

# Obama's Health-Care Plan Will Impose Genocide on You and Your Family

by Tony Papert

Jan. 15—Under the pretext of extending health insurance to more Americans, President Obama's so-called health-care reforms would actually accelerate death-rates, especially among the aged, the chronically ill, minorities, and the poor. This is not some unfortunate error of one or another clause or provision. Rather, it saturates the entirety of the Senate bill, from the first page, to page 2,409, the last page, and similarly for the House bill. This is no accident; it is completely deliberate. This was the policy of Hitler's secret "T4" directive of September-October 1939. This is the crime of genocide, for which, under the label of so-called euthanasia, Nazi doctors were hanged at Nuremberg.

To begin to raise the curtain on the murderous intent of these "reforms," we will focus here on three features: first, the so-called "Cadillac tax," which, in reality, is neither a tax, nor does it involve luxuries like Cadillacs. Second, what physician Richard Cooper has called the "Dartmouth memorial clause," which would selectively withdraw Federal funds from hospitals in certain areas, and award those funds as bonuses to hospitals in other areas. Finally, we will refer, as we have before, to the IMAC (Independent Medicare Advisory Council) or IMAB (Independent Medicare Advisory Board), an unelected, unconstitutional, Presidentially appointed board, solely dedicated to slashing Medicare, with little interference permitted from the elected representatives of the people in the Congress.

But before proceeding any further, it must first be pointed out that the entirety of the Obama "health-care" package, every part of which centers on subsidies for the Nixon-spawned private health-insurance entities known as "HMOs," is now completely under the cloud of the massive, unresolved AIG case, because of AIG's tentacles into the entirety of the insurance industry, including the HMOs. Although the new Financial Crisis Inquiry Commission has done a sloppy job on this so far, in its

first two days of hearings, nevertheless former New York Governor (and Attorney General) Eliot Spitzer and his friends have been effective in defining some of the problems from the sidelines. And as Spitzer et al. point out, still-secret Federal Reserve and AIG e-mails and other documents are critical to the investigation. A related civil case against AIG is progressing in California, and the House Oversight Committee of Reps. Edolphus Towns (D-N.Y.) and Darrell Issa (R-Calif.) has subpoenaed those e-mails, with a return date of Jan. 19, while former New York Fed chief and current Treasury Secretary Tim Geithner is to testify there on Jan. 27 on this matter, in which he is a central player.

In light of this, and since the entirety of what Obama and company are pushing as health-care reform, goes into this question—and moreover, when the indications are that there is something legally smelly about the whole insurance aspect of the Obama health-care legislation—then the entire package must be suspended until all this can be sorted out. Because if this is all one big fraud, then Obama's bill is killed on that ground.

## 'The Cadillac Tax Isn't a Tax'

But to begin with the so-called "Cadillac tax": What all health-care economics insiders know, including all sentient Senators and Congressmen, and their staffs, is that the Senate bill's "Cadillac tax" is not a tax at all. It is simply a Congressional *prohibition* on any employer-provided health insurance above a certain level of premiums, presently \$8,500 for an individual, or \$23,000 for a family. The reason that it is falsely designated as a "tax," rather than what it actually is—a prohibition—is that it is intended to evade the question of the constitutionality of such a prohibition. That is, for example, many state attorneys general have rightly challenged the constitutionality of any law which would require Americans to buy health insurance from private companies.



White House/Pete Souza

*President Obama's deathcare legislation is on the ropes, as both the scandal surrounding the AIG bailout, and the possibility that a Republican will win the Massachusetts Senate seat in a special election Jan. 19, indicate. Its defeat would be a victory for the nation. Here, Obama peers into a microscope, perhaps in search of anyone who supports his policies.*

But what would they say of a Congressional prohibition on purchasing health insurance above some Congressionally designated minimum price? Moreover, a minimum price which is quite openly pre-programmed to *drop*, still further, every single year in real terms, so that more and more Americans lose more health security, each and every year into the indefinite future?

Again, there is no one “on the inside” so stupid as not to know all of this in full detail. Only the gullible, general reader of such trash as the *New York Times* and *Washington Post* is fooled, in the hope that by the time he finally wakes up, it will be “Too late, poor sucker!”

