

LaRouche: Obama Has Revived Hitler's Genocide Program

by John Hoefle

May 15—In October 1939, Nazi Leader Adolf Hitler issued an order, written in his own hand, ordering the extermination of those who were considered “unworthy of life.” The order, entitled “The Destruction of Lives Unworthy of Life,” stated that patients “considered incurable according to the best available human judgment of their state of health, be accorded a mercy death.”

Hitler's murder spree started with the mentally ill, the terminally ill, invalids, and the disabled, and eventually spread to millions of Jews, Gypsies, and other “undesirables”—worked to death or exterminated in concentration camps.

This monstrous program was initially sold as an economic measure: “The economic burden represented by people suffering from hereditary diseases is a danger for the State and society,” Nazi Dr. Gerhard Wagner said at the Nazi party congress in 1934. The Nazis required all state institutions to report on patients who were chronically ill, and used those reports as the basis to decide which patients should be killed.

Today, the Obama Administration is beginning to descend down that same road, promising to make the “tough choices” to cut entitlement programs such as Medicare and Social Security to save money—at precisely the time in which an increasing number of Americans are forced to depend on them as the economy slides deeper into Depression. Obama is willing to spend trillions of dollars to bail out the financial mar-

kets, and pay for it by slashing programs which keep ordinary Americans alive.

Think we're exaggerating? Take the case of a paper entitled “What Are the Potential Cost Savings from Legalizing Physician-Assisted Suicide?” It sounds like something that might have been written by Jeremy Bentham, or Aldous Huxley, or maybe Nazi doctor Karl Brandt, but it was actually co-authored in 1998 by “bio-ethicist” Ezekiel Emanuel, brother of White House Chief of Staff Rahm Emanuel, a leading advisor to Obama's budget director Peter Orszag, and a member of the 15-person Federal Coordinating Council on Comparative Effectiveness Research, the group which has been designated to prepare the list of which medical procedures will henceforth be permitted, and which will not. Emanuel's co-author, Margaret Battin, has written other papers promoting suicide and selective refusal of medical treatment. The pair are really just echoing Karl Brandt's defense of euthanasia at Nuremberg: “Death can mean deliverance. Death is life—just as much as birth. It was never meant to be murder.” But it was.

“The Hitler program has been revived by the Obama Administration,” warned Lyndon LaRouche. “This is straight Nazi stuff. It's not a quibble; it's not an interpretation. This is a direct copy of the philosophy of the Nazis. You cannot duck that issue. This is Nazi stuff, and it's explicit. We know all this stuff from Hermann Göring and so forth in the 1920s, and after that with

their international connections, like certain Wall Street firms. We have been warned, and we act accordingly. People who condone this are criminals, because they either knew, or should have known, what they are doing. *They either knew, or should have known.*"

"This is mass murder," LaRouche said. "Obama has adopted Hitler's program. There is no reason to hold one's tongue. When the President of the United States has adopted Hitler's program, that's the time to unleash. This is exactly what I warned about on April 11th in my webcast. Obama has a Nero complex. Obama is the new Nero. This is exactly what is happening. This is Hitler's policy now being echoed by Obama. Let's not allow any compromise. You have to attack this directly. He has adopted Hitler's genocidal health policy."

Outlaw the HMOs

One instrumentality of this Nazi policy is the health insurance sector, led by the pharmaceutical companies and the Health Maintenance Organization companies. HMOs, which were started during the Nixon Administration, are the health-care equivalent of an Enron, a vehicle inserting a financial middleman between doctor and patient, for the purposes of jacking up the costs while reducing the quality of health-care delivered. The main role of the HMO sector is to break the control of doctors over health care, and transfer control to corporate cartels.

HMOs make their profits by siphoning off some of the cash flow intended for treatment of patients, and thus reducing the amount of money available for health care. The more they cut the care, the more left for them. But the money is only part of it. The real goal of this health system is to increase the death rate by depriving citizens of proper health care measures. Ultimately, the HMOs are part of the Anglo-Dutch financial empire's genocide machine.

The first step in restoring proper health care in this nation is to repeal the law which allowed HMOs to be created. Only after that, can the solutions be implemented. "Don't accept any discussion or dialogue on Social Security and such issues," LaRouche advised. "First we have to reduce the costly mismanagement of health care by these insurance companies, by eliminating the HMOs. This will eliminate the biggest factor of waste in the health care system. The HMOs just took over and replaced Hill-Burton. There's no way of compromising on that; you have to be absolutely ruthless. The HMO is a parasite; there's no question about it. This

is all criminal, and we have to deal with it as a crime.

"Either we get these guys out *now*, or there's no chance: mass death occurs," LaRouche continued. "That's what happened with Hitler. There were Jewish communities that also said: 'Look, don't fight it; it will go away.' It's the same thing today."

That view also applies to the menagerie of fascist "behavioral economists" surrounding Obama, LaRouche said. "These guys have to go. Because either these guys are going to go, or the President is going to go. And the President has to think through that choice, because the American people are not going to put up with this crap. These guys are going to find that the American people are going to say to the President: 'You get rid of these guys, or we get rid of you.'"

