluations to a chief expert, who passed the final judgment, which was unappealable. Those to be denied treatment (i.e., were to die) were then sent to killing centers, where their extermination was overseen by medical personnel, and fraudulent death certificates were sent out to their families.

Hundreds of thousands of the young, mentally and chronically ill, and the elderly were killed—before the mass extermination of the Jews even began.

It is obvious that the Obama program operates from the same premises as that of Hitler’s. First, according to Obama and his henchmen like Office of Management and Budget chief Peter Orszag and his health advisor Ezekiel Emanuel, there are some (many) lives that we “can’t afford,” i.e., are unworthy to be lived. Second, we can rely on “experts” to determine who these people are, and send them to their deaths. But we can’t afford to let people know precisely what we’re doing, or have institutions such as the Congress interfere to save the lives we’ve determined to end. We have to *lie* about the cause of their death.

Therefore, from the start, the formulators of Obama’s “health” program have insisted on the establishment of a professional “board of experts,” which would make the decisions on medical payments—i.e., who would live and who would die. While stressing, without end, that the core of the “health reform” was to *cut costs*, particularly from programs from the poor and elderly, such as Medicare and Medicaid, the Administration realized that this could only be guaranteed to happen, with the same measures that Hitler used, measures that, not coincidentally, are also at the core of the British health-rationing board, called NICE (National Institute for Health and Clinical Excellence).

But the challenge for the Administration remained: How to get the Congress, which was being



This figure, from a Jan. 31, 2009 article in the British Lancet, written by Dr. Ezekiel Emanuel et al., titled, “Principles for allocation of scarce medical interventions,” identifies those, by age, whose lives are worthy to be saved, and those who should be denied medical treatment.

educated and shocked by the revelations put out by LaRouche and his associates about how Obama’s plan was “Hitler health,” to pass such a Hitler-like measure.

Obama Demands T4 program

In fact, when Obama returned from his recent foreign trip, he found that Congress was not going to comply. Bills had been drafted in the Senate and the House which paid lip service to his cost-cutting mantra, including the alleged substitution of “quality for quantity” and other such sophistries. But neither the Kennedy-Dodd bill, which was going through the Senate Health, Education, Labor and Pensions Committee, nor the House bill, which was drafted in collaboration among the Energy and Commerce, Ways and Means, and Education and Labor committees, included the required “stick” to dictate cuts: the panel of experts free of Congressional control.

If the President were going to get his Hitler health program through, he was going to have to do more than wield his fascist thuggery behind the bill. He would have to change the bill itself.

Thus, just after midnight, on July 16, the White House forced the three House committees managing the health-care legislation to rewrite the bills, to incorporate the Emanuel-Orszag T4 board into the legislation. Introduced as a “manager’s amendment,” the relevant section, according to *Politico*, which saw a draft, calls for the creation of an Independent Medicare Advisory Council, which would

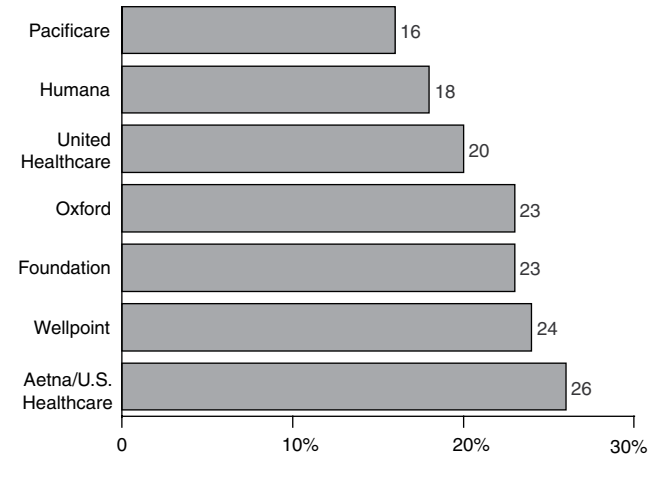
be under Obama’s direct control. A five-member council would be appointed by the President, with the consent of the Senate, for terms of five years. The Council would be authorized to make broad recommendations for reforms in Medicare, but its chief role would be to help set payment rates. It would send recommendations to the President twice a year on reimbursement rates. Within 30 days, the President would be required to send a message to Congress reflecting his approval or disapproval, at which point Congress would have 30 days to overrule them—or they would go into effect.