The proof that the so-called “Cadillac tax” is a “tax” in name only, begins with the fact that no one expects it to be paid. This so-called tax will be assessed by HMOs and charged to employers, to the extent of 40% of the excess of every premium over the permitted minimum value of \$8,500 or \$23,000. But official U.S. government studies expect only very few of these employers to pay it. (Any required documentation on all these related questions of the “Cadillac tax,” can be found through Rep. Joe Courtney’s (D-Conn.) website, and through a Jan. 13 posting by Jane Hamsher on Huffing-

ton Post.) Or, as official expert Jonathan Gruber (more on him below) wrote in the *Washington Post* on Dec 28, “The Cadillac Tax Isn’t a Tax.”

But you might reply, “You say the Cadillac tax is not a tax. But if it were not really a tax, it would not produce revenue. But then how can you explain that the fact the Congressional Budget Office (CBO) estimates that it will contribute \$149 billion to the Federal budget from 2013 to 2019?”

The simple and straightforward answer to that honest question, is so richly unbelievable, that no reader could be blamed if he thought I were joking. Here is how the misnamed “Cadillac tax” will produce that revenue, according to the CBO. Rather than pay the “tax,” employers will either reduce the health coverage of their employees, or else, drop it entirely. On that point, no one could possibly disagree.

But now, here’s the next step: For every dollar they save in premiums in that way, employers will turn around and give a dollar back to their employees in increased wages! Thus, the way the “Cadillac tax” contributes to Federal revenues (in this fantasy), is overwhelmingly (80-83%) through the increased Social Security taxes and Federal income taxes, which will be paid in by those millions of employees who will get all these raises from their happy employers! And this, when real unemployment exceeds 20%, and the wages and hours of those lucky enough to be still employed, are falling rapidly!

If you can believe that that the Cadillac tax will produce revenue for the Federal government, you may be eligible for a professor’s chair at MIT, and even perhaps for a one-year, \$400,000 grant from Nancy-Ann DeParle’s White House Office of Health Reform. Jonathan Gruber has both, but he never bothered to disclose the \$400,000 grant. Instead, he spent the past year as a so-called “independent expert,” continually cited by the White House in support of this bizarre theory, which Gruber says is demonstrated by some private, proprietary economic model that he runs in secret. He wrote

op-eds on this for both the *New York Times* and *Washington Post*, after explicitly lying to each newspaper about his conflict of interest—for which both papers have now had to apologize. But the game ended when Marcy Wheeler exposed Gruber’s \$400,000 secret payoff Jan. 7 on firedoglake.com. Now it’s hard to find anyone to defend the “theory”! Never mind that the whole Senate bill, and the “Cadillac tax” on which Obama personally insists, all depend upon it!

Now, what will really happen if this “Cadillac tax”—what International Association of Firefighters head Harold Schaitberger has rightly called “a disaster, a nightmare”—what will happen if it becomes law? Gruber claims that employers will cut \$223 billion in health coverage over a decade, and workers will gain \$223 billion in wages. The wage part can be disregarded, but employers will indeed cut \$223 billion in coverage, and likely a lot more—by closing down many of their health plans entirely, leaving workers with the much inferior “exchanges” or Medicaid. What coverage will these workers lose? Will it be luxuries? Gruber and other flacks cite a \$40,000 plan at Goldman Sachs, which includes free gym memberships and yoga lessons. Is that what will be lost?

Of course not. What determines premiums is not primarily benefit levels, but the age, health status, gender, and geographic location of the insured—and completely arbitrary decisions by crooked HMOs, even more so. The average coal miner’s policy costs about \$32,500. Group policies are far more expensive in the Bronx, N.Y., as they are in the vicinities of other urban ghettos, than they are elsewhere. And the very same Senate bill which includes this “Cadillac tax,” also allows insurers to *triple* their rates, based on age, alone. These are the things which determine the level of premiums, not luxury, “Cadillac” benefits. Therefore, who will be cut? Obviously: the aged, the ghetto poor and minorities, the chronically ill, women, especially of childbearing age, and those in health-imperiling occupations like mining.

