Book Review

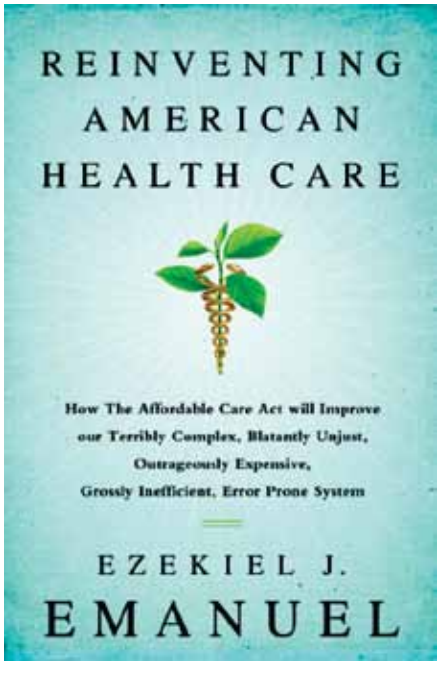
Obamacare Authors Expose the Reality: Their Plan Is 'Plain Genocide'

by Nancy Spannaus

Reinventing American Health Care
by Ezekiel J. Emanuel
Philadelphia: PublicAffairs, 2014
Hardcover, 379 pages

Sept. 26—Do *not* waste your time reading this book! In tedious detail, Ezekiel Emanuel, who was Special Advisor for Health Policy in Peter Orszag's Office of Management and the Budget (OMB), during the first years of the Obama Administration, analyzes the complex and often dysfunctional system that is our current health system, and describes how the Affordable Care Act (ACA or Obamacare) is devised to address it. Except for occasional glimpses of the murderous rationale behind Obama's health plan, Emanuel is simply spewing out sophistry and outright lies.

Obamacare, as *EIR* has pointed out from the beginning, is based upon the same rationale as Adolf Hitler's 1939 written directive to his chief health advisor, in which he delineated the policy of providing death for those with "lives unworthy of life." That instruction was written as Hitler was entering upon intense preparations for building up his war machine, and facing the need to cut excess expenses. Those "excess" expenses included human beings—starting with the disabled and mentally ill, and proceeding, eventually, to a wide grouping of so-called "useless eaters," including the elderly, the very young, and Jews and other ethnic minorities who could no longer work.



Emanuel vociferously denies agreeing with this "euthanasia" philosophy, but what he, his British co-thinkers, Obama, and others in the Administration did in the ACA was to set up a behaviorist system which already has begun to result in the very same "outcome."

And to underscore the point, both Emanuel and Orszag have recently come out publicly with a more unvarnished version of their intent, with Emanuel calling for a reduction of the number of hospitals, and the choice of 75 as the "ideal" age at which to die; and Orszag calling for drastic cuts in health-care spending, by setting a limit on how much can be spent in treating each patient. Orszag's proposal came under the auspice of the private, but government-connected Institute of Medicine, which released a report titled "Dying in America" on Sept. 17.

Unlike Emanuel's book, these statements clearly expose the lethal intent of the ACA system, as it is, and as it is devised, in great detail, to become. As Lyndon LaRouche put it succinctly, "It's just plain genocide."

The Nazi Scheme

One searches nearly in vain for the real philosophy of Ezekiel Emanuel in *Reinvesting American Health Care.*

That philosophy had been expounded in chilling specificity in his Jan. 31, 2009 article in the British medical journal *Lancet,* entitled "Principles for Allocation of Scarce Medical Interventions." In it, he

discussed a new "Complete Lives System" for selecting which sections of the population should be killed.

Emanuel sums up who is to be treated, and who is to die this way:

"When implemented, the complete lives system produces a priority curve on which individuals aged between roughly 15 and 40 years get the most substantial chance, whereas the youngest and oldest people get chances that are attenuated." This may be justified by public opinion, since "broad consensus favours adolescents over very young infants, and young adults over very elderly people."