This, in fact, follows the model of the Base Realignment and Closure (BRAC) Commission, as demanded by Sen. John D. Rockefeller’s (D-W.V.) S. 1111. But, in fact, Obama’s Council is less independent, as its rulings first go to the President, who also appoints the board. The President is apparently determined, like Hitler (or Nero), to take “personal responsibility” for decisions which will lead to mass death.

Since his in-the-dead-of-night action on July 16, the President has been, if anything, even more active in pursuit of this goal. He and his henchmen, like Chief of Staff Rahm Emanuel, were successful in getting the Ways and Means Committee to pass its re-vamped bill out onto the House floor. This was despite the fact that Rep. Sam Johnson (R-Tex.) had the nerve to break decorum and denounce the President as a “fascist dictator,” for his actions—the first public figure, other than LaRouche, to have the guts to do so.

The bill still has to go through the Education and Labor and Energy and Commerce committees, where it is facing continuing resistance, including among some Democrats. In addition, there is the problem of the Senate, where Max Baucus (D-Mont.), who has been working intimately with Orszag, top economic advisor Larry Summers, and the President, on the Nazi health-cut plan,

FIGURE 1
HMO Overhead and Profits
 (Overhead and Profit as Percent of Premiums)



Source: Corporate Research Group, *Outlook for Managed Care*, 1997.

has been unable to get a bill formulated, in the face of opposition. Baucus, chair of the Senate Finance Committee, is responsible for formulating the financial aspects of the health “reform,” which the Kennedy-Dodd bill, which has already passed through committee, does not touch.

Get Rid of the Nazism

Meanwhile, Obama continues to issue diktats on how his health plan must be passed. He did it at the NAACP Convention July 16, and again, on July 17, in a press conference with New Jersey Gov. Jon Corzine (D), who is campaigning for reelection.

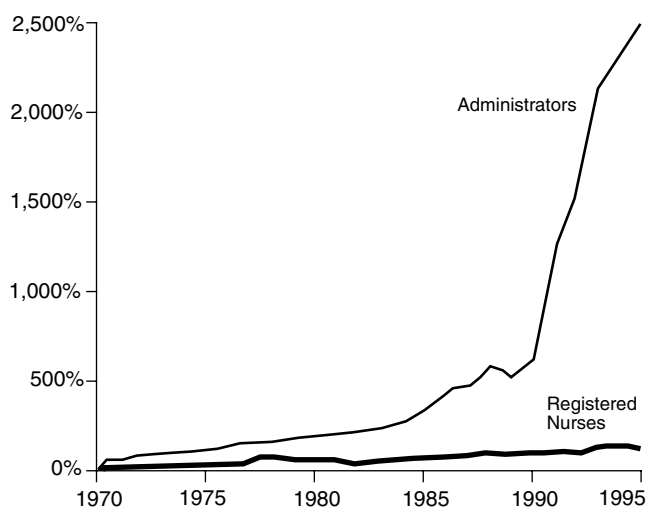
But our modern-day Nero wouldn’t leave it at that. He then called a press conference to specifically address his drive to ram through the Hitler program. After a sophisticated spiel about how the bill will allegedly help people, and the need to make it “deficit neutral,” Obama let out what’s really on his mind:



Obama’s health-care “reform” plan, whose purpose is to slash costs on behalf of the financial oligarchy, is identical in intent to that of the Nazis. Shown, a sample of pre-Nazi German propaganda: “Look who you’re carrying. One person with birth defects over 60 years old costs an average of 50,000 Reichsmarks.”