Imperial Fascism

This open push for Nazi-style fascism should not be a surprise, since the Nazis and the other fascist movements of the 1920s and 1930s were created by the financiers of the Anglo-Dutch Liberal empire for the express purpose of breaking the power of the nation-states, and taking the world back to a modernized variation of medieval feudalism. Though the fascist movements suffered defeat in World War II (thanks largely to FDR and America's industrial might), the financier interests behind Hitler and Mussolini remain, and, as the current bailout travesty shows, they still hold enormous power.

Under Obama, just as under Bush, the government is spending huge amounts of money to try to save the values of the fictitious assets which dominate the global financial system. So far, some \$13 trillion has been given, lent, promised, or guaranteed, in what has been repeatedly shown to be an open-ended process. Despite the Federal government's budget deficit, the money keeps on flowing, ever faster.

When it comes to the welfare of the population, however, the tune changes dramatically, to "cut, cut, cut." We're going to have to slash Social Security, slash Medicare, slash all sorts of other spending to bring our budget under control, we are told. Money for the bailout, money for the wars, but nothing for the people—who *are* the nation.

This is pure fascism. We are headed down the road to Hell, led by a Pied Piper of a President who, whatever he may think, will destroy us all unless we force him to change course.

johnhoeft@larouchepub.com

End HMOs and Rebuild the Hill-Burton Hospital System

by Marcia Merry Baker

May 16—If a nation in the midst of an economic crisis, with unmet medical needs, decided to reduce spending on health care, decrease the number of hospitals, and cut treatment, what would you think about its government's intention? Premeditated murder?

That is precisely what the Republican Nixon Administration did in 1973, with the support of Democrats, when it initiated the “health maintenance organizations” program—a for-profit, cost-cutting medical intervention, as a foot-in-the-door to replace the existing, workable U.S. public-health and hospital system. Over the next decades, the HMO system has had its intended outcome: undermining U.S. medical infrastructure to the point of today's health-care crisis.

Now the Obama Administration, with its Nazi-doctor health-care “reform” campaign, intends to do more of the same. This plan must be stopped dead, before it begins to kill. We must ban and terminate HMOs of all forms. The HMO system was imposed on U.S. health care; it can be removed from U.S. health care.

The U.S. health-care system is now entering a state of public-health emergency, as measured in physical-economic terms of falling ratios of care-delivery capacity per capita. It is far below requirements of beds-per-thousand, medics-per-100,000, and equipment availability. Public hospitals are closing or downsizing at crisis rates. The logistics are no longer in place to handle even a “normal” flu season, let alone a pandemic.

This medical infrastructure crisis is the result of allowing 28 years of “managed care” looting of the health-care system, and implementing the collapse of the ratios of infrastructure that had been built up over the 1946-1970s period under the Hill-Burton Act. Hill-Burton, the 1946 Hospital Survey and Construction Act (named for its sponsors Sens. Lister Hill [D-Ala.] and Harold Burton [R-Ohio]) was committed to mandate and fund hospital-centered care logistics for all citizens.

In 1973, the HMO-enabling act against the Hill-Burton system was signed into law by President Richard Nixon, as the Health Maintenance Organization and Resources Development Act. This Federal policy shift allowed private financial interests to interpose themselves between citizens and their providers of health care. In the guise of being care “managers,” these financial interests could profiteer by delimiting the care patients received and the amount of compensation given to hospitals, doctors, and others. In this way, the private financial interests presided over the takedown of infrastructure.

In 1993, when the Hillary Clinton White House health-insurance initiative merely threatened to rein in their looting, it was smashed. Over the ensuing years, even Medicare and Medicaid were opened up for “managed” care rake-offs.

Today, the looters are inside the White House, in the persons of Larry Summers, Peter Orszag, Dr. Ezekiel Emanuel, Nancy-Ann DeParle, and others (see accompanying article). There, they are dictating how to continue the HMO looting rights, even to the point of death, under the banner of “saving money” by health-care “reform.” Citizens are receiving Hitler-era “reasons” for why they must accept drastic medical cutbacks, sickness, and death. For example, you must forego what is called “wasteful, excessive treatment,” during your end-of-life months.

President Obama has proclaimed this Nazi medicine/health “reform” his top goal. Congress, so far, is acting in lockstep, under the direction of Sens. Max Baucus (D-Mont.), and Charles Grassley (R-Iowa), to whip up comprehensive reform legislation by this June.

Lyndon LaRouche has repeatedly led the charge against the HMO wreckers, and in support of an updated Hill-Burton approach. In 1992, the Democrats for Economic Recovery/LaRouche in '92 committee issued a



EIRNS/Steve Carr

Hill-Burton built up the U.S. hospital system from 1946-73. Then the HMO profiteers began shutting it down. This closed hospital is in Oshkosh, Wisconsin.

25-page pamphlet, “Solving the Health Care Crisis,” against the HMOs. In 1996, LaRouche led a campaign under the banner, “‘Managed Health Care’ Is a Crime Against Humanity.” In 2000, LaRouche’s political action committee issued a national 16-page dossier titled, “Ban the HMOs Now! Before They Get You and Yours,” providing draft legislation to revoke the HMO enabling acts. Now it is a matter of life and death for the nation.

