

British Monetarism Turns Public Health into Mass Murder

By Robert Barwick and Noeleen Isherwood

Britain's sadistically-named National Institute for Health and Clinical Excellence (NICE) has perfected "cost-effective" health care rationing into institutionalised mass murder—and it is coming to Australia. In Britain:

* According to the 2008/09 *National Care of the Dying Audit*, an incredible 16.5 per cent of all deaths—one in six—in 2008 resulted from the Royal Family's Liverpool Care Pathway practice of continuous deep sedation, a euthanasia rate twice that of the Netherlands, where euthanasia is legal;

* the survival rate from prostate cancer after five years is 51 per cent, compared to 92 per cent in the United States;

* 53 per cent survive five

years after a breast cancer diagnosis, compared to 71 per cent in France;

* between 40.2 to 48.1 per cent of men and 48 to 54.1 per cent of women survive a cancer diagnosis, compared to 60.3 per cent of men and 61.7 percent of women in Sweden;

* a patient successfully sued the National Health Service in 2004 for the right *not to be denied care*, but the British health authorities *had it overturned on appeal*, insisting that removing its ability to deny care would lead to an inefficient allocation of resources;

* one per cent of multiple sclerosis sufferers receive beta interferon, compared to 15 per cent in Europe, because NICE ruled that the "clinical benefits appear to be outweighed by very high costs" of the drug.

Hundreds of thousands of

lives are cut off early under NICE's rulings.

Nazi NICE

NICE is a vehicle for the *monetarist* looting of health care, which dramatically intensifies the private financier-directed budget cuts of the last three decades which have already thrown the public health systems of Britain, Australia, the U.S., New Zealand et al., into permanent crisis.

Like the savage health cuts of today, which are designed to help bail out the bankrupt, London-centred international financial system, Hitler had to cut costs also, for similar reasons: to free up the financial and physical resources ordinarily consumed by the common people, for the bankers, and for war. Entering millions of largely middle class

Continued Page 23

What's the Difference?



“\$66.8 billion a year goes to chronically ill patients in the last two years of life.”



“This...ill person will cost our people's community 60,000 marks over his lifetime. Citizen, this is your money too.”

There is no difference. Health care rationing is driven by the same rationale as Hitler's T-4 euthanasia program. There is no difference between those readers of the oligarchy's *Newsweek* magazine who buy into the argument, and the Germans who supported Hitler. In fact, today's genocidal health care "reforms" are *directly modelled* on Hitler's policies.

Involuntary Euthanasia—by Royal Decree

The British Royals personally set up the "Liverpool Care Pathway" of the National Health Service (NHS) which is killing thousands of Brits a year through *involuntary* euthanasia—murder. The Liverpool Care Pathway was responsible for one in six deaths in Britain in 2008—16.5 per cent—through continuous deep sedation, a rate of euthanasia twice that of the Netherlands where euthanasia is legal. What the silly Poms don't want to know—which is why they are dying—is that it is their beloved Queen killing them off, continuing a longstanding Windsor tradition of genocide.

The Liverpool Care Pathway started as a pilot project in 2003-04 of the Marie Curie Hospice in Liverpool. All of the key people involved with the Marie Curie organisation's euthanasia project are from the Prince Charles-led King's Fund, a powerful Royal Family trust founded in the late 19th Century by Charles' ancestor Prince of Wales, Prince Edward, later King Edward

VII. Edward heavily backed the race science innovation called "eugenics", with its emphasis on racial purity achieved through forced sterilisations, euthanasia and population reduction—favourite Royal themes to this day. After he became King, his fund was incorporated in 1907 as the King's Hospital Fund for London. The Royal Family have personally directed the Fund for its entire history: since 1986 Prince Charles has been the President, and in 2008 the Queen re-incorporated it with herself as patron, and renamed it simply the King's Fund—in preparation to start up the killing program.

The 2003-04 euthanasia pilot project at the Marie Curie Hospice was implemented and overseen by King's Fund trustee Si-



The Royals (left) and the City of London financiers, represented by Thomas Hughes-Hallett (right) are pushing *involuntary* euthanasia in the U.K. and around the world.



mon Stevens, at the time British Prime Minister Tony Blair's chief health adviser. The President of the Marie Curie Hospice, since 2000, is Prince Charles, and its Chief Executive is a Senior Associate of the King's Fund, Thomas Hughes-Hallett, a lawyer and City of London financier for 22 years, with Robert Fleming and J Henry Schroder Wagg & Co. Ltd, Enskilda Securities and Robert Fleming Securities.