FIGURE 2
Growth of Registered Nurses and Administrators, 1970-96

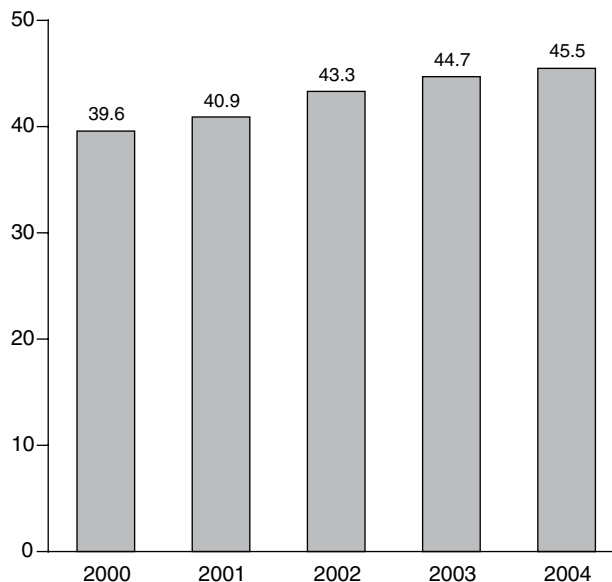
(Percent Growth Since 1970)



Source: Bureau of Labor Statistics and Himmelstein/Woolhandler/Lewontin Analysis of CPS data.

FIGURE 3
Number of Non Elderly Uninsured Americans, 2000-04

(Uninsured in Millions)



Source: Kaiser Commission on Medicaid and the Uninsured; Holahan and Cook, "Changes in Economic Conditions and Health Insurance Coverage, 2000-2004," Health Affairs Web Exclusive, Nov. 1, 2005.

establishing a board with the power to cut Medicare and Medicaid costs, which he considers the major long-range "problem." We quote:

"The bill I sign will also include my commitment and the commitment of Congress to slow the growth of health-care costs over the long run.

"This is a separate issue. And I just want to be clear. There's an issue of how do we pay for health-care reform immediately, in a way that's deficit neutral, but how do we also bend the cost curve so that we're not seeing huge health-care [cost] inflation over the long-term that would not only make any health-care reform package more expensive, 15, 20 years out, but would also make sure that people who have nothing to do with the government programs like Medicare and Medicaid—how do we make sure that their costs are under control as well?

"I realize there's going to be a lot of debate and disagreement on how best to achieve these long-term savings. Our proposal would change incentives so that providers will give patients the best care, not just the most expensive care, which will mean big savings over time.

"This is what we mean when we say that we need delivery system reform. I've proposed to Congress, and I am actually confident that they may adopt these proposals, that independent—an independent

group of doctors and medical experts will oversee long-term cost-savings measures.

"Every year, there's a new report that details how much waste and inefficiency there is in Medicare, how best practices are not always used, and how many billions of dollars could be saved.

"Unfortunately, this report ends up sitting on a shelf. And what we want to do is *force the Congress* to make sure that they are acting on these recommendations to bend the cost curve each and every year, so that we're constantly adjusting and making changes that will reduce costs for families and for taxpayers. We need an independent group that is empowered to make these changes, and that's something that we've proposed.

"I'm confident that if we work with the foremost experts in the field, we can find a way to eliminate waste, slow the growth of health-care costs, and provide families more security in the long term" (emphases added).

Call His Bluff

Obama's Nazi policies are now more obvious than ever. The question is, will the American people act to stop them?

In effect, Obama is daring them to do so. As he said in his July 17 appearance with Corzine: "Now is when we've got to get over the finish line. This is when you start hearing the same criticism, the same scare tactics that have held us back in the past. And if you do hear these critics, I want you to ask them a question I always ask: What's your plan? What's your alternative?"

