Murdering useless eaters: the Nazis' euthanasia comes to the United States

by Kathleen Klenetsky

On July 30 of this year, the *New York Times* published an op-ed which, in terms chillingly reminiscent of the Nazi regime's methodical extermination of what it labeled "useless eaters," called for the outright murder of millions of American citizens. Written by Harry Schwartz, an economist, intelligence agent, and writer-in-residence at Columbia University's prestigious College of Physicians and Surgeons, the commentary proposed to deny "free" medical care (i.e., that provided by Medicare, Medicaid, and other government-financed programs) to several categories of patients, including the elderly and ailing infants, because it "costs too much" to keep them alive.

Arguing that "finite and limited resources" make it impossible to meet all the demands for government-supplied health, education, and other social services, Schwartz demanded that the United States adopt a system of "rationing out our inadequate resources as best we can . . . among the many and diverse claimants." In other words, triage.

Initially, Schwartz suggested that the following restrictions be put on medical care: "No person shall be provided with 'free' medical care worth an aggregate of over $1,000,000 in a lifetime or over $100,000 in any 18-month period. No 'free' major surgery shall be done on any person 75 years or older. Admission to 'free' hospital care shall be denied to persons 85 or older. No 'free' intensive care shall be provided infants born weighing less than three pounds or having a major anatomic anomaly of the central nervous, cardiac, respiratory, or gastrointestinal system."

An estimate produced by the Fusion Energy Foundation indicates that *a minimum of 10,000,000 people* in the United States would literally be condemned to death if Schwartz's proposals are put into effect—a figure which rivals Hitler's mass murder.

It would be totally wrong to dismiss Schwartz as one isolated madman who somehow managed to sneak his murderous fantasies onto the pages of the *Times*. The truth of the matter is that his op-ed is a very accurate indication of what is already happening in health care, as well as what is fast coming. It is also a reflection of the deliberate policy to radically increase the death rate, a policy which has been adopted by the oligarchical faction which controls much of U.S. policy making, and whose intent to eliminate 2 billion people over the next 20 years is clearly stated in the by-now-notorious *Global 2000 Report* issued for them by Jimmy Carter's State Department. Since medical care is such a crucial feature in maintaining the increase in human longevity achieved by the United States and other advanced industrial societies, it has been made a top target for destruction.

Upping the death rate

As a result, U.S. medical care has been put under a concerted assault, especially over the past few years. Beginning in earnest with the "death with dignity" movement, propaganda has been churned out by such institutions as the Hastings Center, the Society for the Right to Die, and the Kennedy Institute of Ethics at Georgetown University, aimed at brainwashing people into accepting sharp reductions in the quantity and quality of medical care available on the grounds that it is "unnecessary," "wasteful," "too expensive," "inhumane" or that "dying isn't so bad, anyway."

The insidious concept of a "life not worth living," i.e., a person in a coma or with a chronic, debilitating disease, or one who is mentally retarded or senile, has also been widely introduced, with the result that many of these people are denied medical treatment and, in some cases, food and water as well, in order to ensure that they die quickly and inexpensively.

The medical profession has been effectively blackmailed into going along with this trend. Many doctors who ordinarily would flatly reject the kinds of proposals made by Schwartz et al. have been so pressured by the threat of malpractice suits that they have begun to welcome the kinds of medical-care guidelines which are aimed at restricting or eliminating treatment.

As a result, the United States is moving dangerously close to the situation which prevailed in Nazi Germany where, under a secret program known as "Action T-4," the mentally ill, the retarded, the elderly, and infirm—what the regime called *Ballastexistenzen* or "dead weights"—were systematically carted off to special killing centers because they were deemed too great a burden on the state.