Hill-Burton Infrastructure Build-Up

Near the end of World War II, on Feb. 26, 1945, Sen. Lister Hill told the Senate, that there must be a “long-range, scientifically planned health program . . . to the end that scientific health care is readily available to all our people. . . .” The prerequisites, he said, include “adequate hospital and public health facilities.” Part of Hill’s concern was “the shocking fact that nearly 40% of our young men of draft age were found to be physically unfit for military duty.”

On Aug. 13, 1946, Law 725, known as the “Hill-Burton Act,” went into effect, as an amendment to the existing Public Health Service Act. Only nine pages long, the Hill-Burton Act mandated Federal and local cooperation and funding, to achieve the goal of having a community hospital in every county, and to guarantee hospital and related care to all citizens. In rural areas, the mandate was a ratio of 5.5 beds per 1,000 (sparsely

settled regions require redundancy); and in urban areas, the ratio was set at 4.5 beds per 1,000. During the initial years, 1946-50, 600 new general hospitals opened, with an average of 40 hospitals added per year through the mid-1960s.

At the same time that this hospital construction boom was providing many of the 3,089 U.S. counties with their first hospital ever, various public-health services and applied medical R&D programs were expanded. Polio and TB were all but eliminated, and other diseases were reduced. By the mid-1970s, the Hill-Burton goal of 4.5 beds per 1,000 was nearly reached as the national average. Amendments to the Hill-Burton Act in 1954 authorized funds for chronic care facilities, and, in 1965, the Medicare and Medicaid health insurance programs were begun.

‘Managed Care’ Imposed

Then came the shift. In February 1971, President Nixon called for establishing health maintenance organizations, following a “cost containment” script provided by international financial circles which, in the same period, succeeded in imposing a series of globalization-serving measures. These included deregulation of utilities, privatization of traditional government functions, and international floating exchange rates—all intended to undermine national economies, while yielding loot for the financial circles.

An excerpt from the secret Nixon White House tapes reveals how the President was briefed in 1971 by Presidential counsel John D. Ehrlichman, to back “these health maintenance organizations like Edgar Kaiser’s Permanente thing.” Ehrlichman said, “Edgar Kaiser is running his Permanente deal for profit. And the reason that he can . . . do it, I had Edgar Kaiser come in to talk to me about this, and I went into it in some depth. All the incentives are toward less medical care, because . . . the less care they give them, the more money they make . . . the incentives run the right way.”

On Dec. 29, 1973, the new law allowing pilot-project HMOs went into effect. Democratic Sen. Ted Kennedy led the bipartisan support.

Over the next 20 years, more laws and court decisions furthered the spread of “managed care.” The 1973 act gave a grant of \$375 million for pilot HMOs, under the nominal excuse of “cost containment.” In 1975, this funding was expanded, overriding President Ford’s veto, and it continued until 1981. In 1976 and 1978,

Congress gave HMOs more freedom of operation, including leeway to refuse to pay for certain treatments.

HMO enrollment grew steadily, using the inducement of lower premium rates. In 1978, there were 168 HMOs in operation, with 6 million enrolled. By 1990, there were 652 HMO plans, covering 34.7 million people; in 1996, 60 million. Today, an estimated 154 million people are enrolled in managed care; of these, 109.7 million are in PPOs (preferred provider organizations) and 44.3 million in HMOs.

Corporate Health Control—and Profits

The 50 largest HMO companies control 60% of the managed health-care market. The top five of these, according to *Fortune*, for 2009, are UnitedHealthGroup (\$81 billion in revenue); Wellpoint (\$61 billion); Aetna (\$31 billion); Humana (\$29 billion); and Cigna (\$19 billion). Behind these companies stand echelons of the very same financial institutions now stealing tax money through the TARP and other bailout swindles.

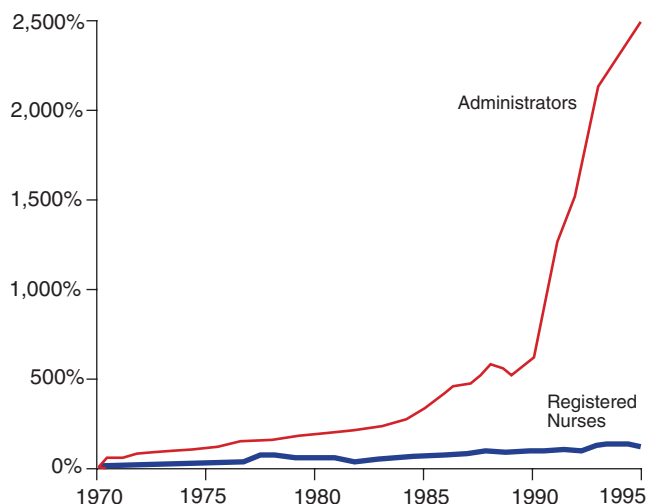
EIR's John Hoefle reports that, "In a sample of active HMOs at present, six banks show up among the top institutional owners: Bank of America, Bank of New York Mellon, Goldman Sachs, J.P. Morgan Chase, Morgan Stanley, and State Street. Also on the list is Barclays, the British giant which received U.S. bailout money via the AIG backdoor-bailout scheme. The list of owners also includes the major money management firms FMR/Fidelity, Vanguard, Wellington, T. Rowe Price, Janus, as well as the giant TIAA-CREF teachers' retirement fund, and the big French insurance company, AXA.

