

# Ted Kennedy's deadly health hoax

*A right-to-die plan for America's 'useless eaters'*

Senator Ted Kennedy, Patricia Robert Harris, Secretary of Housing and Urban Development (HUD), and Joseph Califano, Health, Education and Welfare (HEW) Secretary, are moving with all deliberate speed to get a slew of "right to die" measures off the drawing boards and onto the federal statute books. Counting on the psychological shock effects of the Jonestown massacre to acclimatize the American population to genocide, the trio is pushing the Kennedy-sponsored "national health insurance" bill and

a series of vicious cutbacks in federal welfare and jobs programs.

At the same time, the Kennedy faction is making a major bid for power in the Carter Administration under cover of a Brookings Institution-inspired government reorganization plan. If approved by President Carter, this plan will give the Kennedyites the leverage to guarantee that their policy package is implemented and will bring Ted Kennedy a giant step closer to the oval office.

## In this section

Many people find the rhetoric of the "right to die" movement — "easing the passage," "getting comfortable with death," "pulling the plug" — ghoulish and disturbing. The reality is even grislier. Under the guidance of some recent recruits, Senator Edward Kennedy and Health, Education and Welfare Secretary Joseph Califano, "right to die" has become the war cry of the supporters of the "Kennedy health bill," a movement to slash U.S. health care expenditures which will decrease health care not only for the terminally ill but in such categories as infants and the aged with years of potential productive lifetime remaining.

Our report on the Kennedy health bill and the "right to die" cult is in three sections: First, correspondent Kathleen Murphy reports on Kennedy and Co.'s embrace of the death cults, and their rapid movement toward the Nazi German rhetoric of eliminating "useless eaters." Second, U.S. Labor Party Chairman Lyndon H. LaRouche, Jr. presents a policy statement outlining how the American Medical Association and other supporters of health care can act to block the Kennedy movement. Finally, Anita Gallagher reports on the campaign being waged by one of the U.S.'s less well-known major denominations, the World Community of Islam, against the infestation of death cults and drugs in the United States.

## Socially useless Americans?

A taste of what the Kennedy networks are planning for the general population came Nov. 27 with the announcement that, acting on Califano's advice, the Carter Administration will slash its proposed increase in the welfare budget from \$17 billion to \$6 billion and impose stringent "workfare" requirements on welfare recipients. Echoing almost verbatim the "useless eaters" argument adopted by the Hitler regime to justify the murders of millions of children, elderly, infirm and otherwise "undesirable" sections of the German population, an HEW spokesman defended the cutbacks on the grounds that "It is no longer the federal government's responsibility to maintain a socially useless population. . . ."

In similar terms, Califano told the National League of Cities annual convention Nov. 28 that "the liberals and progressives of our society (must) match their compassion and generosity with competence and efficiency," adding that any cutbacks in the HEW budget will be deducted directly from benefits payments to HEW program beneficiaries.

It should be stressed that the workfare requirement which the Carter Administration is adopting in its welfare "reform" package is a cruel joke, since huge cutbacks in federally funded jobs programs are also being planned. With no jobs available, welfare recipients forced off the rolls will become increasingly lumpenized and consequently much more vulnerable to recruitment into People's Temple-type cults.

## National death insurance

While Califano was presenting his "cost-cutting" justifications for welfare cutbacks, Ted Kennedy was

## 'Death, Dying and Decision-Making': Cutting Hospital Costs to the Bone

How to get the population to accept the fundamentally anti-human notion that death is just another phase of life was the topic of discussion as 400 thanatologists, right-to-die advocates, "medical ethics experts" and various others gathered in San Francisco for a conference on "Death, Dying and Decision-Making." The conference, which was cosponsored by the Bioethics Group of the University of California San Francisco School of Medicine and a New York-based group which calls itself "Concern for Dying," took place on the same weekend as the People's Temple mass suicides in Jonestown, Guyana.

The conference agenda featured such highlights as a film entitled "Death by Request," an address on "Medical Dilemmas in Clinical Decision-Making for Terminally Ill Persons" by Dr. Urs Peter Haemmerli, M.D., of Zurich, recently acquitted on

manslaughter charges incurred for letting a patient die unnecessarily, and broad discussion of specific measures for organizing a death cult in the United States.

The most important of these, according to conference participants, is the so-called living will. Now on the law books in eight states and under consideration in 27 others, the living will is a document popularized by Concern for Dying and its legislative arm, The Society for the Right to Die. The wills, which are legal documents to be signed by individuals, state that should "the situation ... arise in which there is no reasonable expectation of my recovery from extreme physical or mental disability, I direct that I be allowed to die and not be kept alive by medications, artificial means or 'heroic measures.' I do, however, ask that medication be mercifully administered to me to alleviate suffering even though this may shorten my remaining life."

Concern for Dying — which this year changed its name from the Euthanasia Educational Council because, as a spokesman put it, "we realized that euthanasia is a dirty word" — has distributed millions of copies of the living will and has been instrumental in securing its passage on the state level. Now, the group is itching to get the living will — the ultimate hospital cost-containment measure — incorporated into federal law. According to George J. Annas, a member of Concern for Dying's Board of Directors and a member of the Boston University School of Medicine's faculty, this will be achieved by making the signing of such a living will a prerequisite for participating in Kennedy's national health insurance program. "Of course," Annas said in an interview, "you don't *have* to say you want them to pull the plug."

pushing the same line on hospital costs in a series of public hearings he held this week in Chicago, Los Angeles and Denver to publicize his national health insurance bill. Kennedy plans to introduce the bill into Congress within eight weeks.

