warning that it would shift too much power away from lawmakers, and give the White House the power to make decisions reserved to Congress, under the Constitution. "You're outsourcing Congressional responsibility," said Rep. Richard Neal (D-Mass.). Rep. Pete Stark (D-Calif.) called the idea "unworkable" and "stupid, at best."

According to *Politico*, Rep. Frank Pallone (D-N.J.), a senior member of the House Energy and Commerce Committee, said, "We should resist that," referring to Obama's program. "They're the imperial Presidency, just like Bush.... You have this appointed body, with no essential accountability to anyone, making these very important decisions. We should make the decisions. Essentially what they're saying is, the Congress is either incompetent or corrupt. In fact, we are competent, we are honest, and we know more, because we get input from the public."

LaRouche said that the Congressmen are right, that the transfer of decision-making to the White House, in this case, is "just like Hitler." There would be "no accountability to anyone, but to a mentally and morally defective President."

In addition to the Congressional uproar against the imperial council idea, some Republicans are raising the substantive issue of Obama's intent to slash care for the poor. Most notable, was a press statement issued by House Republican Minority leader John Boehner (R-Ohio) and Republican Policy Committee chairman Thaddeus McCotter (R-Mich.), which blasted a provi-

LaRouche's Alternative

On July 16, President Obama called for anyone who might have an alternative to his (Hitlerian) health care reform, to come forward. On July 17, Lyndon LaRouche produced a video, posted on LaRouchePAC, and gave an interview, outlining his three-point program:

- 1. Abolish the Health Maintenance Organization (HMO) system;
- 2. Revive the principles and implementation of the 1946 Hill-Burton Act;
- 3. Implement the Single-Payer plan (Medicare for all), as the key means of financing adequate health care for all.

sion in the House bill that attempts to mandate counseling on "end-of-life" care options for senior citizens, a transparent attempt to pressure older people to refuse treatment. They wrote of Provision 1233:

"This provision of the legislation is a throwback to 1977, when the old Department of Health, Education and Welfare proposed federal promotion of living wills for cost-savings purposes described as 'enormous.' At that time, the late Cardinal Joseph Bernardin of Chicago decried this effort by saying: 'The message is clear: government can save money by encouraging old people to die a little sooner than they otherwise would. Instead of being regarded with reverence, and cherished, human life is subject in this view to a utilitarian cost-benefit calculus and can be sacrificed to serve fiscal policy and the sacred imperative of trimming a budget.'

"With three states having legalized physician-assisted suicide, this provision could create a slippery slope for a more permissive environment for euthanasia, mercy-killing and physician-assisted suicide because it does not clearly exclude counseling about the supposed benefits of killing oneself.

"Health care reform that fails to protect the sanctity and dignity of all human life is not reform at all."

Exploding the Fraud

The reason the President's backers, especially among the British, were insisting he ram the reform through before August is clear: The more the people know about it, the less chance it has of going through. This has been demonstrated with a vengeance.

The same is true of the lies that have been used to sell the Obama health-care fraud, especially those generated by the Dartmouth Institute, one of the prime "authorities" for those who argue that 30% of U.S. health-care expenditures are "waste," and can be cut. The Dartmouth studies use comparisons between expenditures in one part of the country, against another, to argue that areas of high cost are just ripping off the system, and should be forced to lower them. The methodology of these studies, especially those which compare end-of-life care, perpetrates a hoax, simply by deliberately eliminating from the studies those who are successfully treated.

We include below a thorough refutation of the Dartmouth fraud, whose premises mirror those of Orszag and Obama: namely, the less you spend, the more efficient you are—even if the patient dies!

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