Killing People to Save Banks

In a spine-chilling echo of Hitler's September 1939 T-4 mass-euthanasia program of the "lives unworthy of life" to free up resources for war, it was following the onset of the *global financial collapse in 2007* that the panicked British Monarchy/City of London nexus centred in the King's Fund, rushed their euthanasia project into nation-wide implementation. The City of London, desperate to save the entire financial edifice of the British Empire, required the public resources expended on health and social services to bail itself out. In 2008, the NHS set up the Liverpool Care Pathway in centres all over the U.K., and published a guidebook, entitled *End of Life Care Strategy* which laid out the Pathway:

Starting with "Step One: Identifying people who are approaching the end of life", it proceeds to "Step Five: Last days of life", in which the Liverpool Care Pathway is the means of termination. After this comes "Step Six: Care after death", on what to do with

Globalising Genocide

The 2007-onwards financial collapse is global, so by necessity the Monarchy simultaneously ratcheted up its killing program internationally. In 2007, King's Fund trustee Simon Stevens went to the United States to spread the euthanasia project there. Stevens became Vice President of Minnesota-based UnitedHealth, the massive private health insurance company for the U.S. and Britain. Stevens' official job is to advise all private health insurers to get behind the new Obama agenda for health-care reform, which Obama and his chief health care adviser Ezekiel "EZ-kill" Emmanuel have based on Stevens' "end of life" model; his photo ominously appears on the website of the 40 million-member American Association of Retired Persons (AARP).

In Australia, most of the states have enthusiastically run pilot projects of the Liverpool Care Pathway:

* *A Pilot Study of the use of the Liverpool Care Pathway in Western Australia* was conducted and a final report issued in June 2009 by the WA Cancer and Palliative Care Network registered with the Marie Curie Palliative Care Institute (MCPCI) in England. The pathway will be implemented over the next three years commencing in the Midwest, South West and Great Southern regions of the WA Country Health Service.

* *Integrated Care of the Dying Patient—End of Life Care Project* conducted by the Sydney South West (western zone) Area Palliative Care in conjunction with the Liverpool Hospital (NSW) stated one of their aims was, "To modify and implement an end of life care pathway, based on Liverpool Hospital UK pathway." They cite that where the Pathway has been adopted:

• "comfort measures" and "End of Life Care Plans" have increased from 43% and 29% respectively to 100%;

• Palliative nurse involvements increased 29% to 50%;

• Criteria fit (meaning patients considered suitable for the Pathway) jumped 33% to 90%;

• Bereavement advice increased from 14% to 75%;

• Religious/spiritual support offered to patients jumped from 0% to 95%.

* St Vincents Hospital, *Liverpool Care Pathway, Trial* was funded by the Victorian Department of Human Services.

* *End of Life Care Pathways for Residential Aged Care Facilities* was conducted by the Brisbane South Palliative Care Collaborative (funded by the Dept of Health and Aging). One of the most important findings was that dying residents on the "Pathway" were significantly less likely to be transferred to hospital, so more able to die in-place in their familiar environment.

* *Royal Brisbane and Women's Hospital (RBWH) Project* conducted by the Centre for Palliative Care Research and Education, obtained funding to introduce an end of life care pathway based on the Liverpool Care Pathway.

* *The Australian Best Care of the Dying (ABCD) Network Project* was funded by the National Institute of Clinical Studies in 2005. The ABCD network, a consortium of Queensland palliative care units, collaborated to further the use of end of life care pathways in Queensland, based on the Liverpool Care Pathway. Their report said the Pathway "promotes cost effective healthcare by appropriate prescribing, and avoiding crisis interventions in the community and inappropriate hospital admissions."

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The British Royals are committing mass murder *right now*.

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From Page 24

Jews in slave labour camps, for instance, sharply reduced Germany's national wages bill, and providing only the minimum calories necessary for maximum work output in the camps, reduced expenses even further. Hitler initiated his "T-4" euthanasia program in 1939 to exterminate the "useless eaters", or "lives unworthy of life", who he said were a "drain" on the war efforts; he then set up the concentration camps as a direct extension of T-4.

