

Face the Facts: Obamacare Means Mass Murder

by Marcia Merry Baker

The following articles on Obamacare are excerpted from the October 25, 2013 issue of Executive Intelligence Review. In light of Treasurer Joe Hockey's call for a Commission of Audit which will scrutinise every cent of government expenditure, it is crucial reading for Australians. Whilst Hockey acknowledged in a 22 October 7.30 Report interview that his government had promised not to cut from areas such as health, he also stated that the government is still able to "identify waste in those areas and reallocate it". The global financial disintegration, and the Abbott government's unwillingness to implement the Glass-Steagall solution, commit us to viewing certain lives and practices as "wasteful" and thus to the slippery slope toward Nazi health described here.

Oct. 21—The United States was suffering from a crisis in health care when President Barack Obama came into office. As a result of the deindustrialization of the U.S. economy, the privatization of health care into profit-making ventures, and deregulation, both the health-care system and the health of the American population were rapidly deteriorating.

Obama's health-care program, however, has made the situation much worse. If allowed to continue, it will turn the U.S. government into the enforcer of a worse-than-Hitler genocide machine.

In other locations, EIR has provided in-depth examination of the Nazi premises behind what is called Obamacare. Here we restrict ourselves to a presentation of crucial facts which show that such Nazi measures are already underway and leading toward mass death.

I. Provenance: Hitler's T4 I.

Hitler T4 Health Care. In October 1939, Adolf Hitler issued his official directive on selectively putting people to death, which was already underway in Germany against handicapped children and concentration camp inmates. It was titled, "The Destruction of Lives Unworthy of Life." It arose from a prior meeting he held with medical professionals, to review "criteria" for practical and cheap methods of removing people deemed to be "unrehabilitable," and thus burdens on the nation.

Hitler's directive was administered from Berlin headquarters at No. 4 Tiergarten Strasse, where the Reich Work Group of Sanatoria and Nursing Homes began by conducting surveys of patients nationwide, designating who was not worthy to continue to live. They were put to death; the principle came to be applied on a mass scale through the gas ovens at concentration camps.

2. Tony Blair's T4 Health Care. In Britain, on April 1, 1999, the first initiative was taken by the Blair government (1997-2007) in the name of health-care "reform," to institute an updated version of the Hitler T4 program: The **National Institute for Health and Clinical Excellence (NICE)** was formed, to dictate what treatments would, and would not, be given to designated groups of patients in the British **National Health Services (NHS)**, which had served the nation since the 1940s.

Blair's health advisor to set up NICE, Simon Stevens, then moved to take down the NHS system, by privatizing key functions, in particular, through the private insurer



President Obama's Nazi health-care plan is designed to cut costs and lives. It was never intended to provide medical care, as advertised.



UnitedHealth Group UK, which Stevens joined.

The record shows how the death rate has climbed for whole classes of Britons, especially the elderly and cancer patients, as a result of both NICE barring treatments, and the NHS being dismantled. For example, as of 10 years after NICE went into effect, only 40-48% of British men diagnosed with cancer survived, and 48-54% of British women; in stark contrast to Sweden, for example, where 60% of men and 61% of women survived after a cancer diagnosis.

The particular program put into effect to speed up death rates was called the **Liverpool Care Pathway for the Dying Patient (LCP)**. According to extensive exposés in the British press during the 2000s, participating NHS hospitals were offered financial inducements to put patients deemed to be at the end of life, on the LCP list, under which all treatment is discontinued, and even water and hygiene removed. The LCP started for cancer patients in Liverpool in the 1990s, with royal patronage; by 2012, it involved 178 NHS hospitals throughout Britain, and included patients with any illness. On average, 130,000 persons a year were put under LCP, based on the claim of saving medical resources, which, as of 2012, had rewarded hospitals with at least \$40 million. An estimated 60,000 people on LCP died yearly, without having given their consent to discontinue care. After storms of protest, the U.K. government, in July 2013, ordered the LCP to be phased out over the next 12 months.

3. Obama's T4 Health Care. In 2009, the Blair/Hitler health concept was launched in the United States by the new Obama Presidency, as a campaign under the euphemism of care "reform," just as Blair had done in Britain. The Obama drive culminated in the March 23, 2010 **Patient Protection**

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and Affordable Care Act (ACA). Leading up to this were 18 months of intense propaganda, including 30 hearings and roundtables, under the cynical slogan that, under Obamacare, all Americans will get “access to care” through access to insurance.

