

Oregon's Health Plan Will Pay For Euthanasia, Not Cancer Care

by Nancy Spannaus

June 6—Hitler's Nazi doctors had two vital roles to play in the T-4 program which the Führer launched against those lives he considered "not worthy to be lived," during his 1939-41 "euthanasia" program. First was their crucial participation in setting the so-called medical "standard" for who would live, and who would die; the second was to provide a figleaf of medical cover for why people had died.

Both of these jobs have been carried out in Oregon, since 1994, the fateful year when that state adopted two Nazi programs—first, the Oregon Health Program, which set up a system for *denying* "expensive," "futile" medical care to large categories of poor people (whom Dr. Leo Alexander, the medical advisor to the Nuremberg Tribunals, would call the "non-rehabitable sick") enrolled in the state's Medicaid program; and second, the Physician-Assisted Suicide Law, which permits physicians to provide lethal drugs to patients who allegedly voluntarily decide to terminate their lives.

We review this process here as a precautionary tale: The thinking behind the Oregon Plan mirrors that of both Hitler, and Obama's health planners—and it leads to genocide. Will you let this happen in the United States?

Setting Up the 'Choices'

The Oregon Health Plan is generally considered to be the brainchild of Dr. John Kitzhaber, a medical doctor who spent years in the Oregon Senate, before becoming governor during 1995-2003. Kitzhaber, who remains politically active, and was reportedly considered as a candidate for Secretary of Health and Human Services in the Obama Administration, projects the New Age aura, concerned with reforming our health-care system to foster "wellness," instead of dealing with people needing health care. Like the Nazi doctors, who were concerned with preserving the "wellness" of the

race, Kitzhaber has the mind of a killer. All for the greater good, mind you.

In putting through the program, Kitzhaber worked closely with Barbara Coombs Lee, a nurse who became counsel to the Oregon Senate's Committee on Health Care and Bioethics, and was the chief petitioner for Oregon's assisted suicide law. Lee is currently the head of Compassion & Choices, an organization derived from the Hemlock Society and other pro-death groups.

The Oregon Health Plan, which was first passed in the Summer of 1991, was touted widely as a boon to the poor, as it was intended to provide medical coverage to all Oregonians below the poverty line, either through Medicaid or other plans. As with Hitler, and the Obama plan, it began with establishing a commission of "experts."

An 11-member commission resulted in the creation of a mathematical calculus, which allegedly measured the net benefit value (to society) of treating a sick person, by contrasting the net benefit of treatment against net costs. The calculus comes from multiplying the cost of a treatment, by the number of years the patient might live as a result, and dividing by the number of the illness on the "Quality of Well-Being" index, an index developed by Dr. Robert Kaplan of the University of San Diego. The index effectively parallels the Quality of Adjusted Life Years (QALY) measurement, which is touted by Obama's Budget Director Peter Orszag as an excuse for killing people in the Obama "reform."

As a result of this effort, the doctors devised a list of 709 diagnoses and treatments, which, when calculated along with the cost of treatment, and the "value" given to treatment by certain limited popular surveys, were ranked from 1—the most favored—to 709—the least favored. The use of popular surveys, carried out through meetings and phone calls, is eerily reminiscent of Nazi

school propaganda under Hitler, which asked children to compare the costs of paying for the handicapped, against paying for able-bodied families. Propaganda for the plan from leading advocates, like Barbara Coombs Lee, has a similar taint, in its emphasis on sacrificing for the good of the “community.” (Might we say “the Volk?”)

Once the calculus was done, the state would consult these ratings when deciding if it could/would pay for care. Note, however, that from the start, over 100 of these conditions were ruled out because of their “low value,” and every two years, a new line would be drawn, under which reimbursement would be denied. The cutoffs were due to the fact that the legislature each year capped the amount to be spent on the health program. When there were budget cuts, more treatments had to go.

Reports of what conditions would not be covered vary, but, at one point, they included such common conditions as chronic bronchitis and asthma. In 1993, when the program finally went into effect, 120 procedures on the list were ruled out, including treatments for liver cancer, phlebitis, and acute viral hepatitis. This model should be kept in mind, as we hear representatives of the “health-care industry” coming out with their cost-savings plans, which list some of these same conditions as targets for cutting health-care costs.

Ironically, the Oregon Plan could not get the waivers from the generally sympathetic Bush I Administration, which would have allowed it to codify this Nazi denial of care for Medicaid recipients, and put the plan into effect. Thus the program was only approved in March 1993, by President Clinton’s Health and Human Services head Donna Shalala, and went into effect in 1994.

From Rationing to Euthanasia

Lawfully, 1994 saw the Nazi doctors of the state, led by soon-to-be-governor Dr. John Kitzhaber, and supported by the international genocide lobby of the euthanasia movement, ram through the next phase of the program: the Physician-Assisted Suicide law. A



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referendum authorizing this practice passed in November 1994, under the typically sophisticated title “Death with Dignity.”

Again, there were legal complications, as lawsuits held up open implementation until 1997, when the U.S. Supreme Court permitted the states to do as they would. At that time, records show that physician-assisted murders began.