While the final draft of the legislation remains a closely guarded Kennedy's office confirms that its primary concern is to slash, under the guise of "cost-containment," the quality and quantity of medical services available nationwide.

Kennedy himself proclaimed in a statement dated Oct. 2 that his "national health insurance is a system that will provide incentives for alternatives, less costly delivery models (such as health maintenance organizations — HMOs — and hospices — ed.); it is a system which will enable through progressive reimbursement policies, an emphasis on prevention of disease, of increasing individual responsibility for maintaining health. . . ."

In addition to legislating a dramatic deterioration in medical care standards nationwide — a deterioration which will contribute directly to the deaths of untold numbers of people — the Kennedy bill will also provide a multibillion dollar payoff to the insurance industry, which is significantly under the control of

the London-based international drug trade. (This swindle will be fully documented in an upcoming *Executive Intelligence Review* feature — ed.)

The story on the health insurance bill does not end here, however. According to informed sources, once Kennedy manages to win congressional approval for his health bill, HEW will mandate that every participant, as a condition for receiving insurance coverage, indicating whether or not he wants the "plug pulled" during the "dying process."

Despite Califano's ostensible opposition to the Kennedy bill, sources report that the HEW Secretary secretly favors it, and sees it as the key means for getting his own hospital cost-containment proposals off the ground.

### Kennedy power play

The Kennedy machine is so determined to see that these programs become the cornerstone of U.S. domestic policy that they have launched an ambitious campaign to consolidate control over government departments which will have primary responsibility for administering them. The most visible indication of this push is the proposal cooked up by the Brookings Institution and now under consideration by President

Carter, to dissolve the Commerce Department and place its largest unit, the Economic Development Administration, under HUD, which in turn will be transformed into a Department of Economic Development.

Under this plan, HUD Secretary Harris — a former member of a Washington law firm with strong links to British intelligence — will have at her disposal huge amounts of money to dispense on the kind of “community counterinsurgency” programs for which HUD is becoming notorious.

Kennedy is building up his own power base on the chairmanship of the influential Judiciary Committee. Kennedy is also conducting negotiations for a seat on the powerful Budget Committee where, as an aide put it, “He’ll be able to exercise fiscal restraint over every government program.”

Though Kennedy’s commitment to austerity is as ironclad as anyone’s, there are indications that the Senator is simultaneously attempting to position himself at the head of the developing opposition to the Administration’s austerity policies — obviously boosting his own presidential ambitions. According to Leon Shull, executive secretary of the Americans for Democratic Action, “Kennedy will lead the liberal forces against Carter this coming year.” Shull also said that Kennedy will be “the silent collaborator” of the liberal-fascist groupings led by United Auto Workers head Doug Fraser and original poverty-pimp Michael Harrington which are expected to protest Carter’s policies and boost the Kennedy health insurance bill, in particular, at the Democratic Party’s mid-term convention in Memphis Dec. 8-10. A source close to Shull confided that the so-called debate on health insurance between Kennedy and Califano which is a “highlight” of the convention is “just for show,” since “Kennedy and Califano see eye-to-eye on the whole hospital cost thing.”

— Kathleen Murphy

# Defeating Kennedy’s

## How to fight the ‘Kool-aid approach’ to

*The following is a policy statement submitted by Lyndon H. LaRouche, Jr., Chairman, U.S. Labor Party.*

It is of the utmost urgency that the medical profession quickly develop and present a comprehensive alternate to the evil legislative concoction known as “The Kennedy Health Bill.” The stress must be laid on the most evil feature of Senator Kennedy’s proposals, proposals which may be fairly described in the aftermath of the Jonestown tragedy as the “Kool-Aid for the Aging” approach to slashing medical assistance to the senior citizens.

The model for this feature of the Kennedy bill is the pilot conducted at St. Christopher’s Hospice in London. Yet, the more appropriate precedent is those features of Nazi Germany’s medical practices during the 1930s which became the subject of the postwar Nuremberg Tribunal proceedings. The Nazi precedent shows that it is but one step from “Brompton Mix,” as a medical cost-cutting measure, to the “cost-benefit” dictum of quickly terminating the existence of “useless eaters.” The relevant provisions of the Kennedy proposal represent the wedge-end for such Nazi-like practices.

By emphasizing the hideous immorality of this included choice of policy-direction in the Kennedy proposal, we are able to draw public attention to the other dangerous and deplorable features of the whole body of this legislation. The inclusion of the blatantly immoral, evil feature aptly betrays the quality of philosophical outlook which has governed the design of the bill in all principal features.

Such an assault on the unspeakable evil of that proposed legislation could not be adequately effective by itself. The American voter must be given an acceptable alternative to the evil proposed legislation. It is not indispensable that an alternative comprehensive bill be presented. It is indispensable that a clearly articulated, factually grounded alternative *national medical policy* be elaborated for popular understanding.

It is my recommendation that a “Blue Ribbon Commission” be constituted, preferably by resolution of the assembled representatives of the medical profession.

I most strongly urge that the divisive issue of public and private health insurance not be the primary focus of the work of the Commission. Consideration of those matters should not be excluded, but should be included in a commission report as appended findings. The primary focus of the Commission’s work should be the