Confessions from the Obama Administration

Lyndon LaRouche and his political action committee, LaRouche PAC, have accused the Obama Administration of adopting the very same approach toward human life as the Hitler regime. While much of the language used by Obama and his leading Nazi-health collaborators, Peter Orszag and Ezekiel Emanuel, is sanitized jargon, the intent is clearly visible to anyone willing to see the truth: They consider money spent on those who aren't going to rapidly recover, "ineffective," and most of those are the old and chronically ill, groups that were also targetted by the Nazi T4 program.

The following quotes can serve as their confessions:

President Barack Obama

American Medical Association, Chicago, June 16:

White House videograb

"What accounts for the bulk of our costs is the nature of our health-care delivery system itself—a system where we spend vast amounts of money on things that aren't necessarily making our people any healthier; a system that automatically equates more expensive care with better care.…

"So replicating best practices, incentivizing excellence, closing cost disparities—any legislation sent to my desk that does not do these, does not achieve these goals in my mind, does not earn the title of reform.

"That's why I'm open to expanding the role of a commission created by a Republican Congress called the Medicare Payment Advisory Commission, which happens to include a nubmer of physicians on the commission. In recent years, this commission proposed roughly $200 billion in savings that never made it into law. These recommendations have now been incorporated into our broader reform agenda, but we need to fast-track their proposal, the commission's proposal, in the future so that we don't miss another opportunity to save billions of dollars, as we gain more information about what works and what doesn't work in our health-care system.

"Health-care reform must be, and will be, deficit-neutral in the next decade.

"We're also going to have to make spending cuts, in part by examining inefficiences in our current Medicare program.…

"We need to use Medicare reimbursements to reduce preventable hospital readmissions. right now, almost 20 percent of Medicare patients discharged from hopsitals are readmitted within a month, often because they're not getting the comprehensive care that they need. This puts people at risk: it drives up cost. By changing how Medicare reimburses hopsitals, we can discourage them from acting in a way that boosts profits but drives up costs for everyone else. That will save us $25 billion over the next decade.

"I've also proposed saving another $313 billion in Medicare and Medicaid spending in several other ways. One way is by adjusting Medicare payments to reflect new advances and productivity gains in our economy. Right now, Medicare payments are rising each year by more than they should. These adjustments will create incentives for providers to deliver care more efficiently, and save us roughly $109 billion in the process."

Peter Orszag

Council of Economic Advisors, Washington, D.C., June 2:


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Challenged by *EIR*'s **Paul Gallagher:**

"You've said 'cuts' and 'savings' innumerable times. You've even said that as much as a third of the total spending on health is essentially wasted and cuttable, but you're not

talking about cutting. You're leaving the HMOs in charge of the process, which are the source of the great volume of overhead and waste in the system. So, how do you deny that you're talking about rationing care, you're talking about denying care the way the British health system does with the NICE [National Institute for Health and Clinical Excellence] organization, you're talking about, in effect, defining lives that are 'unworthy to be lived,' because the procedures that they need are not cost effective? Why not get rid of the HMOs?"

Orszag: "The President has said that we have a system that is based in part on private insurance through employers, and we are going to retain that.

"But let me go directly to the heart of your question, because no one here is talking about rationing. What we are talking about, and I'm going to come back again: Look at the source of that—most of that 30% or so in potential efficiency gained in the health-care system, are from unnecessary procedures, unnecessary days in the hospital, unnecessary applications of technology, and what have you. I'm going to again refer you both to the evidence from the Dartmouth Atlas, and from, on a micro basis, stories like the one Atul Gawande told [in the *New Yorker*]. We have very dramatic variations in the way health care is practiced across the United States, in which the more efficient providers do not seem to generate worse outcomes than the less efficient providers. In other words, cost and quality don't go in the normal correlation.

"And to get directly to your point, we are not talking about eliminating tests and procedures that are helping people. We are talking about not knowing, and often doing things that actually don't help people, paying for them—we have a payment system that facilitates more of such procedures and tests. And frankly we're then also, even apart from the financial impact, who wants to be exposed to unnecessary days in the hospital and unnecessary procedures—because those do pose health threats—which is one hypothesis for why the correlation actually goes in the opposite direction.

"So, I guess I would put back to you, that after spending years and years at the Institute of Medicine and the Congressional Budget Office and other analyses, and looking at the evidence on this dramatic variation within the United States—we're not talking about other countries—within the United States, that there do appear these very significant efficiency improvements within the health system, so that we could have either the same or better outcomes at lower cost in the future, and that is what we're talking about."

Dr. Ezekiel Emanuel


National Institutes of Health

From "5 Myths About Our Ailing Health-Care System," Washington Post, *Nov. 23, 2008:*

"...administrative waste isn't what's driving health-care costs up faster than inflation. Most of the relentless rise can be attributed to the expansion of hospitals and other health-care sectors and the rapid adoption of expensive new technologies new drugs, devices, tests and procedures. [!] Unfortunately, only a fraction of all that new stuff offers dramatically better outcomes. If we're worried about costs, we have to ask whether a $55,000 drug that prolongs the lives of lung cancer patients for an average of a few weeks is really worth it. Unless we find a cure for our addiction to the new but not necessarily improved, our national medical bill will continue to skyrocket, regardless of how efficient insurance companies become."

From Health Care Guaranteed: A Simple, Secure Solution for America *(Perseus Books, 2008):*

"There will be a National Health Board with twelve Regional Boards to oversee and monitor the system. The Boards will regularly review the standard benefits covered, monitor the health plans, and oversee other workings of the system" (p. 10).

"Independent Oversight: Modeled on the Federal Reserve System, a National Health Board and twelve Regional Health Boards will be created to oversee the healthcare system. Supported by dedicated funidng, the Boards will be independent of annual congressional appropriations and insulated from political and special-interest lobbying" (p. 83).