Similarly, British Prime Minister Tony Blair established NICE in 1999, to ration the care provided under Britain's universal health care system, the National Health Service (NHS). In an interview with *Time* magazine on 27th March, 2009, NICE chairman Sir Michael Rawlins coldly laid out the Nazi-like mathematical formulae NICE employs to determine how much money a life is worth:

Time: Why is NICE needed? Shouldn't you get the drugs you need when you are sick, regardless of cost?

Rawlins: All health care systems are facing the problem of finite resources and almost infinite demand.... We are best known [for looking] at a new drug, device or diagnostic technique to see whether the increment in the cost of that treat-

ment is worth the increment in the health gain....

Time: How is that measured?

Rawlins: It's based on the cost of a measure called the "quality-adjusted life year." 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 find out as a result of a treatment where a patient would move up the scale. If you do a hip replacement, the patient might start at 0.5 and go up to 0.7, improving 0.2. You can assume patients live for an average of 15 years following hip replacements. And .2 times 15 equals three quality-adjusted life years. If the hip replacement costs 10,000 GBP [about US\$15,000] to do, it's 10,000 divided by three, which equals 3,333 GBP [US\$5,000]. That figure is the cost per QALY.

Time: So by the cost per quality-adjusted life year, you are basically deciding how much a year of life is worth?

Rawlins: Yes. The most controversial area is where you place the dividing line between what is cost-effective and what is cost-ineffective. That is the "How much is life worth?" question.... *The judgment of our health economists is that somewhere in the region of 20,000-30,000 GBP per quality-adjusted life year is the [threshold],*

but it's not a strict limit. [Emphasis added]

Physician Warnings: NICE Kills

A March 2009 *European Journal of Cancer* editorial attacked NICE, saying that the agency—in its rulings on which treatments are to be accessible, and under what conditions—has become more restrictive, year by year, and increasingly, has based its rulings not on clinical effectiveness, but on *cost effectiveness*. Last year, to take only one example, NICE rejected four drugs for advanced kidney or lung cancer, while acknowledging, as reported in *The Independent* of London, that "the drugs do extend life by up to six months, but the money would be better spent on other patients".

NICE has also progressively reduced accessibility of radiology treatments for cancer, causing those who have gone through chemotherapy to wait many months for radiation treatments, or to forgo them entirely. After six years of NICE, the wait for radiology had doubled to six weeks; after ten years, it had nearly doubled again to 11 weeks, according to the (U.S.-based) Commonwealth Foundation.

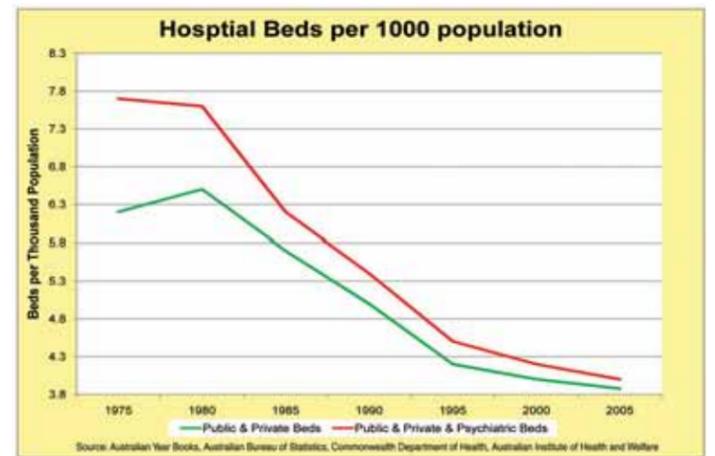
London oncologist, Dr. Karol Sikora, a professor of cancer medicine at the Imperial College School of Medicine, wrote in the 12th May, 2009 *New Hampshire Union Leader*, under the title "This Health Care 'Reform' Will Kill Thousands": "As a practicing oncologist, I am forced to give patients older, cheaper medicines. The real cost of this penny-pinching is *premature death for thousands of patients*—and higher overall health costs than if they had been treated properly...." [Emphasis added]

He added, "If NICE concludes that a new drug gives insufficient bang for the buck, it will not be available through our public National Health Service, which provides care for the majority of Britons.... Partly as a result of these restrictions on new medicines, British patients die earlier."