Those who are skeptical of this assertion would do well to ponder the words of Dr. Leo Alexander, an American physician who took part in the 1946-47 Nuremberg War Crimes trials, where Nazi medical officials who had carried out the annihilitation of the mentally ill and retarded were charged with murder and hanged. In a 1949 article in the *New England Journal of Medicine*, Dr. Alexander wrote:

"Whatever proportions [Nazi doctors'] crimes finally assumed, it became evident to all who investigated them that they had started from small beginnings. The beginnings at first were merely a subtle shift in emphasis in the basic attitude of the physicians. It started with the acceptance of the attitude, basic in the euthanasia movement, that there is such a thing as life not worthy to be lived. This attitude in its early stages concerned itself merely with the severely and chronically sick. Gradually the sphere of those to be included in this category was enlarged to encompass the socially unproductive, the ideologically unwanted, the racially unwanted, and finally all Germans. But it is important to realize that the infinitely small wedged-in lever from which this entire trend of mind received its impetus was the attitude toward the nonrehabilitable sick."

Implementation

Recent developments in the United States underscore how closely it is paralleling Hitler's Germany:

- The U.S. Congress recently adopted a bill authorizing the use of federal Medicare funds to pay for hospice care for the elderly. The measure, originally introduced by Rep. Leon Panetta (D.-Calif.) as H. R.5180, was attached to the Omnibus Tax Bill passed by Congress Aug. 19 and signed into law by President Reagan. According to the terms of the bill, any terminally ill American, 65 or over, who agrees to forego any life-prolonging treatment, and asserts that he or she has only six months to live, is qualified to receive funds for hospice or home-hospice care. Sold as a cost-cutting measure, it is officially estimated that it will save the federal government $48 million in Medicaid expenditures.

Despite the carefully cultivated image of hospices as "humane" alternatives to "depersonalized" hospitals, they were devised as cost-reducing institutions where the terminally or ostensibly terminally ill are shunted off to die, with little or no attempt to prolong their lives or to apply new or innovative therapeutic measures. 50,000 Americans now die yearly in private hospices.

Given scant attention by the media, this move by the government of the United States to offer financial incentives to the elderly to shorten their lives is one of the most acute steps to date in the institutionalization of a Nazi "useless eaters" policy.

- The same Omnibus Tax Bill also eliminated the tax deduction for medical insurance premiums and upped the amount Medicaid recipients have to pay for medical treatment. Both measures are aimed at discouraging people from seeking medical care.
- The use of "do not resuscitate" orders is rapidly proliferating. These are orders given by physicians not to resuscitate certain patients—usually older people or those suffering from terminal illness—if they suffer acute cardiac or respiratory arrest. Dr. H. Beeson, head of the American Geriatrics Association, noted in a speech last spring at Yale University that the use of DNR orders for elderly patients is becoming standard procedure.

On Sept. 20, the Medical Society of the State of New York issued guidelines for physicians and hospitals on the use of DNR orders. The guidelines were interpreted by the *New York Times* as indicating greater application of DNRs, and hailed by *Newsday* as recognizing that prolonging life is no longer viewed as the ultimate objective of medical care.

- In Los Angeles, two medical doctors affiliated with the Kaiser-Permanente Health Maintenance Organization (HMO) were recently indicted for murder after one of their patients died of starvation. The patient, Clarence Herbert, lapsed into a coma after undergoing intestinal surgery. Although his brain still showed activity, one or both of his doctors sought and obtained permission from the patient's family to remove him from his respirator. When Herbert continued to breathe on his own, the doctors ordered the discontinuation of all food, water, and medication. It took six days of total starvation to kill Clarence Herbert, but he finally did die. The doctors have defended their action by claiming that what they did was "within accepted medical practice," a claim which, unfortunately, is probably true.

It is not surprising that Herbert should have died in an HMO. As Harry Schwartz notes in the interview below, one key aspect of HMOs—which are rapidly growing in number, thanks to the encouragement of the insurance companies and such liberal politicians as Sen. Edward Kennedy and the Harriman wing of the Democratic Party—is that they provide an economic incentive to limit the care provided to members.

- The insurance companies are promoting several other cost-cutting schemes, centered on a radical restructuring of health-insurance plans. The major thrust is to make participants pay more out of their own pockets, under the assumption that this will discourage their use of medical services. Methods under consideration include raising the per-person deductible to $1,000 or more from the current average of $100; having participants pay a greater proportion of any treatment they receive; and putting caps on the amount for which a plan will reimburse a patient for a particular procedure, no matter how much the hospital or doctor providing

treatment charges.