"Strict youngest-first allocation directs scarce resources predominantly to infants. This approach seems incorrect. The death of a 20-year-old woman is intuitively worse than that of a 2-month-old girl, even though the baby has had less life. The 20-year-old has a much more developed personality than the infant, and has drawn upon the investment of others to begin as-yet-unfulfilled projects.... Adolescents have received substantial education and parental care, investments that will be wasted without a complete life. Infants, by contrast, have not yet received these investments.... It is terrible when an infant dies, but worse, most people think, when a three-year-old child dies, and worse still when an adolescent does."

He proclaims his new "Complete Lives System" to be an advance over previous death-selection systems such as Quality-Adjusted Life Years (QALYs) and Disability-Adjusted Life Years (DALYs). Those systems are used to produce a precise dollar amount that society should be willing to spend on your health care, for each additional year of life—no more!

And why do these critical choices have to be made? Because society does not have the resources to care for all. Thus, the system of triage, common to the field of battle in warfare, becomes extended to the entire society.

And why doesn't society *create* the resources to deal with health care for all? In reality, for the same reason as for Hitler: It is too busy funneling those resources into speculation, the war machine, and the corruption of a financial oligarchy who would prefer to *reduce* the world's population, the better to manage it and keep control.

The Book

The dishonest Emanuel doesn't say a word about this philosophy in his book. Instead, he snipes at what he considers overspending on medical care, describes measures in the ACA which will be aimed to stop it (such as Accountable Care Organizations), and lets you draw your own conclusions.

His attitude against caring for the sick hit this author from the very beginning of the book. In the guise of attacking the health insurance system, Emanuel goes after the "moral hazard" created by insurance companies which are encouraging practices that lead to "overconsumption of health care services"! He then outlines the various ways that the companies, and the ACA system itself, can go about preventing such "overconsumption." (And who decided what that was?) This is the behaviorist core of the book, and the system.

Later, in discussing what is in the ACA, Emanuel makes a more telling revelation. He's discussing the Patient-Centered Outcomes Research Institute (PCORI—these names are all reminiscent of Hitler-speak as well), which is a public-private agency to be funded by everyone who's insured, with a mandate to provide information to physicians and patients on the effectiveness of various treatments. This institute is weak, he reports; what the Administration really wanted was a U.S. version of Tony Blair's National Institute for Health and Care Excellence (NICE). Obama's program was literally copied from Britain's NICE, as indicated by administrators Orszag, Donald Berwick, and various propagandists for the passage of the ACA, such as Simon Stevens of UnitedHealthCare, who advised Blair on setting up the system.

The Obama Administration's problem was that the LaRouche movement, and others, including Sarah Palin and Betsy McCaughy, waged an effective campaign exposing the ACA's copying of NICE, and the true Hitlerian content of that bill. Thus, as Emanuel said, "many people in the United States view NICE suspiciously if not negatively." So the ACA had to specifically prohibit PCORI from using QALYs and give it no *direct* authority to determine coverage decisions by private or government insurers.

What that means is that indirect means have to be used—the behaviorist program of "incentives" and "disincentives," like positive and negative reinforcement for rats in Skinner's boxes.

It is in his final section, "The Future of American Health Care," that the accountant Emanuel reveals where the Obama health program is going. He puts it in futurology terms, forecasting "megatrends" which,

in fact, are the outcomes which this emerging medical dictatorship is intended to create. One of those six trends is shutting down hospitals.

Emanuel puts it this way: "This 100-year hospital habit is coming to an end. Hospitals will no longer be at the center of health care because of 2 underlying driving forces. First, in an era that focuses on *cost control*, when physicians are paid and incentivized to be more efficient and caring for patients in the hospital is expensive, hospitalization is a money sink to be avoided whenever possible. Second, there is a tremendous growth in the power of sensors combined with data-mining algorithms that can permit the safe remote monitoring of patients" (emphasis added).

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YouTube

Dr. Ezekiel Emanuel

The truth is that the declining economy and the policies of the Obama Administration are driving hospitals out of existence, and they are not being replaced by home-care, clinics, or other palliatives. Statistics show that 60,000 hospital workers were laid off in 2013, and the trend has continued in 2014. The main reason for these layoffs has been the policy of cuts in reimbursements to the hospitals by Medicare and Medicaid, mandated by Obamacare. Particularly hard hit have been rural hospitals, whose closure often means denial of care.