"While these institutions individually typically own less than 15% of an HMO, and sometimes as little as 1%-2%, in the aggregate, they dominate. Take the case of WellPoint, which bills itself as 'the nation's leading health benefits company serving the needs of approximately 35 million medical members.' As of the end of 2008, 638 institutions owned 88% of its outstanding shares. The top ten owners included: Dodge & Cox, 15%; Vanguard, 8%; T. Rowe Price, 7%; Barclays, 4.5%; Fairholme, 4.3%; State Street, 3.9%; Barrow, Hanley, Mewhinney & Strauss, 3.9%; Capital Research, 2.6%; Fairholme Capital, 2.5%; FMR, 2.3%; and Goldman Sachs, 2.1%.

"WellPoint has a decidedly political board, to go with its financial ownership. The directors include: William "Bucky" Bush, the younger brother of George H.W. Bush; former U.S. Senator and Banking Commit-

FIGURE 1
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.

Under the HMO system, administrative costs and profits zoomed up, while real medical care and infrastructure declined.

tee chairman Don Riegle (D-Mich.); Susan Bayh, the wife of Sen. Evan Bayh (D-Ind.); and Sheila Burke, the former chief of staff to then-Senate Majority Leader Bob Dole (R-Kan.)."

"Managing" care, in order to make profits, takes vast layers of personnel, time-consuming paperwork, and, of course, mega-salaries for top officials. **Figure 1** shows the sharp increase in the number of administrators in U.S. health care, contrasted with the number of registered nurses, from 1970 to 1995. The conservative estimate is that 30% of private "managed" health-care costs are for administration, and it may be as high as 50%.

In contrast, the administrative costs for the Federal Medicare program run at 2%. A 1990s Government Accountability Office study found that the United States could fund a single-payer national health program to cover *all* uninsured Americans simply with the savings in administrative costs.

In the 1990s, dozens of states passed laws against notorious HMO practices, because Washington refused to protect the public interest. States took rearguard actions to outlaw "drive-by" childbirth, and prohibit HMOs from rewarding doctors for denying expensive

treatments, and so forth.

Despite this, Washington consistently gave sweetheart deals to the financial crowd behind the HMOs, including entry into Medicare and Medicaid programs. The HMO Act of 1976 began to offer HMOs as an option under Medicare, and this was expanded in 1983. In 1997, came the Medicare “Advantage Plan” of managed care. On Dec. 8, 2003, Bush signed into law the “Medicare Prescription Drug Modernization Act,” which began Medicare Part D “managed” prescription purchases in 2006. At the same time, government payments to non-HMO Medicare and Medicaid care providers have been cut.

The reality is, that the U.S. system of health-care delivery—based on regional networks of hospitals, anchoring programs of education, sanitation, and epidemiology, as well as screening and treatment—is falling apart, because of the economic crisis, and the cumulative impact of “managed care”/HMO swindles. State and local officials are fighting rearguard skirmishes to keep the doors open. The number of community hospitals has fallen from nearly 7,000 in the late 1970s, at the culmination of the Hill-Burton drive, down to under 5,000 today. The national average ratio of beds-per-

1,000 persons has dropped from 4.5 in the 1970s, down to 3 today. Hundreds of counties have lost their last community hospital.

The lack of medical emergency rooms is now itself an emergency. From 1992 to 2003, the nation’s emergency departments decreased by 15%, while over the same time period, millions more people have been seeking emergency room medicine, according to the American College of Emergency Room Physicians. Public-health services, diagnostics, and all kinds of other programs are likewise in sharp decline. For example, mammography X-ray procedures have dropped 16% from 2000 to 2008, falling from 43.9 million procedures in 2000, down to 36.9 million in 2008. The number of certified mammography screening sites has dropped 13% from 9,910 in 2000, down to 8,670 in 2008.

There are staff shortages of all kinds. As of 2000, the total U.S. public health-care workforce numbered 448,000, which was 50,000 fewer than in 1980. Looked at per capita: in 1980, there were 220 public-health workers per 100,000 U.S. residents; but in 2000, this had fallen to 158 per 100,000. It has not improved since then.

marciabaker@larouchepub.com

Nazi Precedent for Obama Health Plan: It’s Now Time To Insist—‘Never Again!’

by Nancy Spannaus

In 1949, just three years after participating in the prosecution of 16 German Nazi officials for their role in the mass extermination of those considered “useless eaters” during the Hitler era, Dr. Leo Alexander put his finger on the core “philosophic principle” which led to those atrocities.¹ He called it “rational utility,” a Hegelian, Benthamite doctrine which led to the designation of increasingly large portions of the population to be treated as animals, and slated to be killed, because they took up too many resources of the society, or were otherwise undesirable. Hundreds of thousands of German citi-

zens, not to mention millions of foreign nationals, were sent to their death according to this “principle.”