Tell them you know precisely what the alternative is. It is the obliteration of every aspect of the Obama reform, in favor of a health-care system based upon American System principles of providing for the life, liberty, and pursuit of happiness of every citizen. The system, as outlined by Lyndon LaRouche, is what must be on the table. And if Obama doesn't like it, he's the one who should get out of the way.

Proposed Act: 'The Right to High-Quality Health Care'

This proposed bill originally appeared in EIR, May 5, 2000, and in a mass-circulation pamphlet entitled, "Ban the HMOs Now! Before They Get You and Yours," issued by LaRouche's Committee for a New Bretton Woods, May 2000.

Declaration of Purpose

The purpose of this legislation is: a) to affirmatively establish the right of every person to the highest quality health care available; b) to abolish Health Maintenance Organizations (HMOs), Managed Care Organizations, and the practice of managed care by health insurers; and c) to re-assert the principles of the Hill-Burton Act (42 U.S.C. Section 291 et seq.) as the primary policy governing U.S. health policy.

This Act is necessitated by the immediate crisis in the health conditions in the United States, where millions of citizens are denied access to necessary health-care services due to the financial practices of Health Maintenance Organizations, Managed Care Organizations, the practice of managed care by health insurers, and the lack of adequate medical facilities in many communities in the country. This has created a health-care emergency in the United States.

Under the Preamble to the United States Constitution, the Federal Government is required to "promote the general welfare," thus necessitating immediate action by the Federal Government to address this health-care emergency.

The lack of access to adequate health care, and the practices of the Health Maintenance Organizations and Managed Care Organizations, are in violation of Article 25 of the Universal Declaration of Human Rights of the United Na-

tions, and Article 12 of the International Covenant on Economic, Social, and Cultural Rights, which establish the universal right to adequate health care, and require governments to take steps to assure access to quality medical care. The United States is a signatory to these declarations and covenants.

The practice of denying needed medical treatment to certain persons in order to cause their death, was prosecuted as a crime against humanity by the United States in the post-World War II Nuremberg Tribunals.

Section 1

A. It is hereby established and affirmed that every person has a right to the highest quality health care available.

B. Any practices by health insurers, that deny any person the right to the highest quality health care available, for financial, or any other reasons, are hereby prohibited.

Section 2

A. 42 U.S.C. Section 300e, et seq., providing for the establishment and operation of Health Maintenance Organizations, is hereby repealed.

B. It shall be unlawful to operate a Health Maintenance Organization, Managed Care Organization, or any health insurance program that practices managed care, or seeks to control costs by limiting necessary health care services provided to patients.

Section 3

A. It is hereby re-affirmed that the provisions of the Hill-Burton Act, 42 U.S.C. 291 et seq., are the governing principles for U.S. health care policy.

Wennberg Lies Behind Attack on McAllen Doctors

by Tony Papert

June 26—On June 1, *New Yorker* magazine writer Atul Gawande penned a vicious attack against the physicians of McAllen, Tex., who serve what is actually both the poorest community in the United States, and the one with the fewest doctors per capita. Basing himself solely on deceptive statistics (see below) which seem to show that Medicare spends twice as much on McAllen patients as on those in nearby El Paso County (\$12,000 compared to \$6,000 per year), Gawande labelled McAllen’s physicians as crooks ripping off the taxpayer.

“Physicians in places like McAllen behave differently from others,” Gawande wrote. What’s the difference? “Compared with patients in El Paso and nationwide, patients in McAllen got more of pretty much everything—more diagnostic testing, more hospital treatment, more surgery, more home care.” Why do they get more treatment? Because they need it? No—Gawande knows better than that! “The primary cause of McAllen’s extreme costs was, very simply, the across-the-board overuse of medicine.” And why the overuse? Thieving doctors! “So here, along the banks of the Rio Grande, in the Square Dance Capital of the World, a medical community came to treat patients the way subprime-mortgage lenders treated home buyers: as profit centers.”