Or, as one study says, this pernicious measure will “make health-care unaffordable for many families that currently have employer coverage, . . . especially women, older workers, and those with chronic conditions.”

To what effect? As if it weren’t obvious enough already, when benefits are cut, as through increased co-pays, what happens? Every study shows that the first thing that happens is that the victims “forego care for the chronic conditions which determine the ‘excess’ in-

surance.” Diabetes, for instance. High blood pressure, and many others. And they die faster. But that’s the whole point, isn’t it?

And lastly, and most important: Never forget that this is only the beginning. That the “Cadillac tax” is carefully pre-programmed by the Senate, to take a bigger bite every year, year after year after year, as the minimum allowable real level of employer plans drops relentlessly down every year like the scythe in Poe’s “The Pit and the Pendulum.”

Obama has been instructed by his controller, Britain’s Tony Blair, that we must die faster and more often. That’s just what Blair did with Britain’s National Health Service when he was Prime Minister. And behind Tony Blair stands the British Royal Family of Prince Philip, the Royal Consort, who has demanded that the world’s population must be reduced from a presently estimated 6.7 billion, to less than two!

### **The Wennberg/Dartmouth Scam**

The four legs of the U.S. health-care system today are, first, employer-provided insurance, covered above. Second, is Medicare for those aged 65 and over, which we will treat last. A third leg is the veterans’ system, and, finally, the fourth could be said to be Medicaid for the indigent, combined with free emergency-room care for those who have really nothing. With the sole exception of the veterans’ system—for now—the genocidal Obama plan is out to cut off each of these four “legs,” in its drive for death. The Wennberg/Dartmouth scam is designed especially to cripple what’s left of Medicaid, along with free emergency-room care for those who have absolutely nothing else to resort to, by pushing into bankruptcy just those hospitals which serve urban ghettos and the poorest parts of the rural South.

Both the House and Senate so-called “health-care” bills will shift money out of the hospitals which serve poor ghetto areas, and shift it into the so-called “more efficient” hospitals in the Northwest and Southwest which do not. This genocide is rationalized by the studies of Jack Wennberg’s Dartmouth Institute, which have been exposed as fraudulent by Dr. Ned Rosinsky (*EIR*, July 21, 2009, and Sept. 11, 2009) and other writers, and exposed in a paper by the Federal Medicare Advisory Commission, MedPAC itself, as even the whorish *Washington Post* was forced to admit, in a Jan. 6 article by Alec MacGillis.

To make it more blatantly genocidal, penalization of the so-called less efficient hospitals will be done, not by



*Under Obamacare, money will be shifted out of hospitals in poor, urban areas, like the Harlem Hospital Center (N.Y.), shown here, to so-called “more efficient” hospitals in wealthier areas; hospitals that serve the poor will be deprived of Federal money, and people will die as a result.*

individual hospital, but by county. This insures that if your hospital serves Harlem or the urban ghettos of California, Texas, or elsewhere, or poor areas in the South, it will be deprived of the Federal money it needs to operate, no matter what its so-called “efficiency,” in costs per Medicare patient. All teaching hospitals will also be screwed.

The so-called more efficient hospitals which will be rewarded with the funds stolen from treatment of the poor, are exemplified by the Minnesota-based Mayo Clinic, which has lobbied heavily for these changes. But besides the fact that it treats virtually no ghetto poor, another reason for Mayo’s low cost is that it charges significant co-pays for Medicare patients. Another, is that it simply triages the indigent. Mayo announced in October, that its flagship Rochester, Minn. facility will no longer accept Medicaid patients from Nebraska and Montana. Already, only 5% were on Medicaid there, a much smaller percentage than other big teaching hospitals, and less than Rochester’s other hospital.

Mayo’s facility in Glendale, Ariz. recently announced that it will no longer accept Medicare patients for primary care, without an additional fee of \$250 per

year plus \$175-400 per visit. And Bloomberg reported that one of Mayo’s Arizona primary-care clinics announced Dec. 31, that it would cease to treat Medicare patients at all, as of Jan. 1.