This belief in utilitarianism—would Obama call it “pragmatism”?—has been encroaching for decades in the United States, and is now writ large in the health care policies of the Obama Administration. Obama has adopted Hitler’s health program.

We are at the proverbial 11th hour. Anyone who opposes Nazi mass murder, must act now to stop Obama’s Nazi health care program from being put in place in the United States.

The British Created Hitler

The ideological preparation for Nazi mass extermination began many decades before Hitler took power—

1. Dr. Alexander’s quotes come from his July 14, 1949 article in *The New England Journal of Medicine*, entitled “Medical Science Under Dictatorship.”

and it didn't begin in Germany. Not surprisingly, the home base for Nazi medicine was Great Britain, home of the fraud called Malthusianism, and the Eugenics movement, which claimed that mankind's nature was genetically determined. The leading theoretician was Sir Francis Galton, a dropout from British medical school who wrote his manifesto, *Hereditary Genius*, in 1869. By 1907, Galton had established the Eugenics Education Society, and had spread his filth about weeding out the "genetically inferior" around the world, including the United States, where it was particularly popular with the Harvard, Boston Brahmin set, including the Harriman family.

This fascist propaganda spread like wildfire during the 1910s and 1920s in the United States, resulting in forced sterilization laws, and ugly immigration and racial restrictions. Such U.S. laws were, in fact, models for those picked up in Germany in subsequent years. The draconian austerity imposed on that nation by the Versailles Treaty, and British-dominated finance, spurred the support for such bestial thinking among the desperate population.

It is no exaggeration to say that the only reason such fascist programs were not implemented by the Federal government in the United States, is because the American people elected Franklin Delano Roosevelt, who fought to his last breath against the British fascist financiers and ideologues, and brought the United States out of the Depression.

In Germany, however, the British were successful in bringing Hitler to power, through the aid of their leading financiers, and U.S. collaborators such as Averell Harriman and Prescott Bush. Not surprisingly, Hitler was prepared to ram through their program—mass murder of the "unfit."

Thus, the movement for "treating" the unfit through sterilization and euthanasia accelerated during the 1930s. Mass propaganda idealized "mercy" killing, as well as cost-accounting considerations. According to Dr. Alexander, a widely used high-school mathematics text, "Mathematics in the Service of National Political Education," included problems stating how the cost of taking care of "the crippled, the criminal and the insane," took money away from social programs of housing and family allowances. At the National Socialist Party Congress in 1934, Dr. Gerhard Wagner, leader of the Nazi Doctors group, was also explicit: "The economic burden represented by people suffering from hereditary diseases is a danger for the State and for so-

ciety. In all, it is necessary to spend 301 million Reichsmarks per year for treatment, without counting the expenditures for 200,000 drunkards and about 400,000 psychopaths."

With the accession of Hitler to power, a whole set of "racial purity" laws, with their consequent restrictions and sterilizations, was put into place. These laws resulted in the first waves of mass killings of the "unfit," estimated to have run into the hundreds of thousands.

A Shift in Attitudes

The Nazis carried out most of these murders in secret: most Germans were not ready to accept the brutal truth. But through the course of propaganda, and the hardships of Nazi rule, the population's attitude toward human life began to subtly shift. What Dr. Alexander explains as a shift in physicians' attitudes, was paralleled in that of the population as a whole.

"Whatever proportions these crimes finally assumed, it became evident to all who investigated them that they had started from small beginnings. The beginnings at first were merely a subtle shift in emphasis in the basic attitude of the physicians. It started with the acceptance of the attitude, basic in the euthanasia movement, that there is such a thing as a life not worthy to be lived. This attitude in its early stages concerned itself merely with the severely and chronically sick. Gradually the sphere of those to be included in this category was enlarged to encompass the socially unproductive, the ideologically unwanted, and finally all non-Aryans. But it is important to realize that the infinitely small wedge-in lever from which this entire trend of mind received its impetus was the attitude towards the non-rehabilitable sick."

"It is, therefore, this subtle shift in emphasis of the physicians' attitude that one must thoroughly investigate...."

'Lives Unworthy of Life'

The first direct order for euthanasia in Germany did not come until the Fall of 1939, when the pressures of the war mobilization brought the cost-cutting element of the program very much to the fore. Until then, the ruse was that euthanasia was a "blessing" for those suffering, and special permission for such a "mercy death," allegedly by the Fuehrer himself, had to be given for it to be carried out.

In the Summer of 1939, Hitler had called in the Secretary of Health, plus State Secretary Dr. Hans Lam-



Euthanasia enthusiast Dr. Karl Brandt (standing, center) in the dock at the Nuremberg Trials in August 1947. The Nazi doctors, as Leo Alexander explained, started from “small beginnings”—the same kind of beginnings evident today in the Obama Administration’s health policy.

mers, to tell them that “he considered it to be proper that the ‘life unworthy of life’ of severely mentally ill persons be eliminated by actions that bring about death.” In this way, he continued, “a certain saving in hospitals, doctors, and nursing personnel could be brought about.”

Hence the Top-Secret Euthanasia Decree of October 1939 (backdated to September 1). Under the title “The Destruction of Lives Unworthy of Life,” the order, handed to his doctor Karl Brandt, 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.”