Nothing was original in Gawande’s article: rather, everything came from Dr. Jack Wennberg of the Dartmouth Atlas, the demonic 73-year-old physician-ideologue who has spent more than half his lifetime working to tear down the American medical system, and deny care to the sick—using, among other means to do this, the well-funded, bogus statistical studies on which author Atul Gawande relied for his inflammatory article.

Just one week later, the *New York Times* reported that Obama had given the article to a big group of U.S. Senators, and made it required reading in the White House. Once again, one of Wennberg’s perverse studies had given Obama and his staff a justification, now during an influenza pandemic, to cut back on medical care and medical infrastructure, in pursuit of the British monarchy’s policy of drastic population reduction. The same Jack Wennberg had earlier been the source of Budget Director Peter Orszag’s repeated statement that medical payments

can be cut 30% with no effect on health, and of Obama’s statement to the AMA on June 16, that more medical treatment could cause worse health, rather than better.

Wennberg Refuted

Leading health services statistical researcher Daniel Gilden refuted Gawande and Wennberg in a posting entitled: “McAllen: A Tale of Three Counties,” dated June 25.

After showing that socio-economic and other factors Wennberg ignored served to slant the comparison, Gilden moves to a comparison of rates of eight common chronic diseases between McAllen and El Paso, ranging from diabetes to Parkinson’s. The rates for every one are far higher for McAllen, ranging to over twice those in El Paso.

When Gilden simply separates out the cost of caring for those Medicare patients who were *not* diagnosed either with diabetes, or with heart disease, during the year in question, the comparison becomes \$3,147 per year for McAllen, versus \$2,564 for El Paso—quite different for the original two-to-one ratio.

Gilden notes that combinations of two chronic diseases such as diabetes and heart disease, may be unusually difficult to treat. Fifty-five percent of McAllen’s Medicare population had two or more diseases of the eight total, compared to 37% in El Paso. When patients’ various combinations of diseases were transformed into a “risk factor” from one to nine, costs for treating those patients who shared any given risk factor, were nearly the same in both locations.

“Patients with chronic disease,” Gilden writes, “especially those with multiple conditions, are extremely costly to treat. Cost savings will not be realized by denouncing and penalizing medical systems because they treat patient populations with high rates of disease.”

Why then, the “denouncing and penalizing”? Gilden gives no answer, but the motive is the same as that for Hitler’s T-4 so-called euthanasia program of September 1939, entitled by him, “The Destruction of Lives Unworthy of Being Lived.”¹

1. For an in-depth analysis and exposé of the Wennberg Dartmouth Atlas Hoax, see the two-part *EIR* series, by Ned Rosinsky, M.D., July 31 and Sept. 11, 2009.

Is the Democratic Party Already Dead?

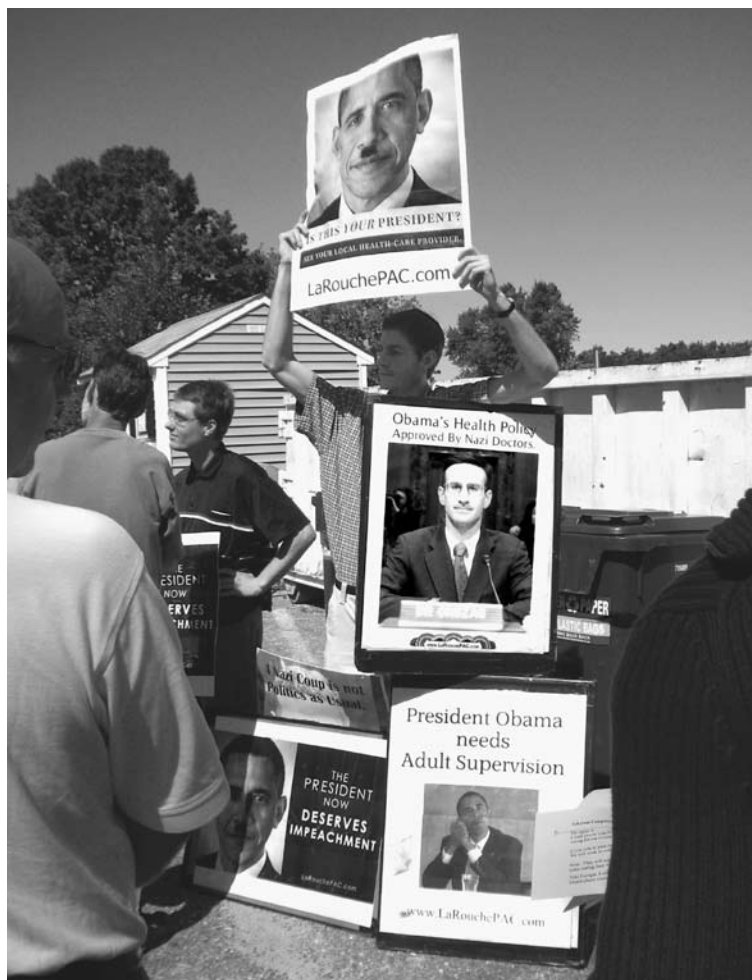
by Lyndon H. LaRouche, Jr.

