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.

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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 citizens, 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 society. 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 entirely 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 themslves 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 form 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*.

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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