According to Dr. Alexander, from that time forward, “all state institutions were required to report on patients who had been ill five years or more and who were unable to work, by filling out questionnaires giving name, race, marital status, nationality, next of kin, whether regularly visited and by whom, who bore financial responsibility, and so forth. The decision regarding which patients should be killed, was made en-

tirely on the basis of this brief information by expert consultants, most of whom were professors of psychiatry in the key universities.”

Under that order, according to the Chief of Counsel for War Crimes for the U.S. at the Nuremberg Tribunal, at least 275,000 German nationals were killed. The best available breakdown is: 70-80,000 patients in medical and nursing homes; 10-20,000 invalids and disabled people in prisons; 3,000 children between 3 and 13 who needed special care. In addition to all this, were the millions and millions of Jews, Gypsies, and other “undesirables” who were killed, or worked to death, in concentration camps.

The Nuremberg Tribunal

It was the United States that insisted on bringing the perpetrators of the Nazi Doctors’ crimes against humanity into the dock after the conclusion of World War II. Twenty-three persons, 20 of them doctors, were put on trial in late 1946. Count III read: “Planning and performing the mass murder [of Germans], stigmatized as aged, insane, incurably ill, deformed, and so on, by gas, lethal injection, and diverse other means in nursing homes, hospitals, and asylums during the Euthanasia Program and participation in the mass murder of concentration camp inmates.”

Among the means identified as causing the “murder and ill-treatment of Civilian Populations” was the “inadequate provision of surgical and medical services.”

The Nuremberg Tribunal heard the defenses of Dr. Karl Brandt et al., of course, who argued passionately that “I am fully conscious that when I said ‘yes’ to euthanasia, I did so with the deepest conviction, just as it is my conviction today, that it was right. Death can mean deliverance. Death is life—just as much as birth. It was never meant to be murder.”

The Tribunal nonetheless ruled:

“We have no doubt that Karl Brandt—as he himself testified—is a sincere believer in the administration of euthanasia to persons hopelessly ill, whose lives are burdensome to themselves and an expense to the state or to their families. The abstract proposition of whether or not euthanasia is justified in certain cases of the class

referred to is no concern of this Tribunal. . . . The Family of Nations is not obligated to give recognition to such legislation when it manifestly gives legality to plain murder and torture of defenseless and powerless human beings. . . .”

Seven of the doctors received death sentences, including Dr. Brandt.

The Path to Mass Murder

In his 1949 article analyzing the road to medical mass murder by the Nazis, Dr. Alexander found plenty of warning signs that American physicians (and he would have said society as well) are infected with he called “Hegelian, cold-blooded, utilitarian philosophy,” and what we would rightly call Nazi ideology. He noted that increasingly:

“Physicians have become dangerously close to being mere technicians of rehabilitation. The essentially Hegelian rational attitude has led them to make certain distinctions in the handling of acute and chronic diseases. The patient with the latter carried an obvious stigma as the one less likely to be fully rehabilitable for social usefulness. In an increasingly utilitarian society, these patients are being looked down upon with increasing definiteness as unwanted ballast. . . .

“Hospitals like to limit themselves to the care of patients who can be fully rehabilitated, and the patient whose full rehabilitation is unlikely finds himself, at least in the best and most advanced centers of healing, a second-class patient faced with a reluctance on the part of both the visiting and the house staff to suggest and apply therapeutic procedures that are not likely to bring about immediately striking results in terms of recovery. I wish to emphasize that this point of view did not arise primarily within the medical profession, which has always been outstanding in a highly competitive economic society for giving freely and unstintingly of its time and efforts, but *was imposed by the shortage of funds available, both private and public. From the attitude of easing patients with chronic diseases away from the doors of the best types of treatment facilities available to the actual dispatching of such patients to killing centers is a long but nevertheless logical step. Resources for the so-called incurable patient have recently become practically unavailable.*



Courtesy of Deborah Sonnenblick

Mark Sonnenblick, longtime leader in the LaRouche movement, radiated humanity until the very end of his life, despite debilitating illness. The Administration's proposed "tough choices" would not give people like Mark that opportunity.

“The trend of development in the facilities available for the chronically ill outlined above will not necessarily be altered by public or state medicine. With provision of public funds in any setting of public activity the question is bound to come up, ‘Is it worth while to spend a certain amount of effort to restore a certain type of patient?’ This rationalistic point of view has insidiously crept into the motivation of medical effort, supplanting the old Hippocratic point of view.

“In emergency situations, military or otherwise, such grading of effort may be pardonable. But doctors must beware lest such attitudes creep into the civilian public administration of medicine entirely outside emergency situations, because once such considerations are at all admitted, the more often and the more definitely the question is going to be asked, ‘Is it worth while to do this or that for this type of patient?’

“Evidence of the existence of such an attitude stared at me from a report on the activities of a leading public hospital unit, which stated rather proudly that certain treatments were given only when they appeared promising. . . . If only those whose treatment is worth while in terms of prognosis are to be treated, what about the other ones? The doubtful patients are the ones whose recovery appears unlikely, but frequently if treated energetically, they surprise the best prognosticators. And what shall be done during that long time lag after the

disease has been called incurable and the time of death and autopsy? It is that period during which it is most difficult to find hospitals and other therapeutic organizations for the welfare and alleviation of suffering of the patient.