And as for "digital medicine" replacing direct contact with a doctor, who does Emanuel think he's kidding? While certainly electronic means to transmitting data, especially to specialists, can obviously be very useful supplements to seeing a doctor, there is *no* substitute for the human contact—and those not yet in the digital age, will just be "algorithmed" out.

The Campaign To Close Hospitals

Emanuel's own publicity campaign for his book has emphasized his demand that "excess" hospitals be closed. "We don't need 5,000 hospitals," has been the headline topping the coverage of his speeches and interviews. Emanuel claims that hospitals are too expensive, are centers of spreading disease, and are basically unnecessary. Naturally, he has horror stories galore.

One reason Emanuel hates hospitals is that they are the center of development of new technologies for treating diseases. In a course he offered online through the University of Pennsylvania (where he teaches) in the Spring of 2013, Emanuel peddled as part of his reading list a 2001 article titled "Is Technological Change in Medicine Worth It?" That article, using the QALYs method, basically argues that it's not. The whole course cohered with this argument, based on the assertion that the only way to "slow the cost of the health care curve," is to prevent the diffusion of new technologies.

Fundamentally, he's just lying. Alan Sager, PhD, professor at Boston University School of Public Health, has challenged Emanuel's arguments and exposed some of the frauds upon which they are based.

In a blogpost July 17, 2014, Sager nailed the fraudulent statistics. First, over-bedding is not a cause of rising costs; in fact, the U.S. has on average one-third fewer beds than the other wealthy democracies, according to OECD data. Second, the U.S. has reduced hospital beds per 1,000 people, from 6.0 in 1980 to 3.1 in 2011, and had a 60% cut in age-adjusted patient-days in the hospital per 1,000 people, over the same time, yet hospital costs rose.

Third, and most telling, Sager reports that the "65% hospital occupancy" rate touted as inefficient is deceptive: "hospitals do not staff empty beds." Rather, the actual occupancy rate is near 100% of staffed beds, and the real bed supply is likely too few in some areas, which leads to emergency room overcrowding.

Fourth, based on his study of hospital closings in 52 U.S. cities, he found efficiency was not the factor for survival, but rather endowment hospitals versus location in black neighborhoods where closures were more frequent.

Sager's fifth and sixth points address the impact of hospital closures and access to doctors. He noted that as hospitals close, teaching hospitals are used for basic inpatient care, which is much more expensive than at a community hospital. Lastly, physician shortages in the U.S., especially of primary care doctors, result in people using emergency rooms for care, driving up hospital costs which, under Obamacare cuts, are not reimbursed at a sustainable level. He referred to OECD data showing that the average physician-to-1,000-patient ratio is 3.2 in most rich democracies, but is 2.5 in the U.S.

Closing hospitals means denying people medical care. That is arguably a Crime Against Humanity, as defined by the post-World War II Nuremberg Tribunal which condemned Nazi doctors to death, for "Murder and Ill-Treatment of Civilian Populations," through, among other things, "inadequate provision of surgical and medical services."

'Useless Eaters'

Even more prominent in recent days has been the other crucial part of the Emanuel/Obama agenda: cutting off care for those considered to have "lives unworthy of life," or what Hitler's men called "useless eaters," particularly the elderly.

Emanuel himself went out front with this perspective, in his September *Atlantic* magazine feature called "Why I Hope to Die at 75." His subtitle should clue you in, in case you were tempted to believe this is just his "personal choice:" It's "An argument that society and families—and you—will be better off if nature takes its course swiftly and promptly." In fact, this argument underlines his design of Obamacare.

Emanuel's argument pushes another inhuman statistical sham, like many the Obamacare advocates like to wave around. He cites studies from the University of Southern California and Harvard to argue that while Americans are living longer, for more of that time, they have some physical limitation or disability. (So what?) Then, in a special appeal to his high-brow *Atlantic* readership, he cites a study from Dean Keith Simonton at the University of California at Davis, which "proves" that, on average, people's creative powers peak at age 40, and it's downhill from there. So, he argues, why prolong your life?