In reality, the ACA law is made up of measures to cut care, destroy the means to deliver it, and to perpetrate death. At the same time, private Wall Street insurers get Federal subsidies.

Key figures in bringing about the ACA—including several with direct involvement in the British health system—have explicitly expressed the T4 principle, that there are “lives not worthy” to continue.

Dr. Ezekiel Emanuel, a longtime advocate for this Hitler health view, was appointed by Obama in early 2009, as the health advisor to the Office of Management and Budget (OMB). In April 2009, he was put on the new Federal **Coordinating Council on Comparative Effectiveness Research**, to devise rationalizations for cutting medical treatment. In particular, Emanuel stressed that the Hippocratic Oath caused “over-use” of medical resources, which must stop.

Peter Orszag, Obama’s first head of OMB, promoted the panoply of Hitler health arguments and mechanisms. He is considered the leading architect of the **Independent Payment Advisory Board (IPAB)**—the analog to NICE, which was quickly dubbed Obama’s “death panel.” Orszag advocates cost-benefit analysis to determine whether medical treatment is warranted for a person. He backs the statistical **“Quality Adjusted Life Years” (QALY)** metric for whether it is worth it for a person to continue to live. Orszag’s London collaborator, **Sir Michael Rawlins**, head of NICE, pumped the QALY formula in a *Time* interview March 27, 2009, saying, “A QALY scores your health on a scale from zero to one: zero if you’re dead, and one if you’re in perfect health. You found out, as a result of a treatment, where a patient would move up the scale,” and you decided, based on how much a year of life is worth in dollar terms, whether to permit it or not, based on whether it takes too much away from society’s scarce resources.

Moreover, Orszag holds that, even if you are not sick, but are living “excessively long,” he advises that you should have your Social Security “adjusted” (i.e., reduced), according to a statistical formula he backs, called the “Longevity Index.”

EIR Warned You in '09: ObamaCare Is Genocide; Here's What Must Be Done

Here is the testimony presented to the House Ways and Means Committee Hearing on Health Reform in the 21st Century, June 24, 2009, submitted by Rochelle J. Ascher for EIR.

EIR, the magazine founded by Lyndon H. LaRouche, Jr., has done an extensive study of the proposals for health-care “reform” being proposed by the Obama Administration. As a result of our research, we have determined that the fundamental premises of the program, as represented by OMB chief Peter Orszag, his health advisor Ezekiel Emanuel, and the President himself, are identical to those which underlay the genocidal program for eliminating the “unrehabilitable sick” in the Hitler regime. A historical review documenting this analysis immediately follows.

There can be no compromise with the premises of this program. If it is successful, it will lead to genocide, and not only in health care, since OMB Chief Orszag has already announced that after health care, he intends to “reform,” (i.e., slash) Social Security next. Thus, as the first step to reversing direction, the Obama health plan must be totally scrapped.

Instead, Congress must return to the policy laid out in the Hill-Burton Act of 1946, which mandated the provision of the necessary logistical foundation—in terms of hospital beds and personnel—to ensure adequate medical care for the U.S.

Simon Stevens, Blair’s Hitler health operative, who relocated from the U.K. to the United States in 2007, personally advised the Obama White House on how to shape the new health law. In May 2009, he presented a report titled “Reducing Avoidable and Inappropriate Care,” saying that \$520 billion can be “saved” in the first 10 years of a new reform act, by cutting services to non-worthy people, especially the old. Stevens is the Medicare expert at **UnitedHealth Group**, the largest HMO in the United States (70 million policies).

Sir Donald M. Berwick, knighted by Queen Elizabeth for his work on NICE and on “reforming” the British NHS, was given a recess-appointment by Obama on July 7, 2010, to be administrator of the **Centers for Medicare and Medicaid Services (CMS)**. As such, he was responsible for initiating T4 policies in programs affecting 49 million older Americans on Medicare, and 48 million poor, disabled, and dependent, on Medicaid. He stayed in office as long as his recess-appointment tenure would allow, leaving in December 2011, to avoid the scrutiny that would ensue in a Senate confirmation hearing.

While in office, he moved to strike certain cancer drugs from approved Medicare reimbursement; to set up ways to financially penalize hospitals for “over-treating” patients; and to limit physicians by imposing financial penalties and pushing top-down “evidence-based” medical practice dictates. He was followed in office by **Marilyn Tavenner**, a technocrat for Obamacare with a pedigree as top executive at **HCA**, the mega-for-profit hospital chain, benefitting from the takedown of the traditional community hospital system. ...