“Under all forms of dictatorship the dictating bodies or individuals claim that all that is done is being done for the best of the people as a whole, and that for that reason they look at health merely in terms of utility, efficiency and productivity. It is natural in such a setting that eventually Hegel’s principle that ‘what is useful is good’ wins out completely. The killing center is the *reductio ad absurdum* of all health planning based only on rational principles and economy, and not on humane compassion and divine law. To be sure, American physicians are still far from the point of thinking of killing centers, but they have arrived at a danger point in thinking, at which likelihood of full rehabilitation is considered a factor that should determine the amount of time, effort and cost to be devoted to a particular type of patient on the part of the social body upon which this decision rests.

“At this point Americans should remember that the enormity of a euthanasia movement is present in their own midst. To the psychiatrist it is obvious that this represents the eruption of unconscious aggression on the part of certain administrators alluded to above. . . .

“The case, therefore, that I should like to make is that American medicine must realize where it stands in its fundamental premises. There can be no doubt that in a subtle way the Hegelian premise of ‘what is useful is right’ has infected society, including the medical portion. Physicians must return to the older premises, which were the emotional foundation and driving force of an amazingly successful quest to increase powers of healing and which are bound to carry them still farther if they are not held down to earth by the pernicious attitudes of an overdone practical realism.”

Genocide Again?

President Obama’s repeated statements that he intends to make the “tough choices” of slashing medical costs, including by means known to rule out medical treatment for those very old (like his grandmother), or incurable, or simply poor, leaves nothing to the imagination. The Administration is gripped by a utilitarian Nazi mentality, and it will move inexorably toward mass murder *unless you move to stop it now*.

nancyspannaus@larouchepub.com.

Obama’s Nazi Doctors And Their ‘Reforms’

by Tony Papert

May 16—Since at latest the mid-1920s, Adolf Hitler had wanted to institute mass programs to kill off Germany’s chronically ill and other “useless eaters,” but, at the same time, he knew that the German population would not let him get away with it yet. This was still the case even after Hitler became Germany’s absolute dictator in February 1933, in the aftermath of the Reichstag Fire. He had to wait six years longer; only the beginning of World War II gave him the opportunity he had been waiting for. Thus, it was not until October 1939, that Hitler finally issued his (top-secret) decree launching the “T4” extermination program against tens of thousands of selected patients in hospitals, nursing homes, and insane asylums. The Führer himself emphasized the connection to the war by backdating his order to Sept. 1, the first day of the war.

Just so, **Dr. Ezekiel Emanuel**, brother of Obama’s chief of staff Rahm Emanuel, special health-care advisor to Obama’s Office of Management and Budget Director Peter Orszag, and a member of HHS’s 15-man Competitive Effectiveness Research Council, which is deciding what drugs and treatments will be prohibited. Ezekiel Emanuel recognized by October 2008, that the current economic breakdown crisis, and even the multi-trillion dollar costs of the Paulson-Summers bank bailout fraud, could be used as the equivalent of war, to force Americans to acquiesce to Nazi-like health-care policies they would not otherwise tolerate.

In October 2008, when George Bush was still President, Ezekiel wrote in the online *Huffington Post* that, “with trillions of dollars evaporating in this crisis, millions of Americans face the prospect of losing their homes and jobs, and witness a dramatic contraction of their retirement savings. In response, the public will desperately want financial security, and health care is a critical element of that. . . . Under the threat of losing everything, Americans may feel content with the guarantee of a decent plan that covers cost-effective treatments with some restrictions on choice and services to save money. . . . The huge increase in the federal debt

that these bailouts will entail intensifies the pressure to rein in healthcare costs.”

Emanuel wrote that his sometime co-author, “the dean of health-care economists, Victor Fuchs of Stanford, has long maintained that we will get health-care reform only when there is a war, a depression or some other major civil unrest. It’s beginning to look like we might just get all three.”

What sort of health-care reform does Emanuel hope to push through under cover of crisis and panic? Just consult his 1998 paper written with Margaret Pabst Battin, “What are the Potential Cost Savings from Legalizing Physician-Assisted Suicide?”

Emanuel’s co-author Battin is not a physician; her degrees are in philosophy and fiction-writing. But her professional career has been devoted to legitimating mass murder of the aged and sick, with special reference to Hitlerian “health-care reform.” Her works include, “Should Medical Care be Rationed by Age?” (1987), “Choosing the Time to Die: The Ethics and Economics of Suicide in Old Age,” (1987), “Can We Copy the Dutch? Can Holland’s Practice of Voluntary Euthanasia Be a Model for the United States?” (1993), “Is There a Place for Euthanasia in America’s Care for the Elderly?” (1996), and “Age-Rationing and the Just Distribution of Health Care; Is There a Duty to Die?” (1987).