The LaRouche Political Action Committee released this statement for the widest possible circulation.

Aug. 27—Already, clearly more than half of the legally adult citizenry of the United States has bitterly rejected both the Obama Presidency’s policies and those of most of the members of the U.S. Congress. The Democratic Party is virtually finished, if the Party does not change its policy to one of opposition to both the hated, thieving bail-out, and cancel all support for that health-care policy of President Obama which is an exact copy, in explicit content, of the 1939-1942 health-care policies of dictator Adolf Hitler personally, health-care policies of Hitler which were introduced to British law’s NICE policy of the liar, Tony Blair. This is that same, evil Tony Blair, who orchestrated the U.S. plunge into the recent Iraq War, and is now part of the process of plunging the U.S. into an even worse catastrophe now rapidly escalating in Afghanistan.

My policy, which I intend shall be reported everywhere, is the following.

1. Since President Obama was elected, we can not simply dump him, unless he must be impeached, an outcome which we should not desire at this time. We must keep him in place, and protect him from the clear and present threat of an assassination-attack from British or related sources angered by fear that President Obama’s present, London-dictated U.S. policies must be terminated. We must seek to avoid that impeachment, which we can do if the deeply emotionally troubled President himself will agree to



EIRNS/Carolyn Shannon

Because President Obama was elected, we can not simply dump him, unless he must be impeached, an outcome which we should not desire at this time. Instead, he must be placed under “adult supervision.” Here, LaRouche PAC organizers hold their banner high, at a town hall meeting in New York, Aug. 9.

cooperate with worthy advisors in what I propose will amount to a reasonable degree of “adult supervision” for the purpose of protecting him against his own, already manifested, so far characteristic impulsive expres-

sion of greatly impaired judgment while in office.