It's Coming Here

The British are heavily promoting the NICE model all over the world, through NICE International, which brags that it has developed such excellent "evidence-based" decision-making tools on what services and medicines are to be provided, and what are not, that they can "produce guidance even in the absence of (high quality or generalisable) evidence"! In the United States, Barack Obama and his chief health adviser, Ezekiel "EZ-kill" Emmanuel, have based the centrepiece of their health care reforms on NICE: a federal health board to ration care called the Federal Council on Comparative Effectiveness Research. Sparked by Lyndon LaRouche's naming Obama as a "new Nero" in his 11th April 2009 webcast, the American people took to the streets against Obama's NICE-based reforms.

In Australia, Kevin Rudd betrayed the intention of his much-touted health reforms, by appointing Professor Stephen Duckett—who designed the notorious Casemix funding model so that Jeff Kennett could slash public hospital funding in Victoria by 10 per cent in two years in 1992-94—to his Na-



How to fix health care? MORE BEDS! Instead, Australia's governments are turning to Britain's NICE, to kill patients so they can slash health care costs even further.

tional Health and Hospitals Reform Commission to prepare for a federal takeover of public hospitals. (The nurses of the Alberta Health Service in Canada accused Duckett in September this year of "bullying and misleading the public" in his new job as CEO and President of the Alberta Health Service in Canada, where he is cutting \$1 billion from that health budget.)

One reason Rudd is pushing for a federal takeover of public health, is because the Kennett-style "reforms" which have gutted public health care, haven't been uniform across Australia. For example, New South Wales, for all of its problems, rejected Duckett's Casemix as a funding model, the only state to do so. A federally-run system would ensure health care could be rationed across-the-board.

Rudd's federal takeover proposal coincides with a full-on NICE re-shaping of Australian public health. Two Australians are on the International Advisory Board of NICE International: Dr. Suzanne Hill the Secretary to

the World Health Organisation's Expert Committee on Essential Medicines, and Emeritus Professor Lloyd Sansom AO, the chairman of the Pharmaceutical Benefits Advisory Committee. Through Sansom, NICE potentially already influences the rationing of medications, given recent decisions by Sansom's Pharmaceutical Benefits Scheme (PBS) to cut certain cancer medications.

NICE's fingerprints are also all over the 2008 report by Peter Garling SC into Acute Care Services in NSW Public Hospitals. When Garling delivered the Centre for Health Governance, Law and Ethics 2009 Oration at the University of Sydney, he laid out a Nazi-like legal/ethical rationale for health care cuts: "One is entering the field where economic rationalism comes face to face with individual standards of morality, individual values and a multitude of different perspectives..." he said. "Should the baby live? And should the grandparents die? *There is no single and obvious answer to these questions.*" [Emphasis added]

On Her Majesty's Secret Service: Kevin 007?

From Page 3

course, that has served him very well....

When it was decided in 1995 that Rudd should enter Federal Parliament, the path was cleared for him to win Labor Party pre-selection for the federal electorate of Griffith, by a branch-stacking campaign so extensive it sparked a nationwide scandal about Labor Party branch-stacking, which was investigated by the ABC's *Four Corners*. Rudd failed to win Griffith on his first try, in 1996, but he was pushed through in 1998. And fellow Labor MPs who questioned his credentials, or the circumstances of his wife's curious rise to riches in business, were quickly gagged.

His Labor credentials were indeed curious, including as they did, his membership in the neo-conservative Australian-American Leadership Dialogue; his regular attendance at the notorious Mont Pelerin Society front, the Centre for Independent Studies; his support for the Iraq war which Tony Blair had personally launched via his "sexed-up" dossier on Saddam Hussein's non-existent nuclear bomb; and his connections to the British-backed pro-independence, rabidly anti-China networks in Taiwan. But all these went unquestioned as Rudd was fast-tracked through the ranks of the party to become the Leader of what he liked to call "Her Majesty's loyal Opposition".

And so, when Labor's defeat of the discredited Coalition government loomed as inevitable in 2007, and Her Majesty wanted to guarantee that the ALP replacement for her faithful servant John

Winston Howard wouldn't resort to "old Labor" policies in the face of the economic collapse, she had the perfect candidate.