Allegedly the law was implemented with a set of safeguards. These included having two physicians certify that the person had less than six months to live; that the patient request the deadly drugs at least three times (two in writing); that there be a 15-day waiting period after the request before the action; and that the patient “self-administer” the dose.

However, as representatives of anti-euthanasia groups with experience in the state point out, “self-administer” only means that the patients can ingest the poison—and that does not prevent someone else from putting it in their mouths, or feeding tubes. In addition, there is no requirement for patients to reiterate their desire to die at the time of the action, nor is there any requirement for a witness, to ensure that the regulations are followed. Not to mention the fact that projections of someone having “only six months to live” are notoriously unreliable.

In fact, the numbers of deaths under the law cannot actually be verified, because the Oregon law does not require any accountability. (Numbers available suggests there have been at least 600 to 800, and they are on the rise.) In addition, the doctors providing the lethal dosages are mandated to *falsify the death certificates*, to say the deceased died a “natural death” (**Figure 1**). This is *exactly* the same practice carried out by Hitler’s Nazi doctors.

As with the medical rationing plan, the euthanasia program ran into legal problems with the Federal government, in this case with Attorney General John Ashcroft, who argued that the dispensing of lethal drugs violated the Controlled Substances Act. This ruling hampered the program between 2001 and January 2006,



Instructions for Medical Examiners, Coroners, and Prosecuting Attorneys: Compliance with the Death with Dignity Act

Washington's Death with Dignity Act (RCW 70.245) states that "...the patient's death certificate...shall list the underlying terminal disease as the cause of death." The act also states that, "Actions taken in accordance with this chapter do not, for any purpose, constitute suicide, assisted suicide, mercy killing, or homicide, under the law."

If you know the decedent used the Death with Dignity Act, you must comply with the strict requirements of the law when completing the death record:

1. The underlying terminal disease must be listed as the cause of death.
2. The manner of death must be marked as "Natural."
3. The cause of death section may not contain any language that indicates that the Death with Dignity Act was used, such as:
 - a. Suicide
 - b. Assisted suicide
 - c. Physician-assisted suicide
 - d. Death with Dignity
 - e. I-1000
 - f. Mercy killing
 - g. Euthanasia
 - h. Secobarbital or Seconal
 - i. Pentobarbital or Nembutal

Figure 1. Oregon doctors who provide the lethal dosages to those they assist in killing themselves, are ordered to falsify the death certificates, to say the deceased died a "natural death." This is exactly the same practice carried out by Hitler's Nazi doctors.

when the U.S. Supreme Court, once again, in a clear violation of the Declaration of Independence's commitment to the right to life, liberty, and the pursuit of happiness, upheld the constitutionality of Oregon's assisted suicide law.

The State Pays for Murder

The two elements of the Hitler health system came together in 2008, when Oregon resident Barbara Wagner petitioned the Health Plan for permission to get a special cancer drug, to deal with the recurrence of her disease. Wagner, a 64-year-old with end-stage lung cancer, had previously received extensive treatment. She learned about the recurrence in May, and sought a new therapy which her doctor informed her of. But the representative of the state plan sent Wagner a form letter by which she was informed that it would *not* pay for the drug, but would pay for "palliative or comfort care," under which category falls "physician aid in dying"! Treating her was considered "futile," which is defined as any treatment without at least a 5% chance of giving

the patient five more years of life.

Pressed to explain the decision, the medical director of the Oregon Health Plan said, "We can't cover everything for everyone. We try to come up with policies that provide the most good for the most people."

As one commentator pointed out, the state's action was only natural, by Hitlerian logic. The anti-cancer drug cost \$4,000—the drugs to kill yourself less than \$100. And Barbara Wagner, with the drug, would never be "cured," only allowed to live.

This, again, is exactly the kind of thinking identified by Dr. Alexander, as the "small beginnings" of the Nazi euthanasia program, the adoption of a utilitarian attitude toward the value of human life. The very same thinking can easily be discerned in the thinking of Obama's Nazi doctors, who speak of cutting costs by eliminating "ineffective" treatments—those that won't bring people back into playing a "useful" role in society.

The decision to put the drugs for killing people on Oregon's list of approved "treatments" was made in March 1998, under the administration of Governor Kitzhaber, an avid supporter of Nazi health. He doesn't call himself a Nazi, but he's still extremely active, along with his cohort Lee, in demanding this Hitlerian policy. The Health Services Commission ruled 10 to 1 to include the lethal drugs, which became number 260 on the list of 709 conditions and "treatments."

The Wagner case caused a flurry of protest, but Oregon officials did not back down. Instead, the scandal led the manufacturer of the cancer drug to offer it to her for free. She had a few more months of life, dying in October 2008.

As Lyndon LaRouche put it today, we're going to track these Hitler-lovers of Oregon. "You're in Oregon? Duck! These guys are out to kill you. And they are considered respectable people. They are respectable Hitler-lovers. They may not like *him*, but they certainly do like his policies!

"We don't need them in Oregon or any place else on this planet! We're out to destroy them!"