As one critic, cardiologist Dr. Brant Mittler of San Antonio, pointed out in an entry on medpagetoday.com on Sept. 23, that thinking precisely echoes the "pseudoscience of the eugenics movement." Mittler writes: "While eugenics was about engineering the gene pool through controlling reproduction by 'scientific' methods, Emanuel endorses another population control method: culling the herd of undesirables, or in this case, at first self-culling. Eugenics began and was developed in the U.S., but was taken to monstrous ends in Nazi Germany and led to the Holocaust."

Emanuel's own prescription for dying is to refuse medical care, except for palliative measures, after age 75 (he's now 57). He reasserts his claim that he's against euthanasia, and won't take his own life. But what Emanuel's ACA system is doing is not voluntary at all. It is gradually, but systematically, denying medical care to elderly people through financial measures placed on medical providers—while at the same time offering older people a "choice" of "advanced directives" and "living wills."

If you doubt that, just take a look at the recommendations coming out of government-related medical panels for discontinuing previously standard tests for preventive care, since Obama implemented the ACA. These have included recommendations to stop mammograms, prostate exams, and lung cancer screening, especially for older people. These recommendations, as in the case of lung cancer, form the basis for Medicare deciding what it will pay for—and thus, will result in *denying* care to those who can't pay.

And probably even for those who can! A March study by the Robert Powell Center for Medical Ethics at the National Right to Life Committee presents the case that the Health and Human Services Secretary has the right to deny providers the right to even accept private payment by patients whose medical insurance does not pay for certain procedures. This is already clearly the case in terms of the section of the law which disallows what are called "Cadillac plans," generally those negotiated by union contracts, without a major financial penalty.

End Your Life…

That the purpose of Obamacare is the genocidal reduction of the U.S. population, starting with those who are most expensive to treat, was writ large again in a 506-page study released Sept. 17, on "Dying in America." As usual, this was touted as a private, advisory study, with no authority to decide anything—but its auspice, the Institute of Medicine, is intimately connected to policy-making for the Federal government. The co-chair of the special panel is David M. Walker, former Controller of the Currency, and a savage campaigner for cutting U.S. debt by reducing health care, and thus reducing lives.

The "Dying in America" report calls for "restructuring of Medicare," etc., by eliminating "perverse financial incentives" that encourage expensive medical care, especially for the elderly. Among the methods promoted is government compensation for death-counseling ("advance care," in popular jargon), potentially beginning as early as the teenage years!

On Sept. 21-23, Dartmouth College, Dartmouth-Hitchcock Health, and The Campaign To Fix the Debt, hosted a select group of 50 people in the Dartmouth Summit on "Medicare Reform Strategies To Create a Sustainable Health System," which was devoted to the same agenda as the report. The conference, which has not received major coverage, featured Walker, and another bean-counting author of Obamacare, former OMB head Orszag.

The summit invitation referenced the "Dying in America" report as a means of understanding the conference's agenda, based on cutting costs, eliminating "expensive" health care, slashing Medicare, and convincing the elderly that they would be better off dead. The invitation argues that "our nation's high and rising health care costs, combined with an aging population represent the primary driver of our growing debt." Not enough is being done to deal with this problem, it warns. Thus the meeting will develop "actionable Medicare reform proposals" able to win "bipartisan political support leading into the new Congress in 2015."

Orszag went on Bloomberg TV Sept. 26 to blab about how easily Medicare costs can be cut—just move to a "fixed payment" per person. This is called "capitation," and is being introduced currently largely through Accountable Care Organizations. The bottom line: Medicare decides how much it's going to pay for your care, period. If it costs more than that to keep you alive, forget it.

These actions must be taken now, Orszag insisted: "We are at the absolutely essential time—over the next five years—to make these cuts."

…Or End Obama's Rule

The LaRouche movement has outlined at length what measures have to be taken to provide decent health care at a reasonable cost—starting with fixing the economy. But it's not such prescriptions which are needed at this point. And, at present, repealing Obamacare would simply push forward the same policies through private means.

No, what's required is the political courage to tell the truth about the genocide agenda, and clear out Washington of those from *both* parties who are complicit. *It starts with impeaching Barack Obama.*

The author wrote two definitive analyses of Obamacare in 2009, which can be found at www.larouchepub.com: "Nazi Precedent for Obama Health Plan: It's Now Time to Insist—'Never Again!'" and "Hitler's T4 Program Revived in Obama's Health-Care 'Reform.'"