Mrs. Moneybags

Meanwhile, another key component of the Rudd story was unfolding, that of his wife Therese Rein's rags-to-riches rise in business, which has netted the PM and his wife a conservatively-estimated \$60 million fortune. Rein's Ingicus company earns all of its income from government outsourcing. She won her first government contract in 1993 when Paul Keating outsourced job placement for the long-term unemployed, and enjoyed a windfall in 1996-97 when the Howard government abolished the Commonwealth Employment Service (CES) and established the private Job Network. By then, the board of Rein's "independent" business included Wayne Goss, Qantas director and former Commonwealth Public Service head Mike Codd, and former ASIC regional commissioner Barrie Adams. Following Tony Blair's 1995 election as British Prime Minister, she won similar contracts in Britain, reportedly leveraged through Goss' former political adviser Michael Stephenson who switched to advise Blair. Following Rudd's 2007 election, Rein sold out of the Australian side of her business, supposedly to avoid a conflict of interest. But the conflict of interest is now bigger than ever: the vast majority of the Australian PM's household income now comes directly from the British government.

Mass Strike Shapes U.S., World Politics—"LaRouche Plan" now on the table

From Page 1

Yuri Andropov rejected President Ronald Reagan's historic 23rd March, 1983 offer to share a new anti-missile system with the Soviets, LaRouche warned that if the Soviets tried to mobilise their creaking economy to outpace the U.S. and its allies in developing the Strategic Defense Initiative (SDI), which LaRouche himself had authored, then the strain of that effort would collapse the Soviet system "in about five years". On 12th October, 1988, LaRouche followed up with a historic address at the Kempinski Hotel in Berlin, where he forecast that the wall would soon come down, leading to the reunification of East and West Germany—something which no other human being on the planet expected at that time.

The Mass Strike

Now, we have entered a similar situation. At certain periods in history, LaRouche has explained, echoing the words of the great poet Percy Bysshe Shelley in his *Defence of Poetry*, certain dynamic processes take over a population, and great masses of people then act on an entirely different basis than anything apparent just days or weeks before. Since the writings of the German revolutionary and economist Rosa Luxemburg in the early 20th Century, such a

process has been known as a "mass strike". Despite the fact that terrified U.S. Congressmen are hiding from their constituents and therefore this process is not as visible as it was in August and early September, it is nonetheless still growing in the U.S., and it is simmering in many other nations. [To better understand the "mass strike", see the LPACTV video *The Dynamics of Mass Strike* authored by LaRouche's Political Action Committee (www.larouhepac.com/lpactv), and listen to the moving 10th October, 2009 LaRouche Show on radio (www.larouhepub.com/radio/archive_2009.html), featuring members of LaRouche's movement in Germany who were present during the October 1989 events there.]

Again, this *dynamic* social process of the mass strike unleashes the previously unthinkable. In the current, unprecedented breakdown crisis of the entire global economy, it means that the imperial death grip of the City of London and its Wall Street appendage on the world, may be suddenly broken, and that an entirely different international political and economic order may emerge to replace it. LaRouche has authored the guidelines for precisely such an urgently needed new global system in his "LaRouche Plan" released on 30th September.



The LaRouche Plan

LaRouche's plan for the U.S. is necessary for the entire world economy. "There's no part of the world, which presently has an ongoing program, or capability, to independently survive the present financial crisis," LaRouche said. "The only way it is going to be done is the same way the United States is going to have to do it."

The first measure of the LaRouche Plan is to enforce the U.S. Constitution which specifies the U.S. is a credit system, not a monetary system, by putting all commercial banks—not investment or merchant banks—through bankruptcy reorganisation. The accounts in the commercial banks which meet the Glass-Steagall standard, largely the cheque and savings accounts of ordinary customers and trading ac-

counts of businesses, will receive full protection under renewed Glass-Steagall measures which protect people's deposits from predatory speculation (see p. 5). The worthless "crap" paper, which LaRouche calls "Bernanke money", held by the investment banks and hedge funds etc., will not receive protection, but will be wiped out in the bankruptcy reorganisation.

The next step is to issue Federal credit principally into government infrastructure projects, to generate a recovery. Private entrepreneurs who subcontract to an infrastructure project will receive protection and accessibility to credit, similar to subcontractors under war production during World War II. This way, the projects will create skilled, blue-collar jobs in infrastructure, agriculture and industry, which will generate real wealth and a real recovery—not white collar jobs, service jobs, or so-called "green" jobs.

The LaRouche Plan will also fix health care, by eliminating the abominable Health Maintenance Organisation (HMO) system which structures health care to generate profit ahead of actual clinical care, and going back to a Hill-Burton standard, the post-WWII Congressional Act which mandated minimum beds per thousand people in every county in the United States.