[The article goes on to document the factors which have contributed to the dire state of health in the U.S., which Obamacare is supposedly being introduced to solve, but will actually dramatically worsen: the impoverishment of the population, increased suicide rates, rising death and disease rates, things such as antibiotic resistance, the takedown of safety nets such as Medicaid, and the dismantling of the hospital system and public-health. It then provides a run-down of the hospital shut downs and budget cuts so far under Obamacare, pressure on doctors to acquiesce to Obamacare, cuts to diagnostics and medicine availability, home health, and research; together with increased costs and penalties to workers and employers but massive jumps in insurance subsidies to Wall Street.]

population. The Hill-Burton approach was essentially dumped in 1973, when a bipartisan grouping in Congress endorsed President Nixon’s legislation beginning the establishment of Health Maintenance Organizations, the for-profit institutions which now control the bulk of the health-care provision for the American population. Under the HMO regime, the physical infrastructure required for the health of the American population has been slashed, and the quality of care as well.

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 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. LaRouche has also endorsed the single-payer plan put forward by Rep. John

Conyers, as coherent with his approach. Today, there can be no more delay. The Nazi-like plan of cost-cutting against “useless eaters,” which the President has put on the table, must be dumped, and the Hill-Burton approach adopted, without delay.

Hitler’s T4 Program Revived in Obama’s Health-Care ‘Reform’

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 which 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 had seized power with the aid of powerful British- Wall Street financiers. The killing would proceed with the utmost “cost-effectiveness” and professionalism, 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.

Second, these standards become the law, in terms of what medical care will be paid for.

Third, 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 targetted institutionalized populations. Four categories were specified:



Starting with the creation of HMOS in 1973, thousands of non-profit medical institutions, like this health clinic in St. Louis, were shut down.

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. (See *EIR*, June 5, 2009, p. 12). 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 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.”

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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” (or, not worth spending our money on, if you will), 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. Emanuel has a long history of promoting policies of cutting “marginal” care, as well as promoting living wills.

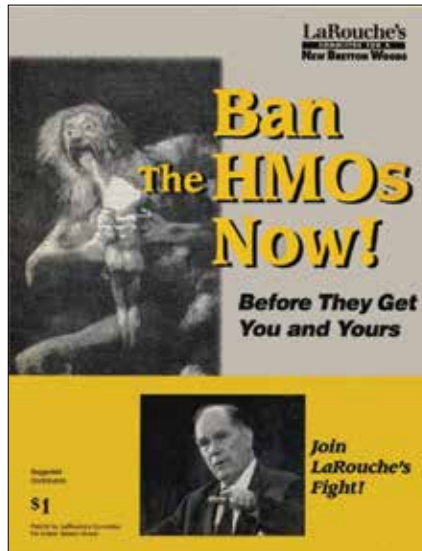
Crucially significant as well, is that Obama’s head of the Office of Management and Budget, Peter Orszag, has already set out his genocidal judgment that around 30% of current health-care services and procedures are unnecessary. The model for their work, as reflected in statements by many of the relevant officials, is the British 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. 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.

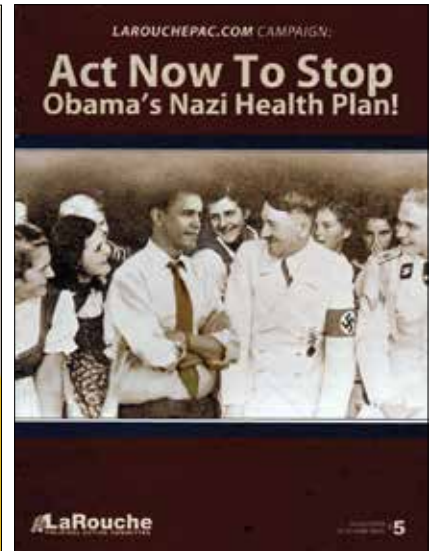
Other Proposals

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 as 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 on 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



The LaRouche movement’s battle against Nazi-style denial of health care, goes back decades. The pamphlet “Ban HMOs” was issued in May 2000; LaRouchePAC’s “Act Now To Stop Obama’s Nazi Health Plan” is from May 2009.



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 compliance 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.”

President Obama has personally expressed approval of this proposal, which he said would have already saved \$200 billion, if the dictatorship had been in place.

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 had only 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.