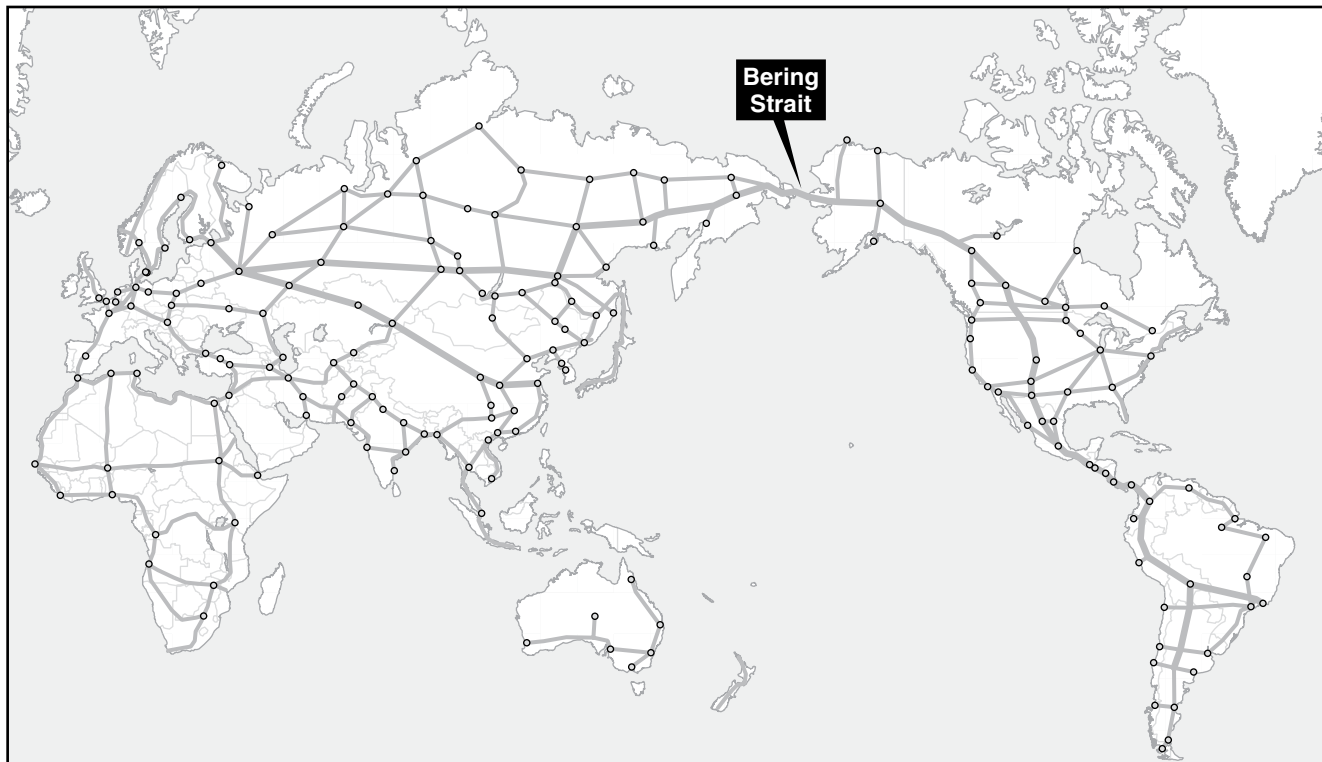
To this effect, we have many suitable officials in key positions within the U.S. Presidency today, provided we eliminate those associated with the architects of his explicitly Nazi-copied health-care program, and with the behaviorist cult circles generally. We also have available some suitable expert advisors of the Presidency on matters of dealing with the presently onrushing general breakdown-crisis of the U.S. and other national economies of the planet now.

2. We must, at the same time, push through the combination, in effect, of the original Pecora commission as originally empowered, and apply the explicit authority of the original intention of our Federal Constitution; to establish national banking as the notion is associated with the memory of Alexander Hamilton; and, cancel the authority of the corrupt and almost certainly hopelessly bankrupt Federal Reserve System, that we might return, as a nation, to those explicit terms of our Federal

Constitution which establish our system as that of a credit system, rather than the alien model of a monetary system.

3. To effect a recovery, certain steps must be taken immediately, before the close of the present U.S. fiscal year, to negotiate what is fairly estimated as an available four-power agreement among the U.S.A., Russia, China, India, and other nations willing to participate now, to establish an international fixed-exchange-rate credit system as a total replacement for a terminated, hopelessly bankrupted, presently existent monetary system
4. Through suitable actions in bankruptcy, we must undo the "bail-out" arrangements which have been chiefly responsible for those effects which have brought a majority of our citizens to hate their present Federal government. Otherwise, if that is not done, and done promptly, not only the U.S.A., but every nation on the planet is now on the verge of disintegrating in an unwinding which will be underway no later than the concluding several months of the calendar year 2009.

The Eurasian Land-Bridge: Proposed Links to a Worldwide Rail Network



With the four-power agreement, the Eurasian Land-Bridge can spur worldwide recovery.