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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

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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 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.