- The Abrams Commission, established by Jimmy Carter to produce recommendations on a slew of medical issues, will release its final report in December. The Commission has provided a public forum for proponents of both "passive" and "active" euthanasia. Last January, for example, the Commission serenely heard testimony from San Francisco State philosophy professor Mary Anne Warren that "defective newsborns" be given lethal injections at birth.

The Club of Life

These genocidal measures which are now being implemented against the U.S. population are not going unopposed. Harry Schwartz's op-ed became a central issue of the recent Democratic primary for U.S. Senate in New York, when Mel Klenetsky, the National Democratic Policy Committee-backed challenger to Sen. Daniel Moynihan, publicly demanded that Schwartz be fired from his post at Columbia. The Los Angeles murder case has also become a focus for the Committee Against Genocide, a national organization which was formed this year to wage a political fight against all forms of genocide, from forced sterilization to euthanasia. And the Oct. 20-21 inagural meeting of the Club of Life, founded under the initiative of European Labor Party Chairman Helga Zepp-LaRouche, is expected to mobilize the most significant force yet in the battle to wipe out the last vestiges of the Nazi "useless eater" mentality and re-establish an unyielding commitment to protect and foster all human life.

Interview: Writer-in-Residence, Columbia University Medical School

Harry Schwartz: 'The ultimate economy in medical care is death'

The author of a July 30, 1982 *New York Times* op-ed calling for severely restricting medical care to significant portions of the American population, Harry Schwartz has been one of the key writers on medical costs and practices since the early 1970s, although he has no medical training or background to speak of. He told *EIR* that the death of his son through a brain tumor was what convinced him that too much money is spent on medical care.

Schwartz was trained as an economist at Columbia University and served in the Office of Strategic Services during World War II, becoming a specialist in the field of Sovietology.

He joined the *New York Times* editorial board in 1951, remaining a member until he took his present position as writer-in-residence at Columbia University's College of Physicians and Surgeons in 1979. He says that the most important editorials he wrote while on the *Times*'s board were those denouncing the Ford administration's swine-flu inoculation program.

With the publication of his 1972 book *The Case for American Medicine: A Realistic Look at Our Health Care System*, Schwartz began to promulgate methods of rationalizing medicine and reducing its cost, persistently making the point that "the ultimate economy in medical care is death." Schwartz's prescriptions have become increasingly blatant, with the collapse of the U.S. economy and greater public acceptance of medical cost-cutting. In a commentary published in the Feb. 8, 1982 issue of *Newsweek*, for instance, Schwartz held up the British national health care system as a model for the United States, applauding the fact that it recognizes that "free health care must be rationed" and has instituted a "planned inadequacy of resources. This, he explained, means that there is "rationing by age, exemplified by the fact that most people over 50 in Britain needing renal dialysis are denied it and instead condemned to death from uremia."

Schwartz gave the following interview to *EIR* after the publication of his *New York Times* op-ed:

EIR: Do you consider your proposals for withholding free medical care to premature infants and people over 85, and for severe restriction on access to medical care for other types of patients, to be acceptable to the majority of Americans?
Schwartz: My proposals are not politically acceptable at all! But then again, how acceptable was abortion-on-demand 50 years ago? The point is to get ideas discussed, even if they're not going to be immediately accepted by the majority of the population. I'm not going to go around killing people personally; I'm just making certain suggestions that I think should be discussed. You've got to realize that we have rationing of medical resources now. Every time a clinic shortens its hours or a hospital cuts back its staff or the government makes cuts in the medical services budget, you've got rationing. People die. But the problem is that it's done irrationally; there's no logic to it. We have to introduce logic into our medical rationing. People don't get what they want the way things are, but not by any logical principle.

EIR: Can you elaborate on the sort of logical principle you advocate for rationing medical care?