Besides this latter provision, which physician Richard Cooper has dubbed the “Dartmouth honorary clause,” the Obama reforms would “cut hospital reimbursement for re-admissions (principally of poor people),” and “cut disproportionate share (DSH) payments to hospitals (which are for disproportionate numbers of poor patients),” as Cooper noted on his blog <http://buzcooper.com> last June 28, under the heading: “Obama’s war on poverty—say it isn’t so.”

Starve the hospitals that treat the poor? This is reform?

### **IMAB, or the Secret ‘T4’ Committee**

On the third major genocidal feature, *EIR* has extensively covered the body variously called IMAC or IMAB, or, most recently, the Independent Payment Advisory Board, IPAB. Like the ironically so-called “Cadillac tax,” this is a feature of the Senate bill, which Obama has personally insisted must be included in final health-care legislation. It is an unelected, unconstitutional, Presidentially appointed, dictatorial board of 18, which has vast powers to slash Medicare—and only to slash Medicare, never to improve it—with little interference from the elected representatives of the people in Congress.

The IMAB most closely resembles the committee of leading physicians set up under Hitler’s “T4” order, to determine which of the ill or handicapped Germans were living a “life unworthy to be lived,” and were therefore designated to be murdered by doctors and nurses, in a so-called “mercy death.” The Chief of Counsel on War Crimes for the United States at Nuremberg, Brig. Gen. Telford Taylor, estimated that they murdered 275,000 non-Jewish Germans in this way, beginning with handicapped children, before they started in on the Jews, Communists, gypsies, and other undesirables.

Who does not know that the biggest funding source for the Obama death-care bill is \$500 billion in cuts for

the Medicare program for the aged? The Senate health-care bill, passed, ironically, on Christmas Eve, not only gives an unelected, Presidentially appointed commission dictatorial powers to slash Medicare reimbursements and deny treatments, but it attempts to prevent future Congresses from altering the dictates of the Independent Medicare Advisory Board, violating the U.S. Constitution, as Sen. Jim DeMint (R-S.C.) pointed out on the Senate floor.

And never forget that IMAB, like the “Cadillac tax,” is designed to cut a bit more, every year, on top of last year’s cuts. Forever.

Thus does Obamacare aim to destroy every part of the American medical system (with the temporary exception of the veterans’ system). The goal is death, as with the Spanish fascist who cried “Viva la muerte!”, “Long live death!”

There are those who have claimed that every German was responsible for the crimes of Hitler, saying that “each of them must have known what Hitler was doing.” Well, your Senator and your Congressman knows everything we have written above, and more, and he probably even voted for all of it as well. And now, you know it too.

## Reps Demand: No IMAB In Health Bill

Jan. 15—At least 99 Members of Congress have signed a letter to House Speaker Nancy Pelosi (D-Calif.) declaring they will oppose any health care bill that includes an Independent Medical Advisory Panel. In the Reid Senate bill, the panel is modeled on the British National Institute of Health and Clinical Excellence, which in turn is modeled on the Hitler’s T4 program of October 1939. It would set up a board independent of Congress to determine what gets paid for under Medicare, which, under Obamacare, would be slashed by \$500 billion over the next ten years.



Rep. Richard Neal

Rep. Richard E. Neal (D-Mass.) began circulating the letter last July.

Dear Madam Speaker:

We, the undersigned members of Congress, write to voice our strong opposition to the “Independent Medicare Advisory Council (IMAC) Act of 2009” and the “Medicare Payment Advisory Commission (MedPAC) Reform Act of 2009” (H.R.2718, S.1110, S.1380), and the inclusion of any of these proposals in the “America’s Affordable Health Choices Act” (H.R.3200), or any other legislation.

The role that Congress has traditionally played in crafting the Medicare program to provide the best policies for beneficiaries is one that has had a significant impact in our communities. Through the legislative process, Members are able to represent the needs of their communities by improving benefits for seniors and the disabled, affecting policies that fill the health-care workforce pipelines, and ensuring that hospitals are equipped to care for diverse populations across our individual districts. Such a responsibility is one that is not taken, nor should be given away, lightly.

These proposals would eliminate the current advisory role of MedPAC and severely limit Congressional oversight of the Medicare program. By placing this au-

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