The Hastings Center is a foundation-funded so-called “right-to-die” outfit in Garrison, N.Y. (As in Nazi Germany, euphemisms are used to disguise the reality of mass-murder. While the Nazis called their murder policy “mercy-killing,” *Gnadentod*, today’s proponents call it “the right to die.” The reality is the same.) The Hastings Center propagandizes for suicide, “assisted suicide,” and hastening death by withholding medicine, food, and water from the sick. Naturally enough, as we shall see, this Hastings Center is a sort of Mecca for the Nazis preparing Obama’s health-care reforms. Margaret Pabst Battin is a Fellow of the Hastings Center, and in 1983, she wrote a paper for Hastings titled, “The

Dracula: The Godfather of Obama’s “Health-Care Reformers”



Least Worst Death: Selective Refusal of Treatment.”

Ezekiel Emanuel is also a Fellow of the Hastings Center, as is his longtime policy partner and deputy, Christine Grady.

How will America’s veterans be used as guinea-pigs for the new Nazi health-care policies? Ask Veterans Health Administration Chief Research and Development Officer **Joel Kupersmith**, also a member of Orszag’s 15-member Coordinating Council. Kupersmith has been a Hastings Center Visiting Scholar.

Or consult Margaret Battin’s 1992 essay, “Physician-Assisted Suicide—Yes, But in the V.A.?”

The ‘Electronic Records’ Ruse

If you think the Obama team’s fixation on “electronic medical records” is nothing but an attempt to trim clerical costs, cut errors, and the like, look at the

career of Obama's "health reform czar," **Nancy-Ann DeParle**. DeParle was a director of the Cerner Corporation from 2001 until she was appointed Counselor to the President and Director of the White House Office for Health Reform in March 2009. Cerner is a global electronic medical record programming and control enterprise with 8,000 employees. It is involved in a pilot project through the Cook County Bureau of Health Services, which provides health care to the indigent in Chicago. Doctors, pharmacy workers, and others are given bonuses for cost-cutting, denying care and medication, to these poor patients. One leading physician in the program reportedly got \$400,000 in bonuses last year.

On the electronic medical records, Cerner says it is using them to "eliminate error, variance and waste in the care process." The reference to "variance," refers to a long-running fraud pushed by Dr. Jack Wennberg of Dartmouth University, which was picked up by Obama's OMB Director Peter Orszag. Wennberg and Orszag use statistics to point to alleged cost differences between geographic areas of the United States, in the treatment of one single ailment. Orszag wants all costs nationwide reduced to the lowest cost anywhere, claiming that this would save \$700 billion. (Wennberg's fraud would have it that teaching hospitals and imaging machines increase the cost of health-care, when just the opposite is the case.)

Thus, Cerner's (and DeParle's) reference to use of electronic medical records in eliminating "variance and waste," confirms what the knowledgeable have long known. These records will be used to police and punish physicians who insist on giving treatment to those Orszag doesn't want treated, or insist on giving them better treatment than Orszag thinks they should get.

DeParle is also a trustee of the Robert Wood Johnson Foundation, reportedly the biggest funder of "right-to-die" causes in the United States, exceeding even euthanasia and drug-legalization funder George Soros. Robert Wood Johnson is a major funder of the Hastings Center.

Nor is rationing medical care by age, so as to deny it to the old, simply an academic idea of Margaret Battin. It is implicit in the reports of OMB Director **Peter Orszag** from 2007-08, when he was Director of the Congressional Budget Office. Orszag wrote repeatedly that medicines and treatments should be rationed according to their effect in increasing the number of "Quality Adjusted Life Years" (QALY) of the patient. (Placing a dollar-value on human life, Orszag wrote

that experts agreed that a QALY was worth \$50,000 or \$100,000.)

Translated into English, this simply means that medicines should be withheld from the old, as is now being done in Britain, where Hitlerian fascism was first invented.

Orszag accepted the Hastings Center's invitation to speak before them on May 20, 2008, eventually sending his deputy, Philip Ellis, to speak in his stead. Ellis bemoaned the fact that one-third of health-care expenses go to treat people from conditions from which they die anyway, saying, "this translates into a stark economic crisis."

Orszag's insistence that human life must be measured in dollars is shared by top Obama advisor and fellow behavioral economist **Richard Thaler**, who has written a half-dozen papers on such subjects as "The Value of Saving a Life: A Market Estimate" (1974), and "Public Policy toward Lifesaving: Should Consumer Preferences Rule?" (1982).

Historian Henry Friedlander has shown that the Hitler "T4" program to exterminate the handicapped, the sick, and the aged as "useless eaters," was the wedge-end and the model for the subsequent extermination programs against the Communists, the Gypsies, and the Jews. Indeed, the gas-chambers, the killing-squads, and all the procedures set up under "T4" were exactly those used to launch those later, larger extermination-programs.

One is reminded of the famous poem attributed to Pastor Martin Niemoeller (1892-1984):

In Germany, they came first for the Communists,
and I didn't speak up because I wasn't a
Communist.
Then they came for the trade unionists,
and I didn't speak up because I wasn't a
trade unionist.
Then they came for the Jews,
and I didn't speak up because I wasn't a Jew.
And then, they came for me,
and by that time there was no one left to
speak up.

The substance of other statements of Niemoeller would permit one to add a verse citing "the incurably ill," before the one on the Communists.

Anton Chaitkin contributed research for this article.