Schwartz: For instance, why spend so great a proportion of the national health budget on the elderly when they're going to die soon anyway? We should be spending the money instead on youngsters. Of course, there are very difficult decisions to make—who should live and who should die. All I want to do is stir up discussion. We've not wanted to discuss these issues, but the time has come when you have to. Think about the unthinkable. . . . It seems to me that we have to look at utility as a guiding principle. Whose life has the most utility, both to society and to its possessor? These are the people who should have first claim on medical resources. But as things stand now, we're doing the opposite. We have an open checkbook for old people under Medicaid.

EIR: Do you put any other individuals into this same category as premature infants and old people?

Schwartz: You have these children with deformities who are being kept alive. Some of these should be allowed to die—as humanely as possible, of course. Same thing with Karen Quinlan cases. Should these people really be allowed to continue to metabolize, even though they are using scarce resources and will never recover? It's madness! Then you've got the Reagan administration telling hospitals they've got to keep these deformed infants alive! It's crazy!

EIR: How must Americans change their basic views on medical care?

Schwartz: The bottom line is this: You can't meet all the demands for medical care. People have got to understand this. The belief that any Tom, Dick, or Harry can get whatever medical care he wants is a terrible problem. People have to be shown that this isn't true. Part of the problem is health insurance and Medicaid. People are going to the doctor or into the hospital all the time, and someone else is footing the bill. This gives people a totally false sense of the realities of medical economics. We should do away with medical insurance completely. People should have to pay for whatever care they get out of their own pocket.

We have to bring market economics to medical care. If you can't afford to pay for it, it's like anything else: you don't get it.

EIR: What do you think of the case of Drs. Robert J. Nejdl and Neil L. Barber, who are now under indictment for conspiring to commit murder after they denied life-support medication and food to Clarence L. Herbert?

Schwartz: That's a fascinating case. You see, the doctors had an economic incentive for killing the patient. The hospital he was in was the Kaiser Permanente HMO [Health Maintenance Organization]. You know that HMOs are prepaid. That means that members pay so much in advance every year, and in turn are supposed to get full medical coverage, as much as they need, without paying anything additional. But of course, that's not what happens. It couldn't be or they'd all go broke. So you have a situation where if a patient X paid his HMO $500 for the year for medical care, but then got cancer and began costing the HMO hundreds of thousands of dollars, the HMOs directors would have every reason for cutting back on the amount of care given to this patient. That's probably what happened in the Los Angeles case. The patient would have gone on metabolizing for years, costing the HMO huge amounts of money, and never paying an additional dime. The doctors figured they had to kill him!

This is one of the issues that I think has to be discussed. We have to talk about what is untalkable. What does it mean, for instance, that with the growth of HMOs, there is a greater incentive to kill patients in them? *After all, the ultimate economy in medical care is death.* We have to look at this thing, develop general principles and guidelines. I can assure you that if Karen Ann Quinlan had been cared for in an HMO, she wouldn't be metabolizing now.

EIR: What has brought us to this situation?

Schwartz: What has brought us to this situation is that medicine is making so much progress. The outlook for the next 20 years is one of even greater medical breakthroughs. We'll probably cure cancer, mechanical hearts will become commonplace. We're entering the most rapid period of medical breakthroughs yet. But this just means that medical care will get more costly, that it'll eat up greater and greater amounts of the GNP. . . . You could take the position, as Ivan Illich does, that the only solution is to stop all medical progress—do away with medicine, let nature take its course. I don't agree with this approach. I think medical research is very useful, but that what we have to do is to decide who gets access, how often, and under what circumstances.

There's an article in the current issue of *New Republic* which says essentially the same thing. Medical care in America is too cheap for the individual person! We've got to do something about this immediately! People have to understand that there are limits to what they can get in the way of medical care. . . .

EIR: Do you think these issues are being adequately discussed?

Schwartz: There are some people who are seriously discussing these questions. The Abram Commission, the President's Commission on Medical Ethics [where Mary Ann Warren testified] has been doing some good work, but they're now having a big fight over what their final document on health care and economics will say. They may have to water it down. But then there are others, like the directors of Beth Israel Hospital in Massachusetts, for instance, who are saying what I'm saying. . . . That there are more people out there who want help than society can afford to help. Handicapped people, all kinds of people.