

# The Carter-Kennedy health plan— legalized murder

When a government adopts a policy of economic austerity, zero growth, and energy conservation, the near-term result is the institution of fascist social policies. This is the case for Nazi Germany in the 1930s and 1940s and it is increasingly the case for the United States today.

The Carter administration has systematically implemented a policy that has weakened the U.S. dollar and nearly destroyed the nation's high-technology industry and agriculture. It has called for sacrifice. It has acted against the development of nuclear energy in favor of conservation, solar power, and other expensive, renewable resources. And now it has refused to intervene in a Massachusetts court sentence that is tantamount to euthanasia, a policy which the Nuremberg Tribunal denounced as a "crime against humanity."

The case in court involves Earle Spring, a former pharmacist from the Springfield, Massachusetts area who has said "I want to live," but who was condemned to death so that he could "die with dignity." National and international pressure forced a decision by a higher court to place Spring back on dialysis treatment.

The following report is taken from a Special Report, published by *Executive Intelligence Review*, entitled "Stop the Carter-Kennedy Policy of Murdering our Elderly." Commissioned by Contributing Editor Lyndon H. LaRouche, Jr. The report presents the case of Earle Spring and how the government's policy of "chiseling" against the living standards of Americans—in particular Social Security and Medicare benefits—is the result of its economic and energy policies, and the basis for President Carter and Sen. Edward Kennedy's National Health Plans. Both plans would legalize euthanasia.

Kennedy's legislation, as this report documents, would cut the health budget, place cost-effective ceilings on all treatments, and mandate the provision of hospice services where those deemed "terminally ill" are left to "die with dignity."

Carter's proposal, while more piecemeal than Kennedy's sweeping "reforms," would do the same thing, using as its base the Veteran's Administration health system. Carter has gutted the VA system, forcing it to operate on a cost-cutting basis, thereby lowering the quality of care.

Thus, the case of Earle Spring is a case with national policy implications.

## **Attempted euthanasia**

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### **The case of Mr. Earle Spring**

In the first case of attempted legalization of the Nazi practice of euthanasia in the United States, Massachusetts Probate Court Judge Sanford Keedy ordered January 18 that 78-year-old Earle Spring be removed from the dialysis treatment, medication, and special diet necessary to his survival—so that he might "die with dignity."

Later, after Spring had already missed four dialysis treatments and was beginning to show the effects of uremic poisoning, Keedy refused to reverse his decision, even when the court-appointed guardian for Spring pro-



*'No man has the right to terminate his own or other lives because that life has been savaged by illness and pain. We lack the power to know what another smile of lovingness might contribute. We have no right to practice euthanasia against the sacred mind of a single living person, even if those mental powers have been reduced.'*

—Lyndon H. LaRouche, Jr.

tested that no thorough medical or psychiatric examination of Spring had taken place in over a year.

Later that day, Massachusetts Supreme Judicial Court Judge Francis Quirico, after much national and international pressure had been mobilized for Spring's behalf, ordered that he be placed back on dialysis. Quirico acted on the basis of an affidavit presented by a doctor and a nurse who had spoken to Spring at the Holyoke Geriatric Center.

The nurse's affidavit said: "I asked him if life was good. He said, 'Yes.'

"I asked him if he wanted to die. He thought for a moment and said, 'No.' "

The affidavit of Dr. Nelson Gillet said: "He was able to make a weak expression of his desire to live. My supposition is that his state may have been worsened by the lack of dialysis and medical treatment."

Earle Spring does not want to "die with dignity."

In 1946, the Nazi policy of euthanasia—killing off the elderly, the useless eaters—was declared a Crime Against Humanity by the Nuremberg Code under which the Nazis were prosecuted. A brief examination of the Spring case leaves no doubt that it represents the first attempt to set a precedent for the same Nazi policy of "legalized" murder today.

The case first came to court one year ago, when lawyers for Spring's family petitioned that he be taken off dialysis. They argued that if Mr. Spring were mentally competent, he would want to die with dignity. Keedy's decision is "probably the biggest step toward euthanasia so far," said Richard Roland, coordinator for the Massachusetts Association of Older Americans. "It has grave social implications for potentially thousands of elderly

people. The part that frightens us is that there are many cases like this in nursing homes where somebody has been ruled not competent."

The Spring case threatens to put to death the 30 percent of all Massachusetts nursing home residents who have been ruled incompetent for the crime of senility.

But Earle Spring had never been ruled incompetent. The first protest against Keedy's decision came from nurses at the Holyoke Geriatric Center where Spring lives. The nurses had asked Mr. Spring if he wanted to die. He had said no. In a letter to the *Holyoke Press*, the nurses declared: "We had to state our feelings. The point we're trying to make is he's a person, he's not a vegetable.

"Our patients are like a second family and we strive to do all that is possible for each and every one. . . . To us, he is a unique person with feelings, wants, and needs. We are appalled over the recent court decision to stop his dialysis treatment and we feel helpless and frustrated having to abide by the court decision. We are the ones who are going to watch Earle deteriorate and die. It saddens us to think that a life can be snuffed out so easily."

"We don't want to have a death watch," Frederick Mues, administrator of the Holyoke Geriatric Center told the *Boston Globe*.

The *Boston Herald American* further questioned visitors to the Center who said they "were disturbed by Spring's plight.

"I think they should allow Mr. Spring to continue on dialysis," said Frank Grzelak of Chicopee.

"Yes, I think that would be best," agreed his wife!"

Mr. Grzelak added: "He's a nice friendly old man. I say 'hi' to Mr. Spring and he gives me a 'hi' back. He

looks good. . . . He doesn't seem like the type that somebody would want to let die."

In other words, Mr. Spring is a human being who does not want to die and who has the mental competence to decide so. Keedy's decision was a sentence of murder as the establishment of a court precedent to condemn to death countless elderly people who can be put forward as lacking the "competence" to decide if they want to die.

In effect, that precedent has not been swept aside by Judge Quirico's decision either. The new court hearings on the Spring case are expected to focus on judging the question of Mr. Spring's mental competence. Even if he is found competent to decide that he wants to live, and he is permitted by the court to do so, the implication is that it is now legal to force the mentally "incompetent" to "die with dignity."

That is Nazi euthanasia.

There is no law, no constitutional imperative in the United States for the "right to die," for the right to "death with dignity." There can be no such law. The Nuremberg law entitled Crimes Against Humanity under which euthanasia is outlawed states:

Namely, exterminating, enslavement, deportation, and other inhumane acts committed against any civilian population before or during the war: . . . *regardless whether or not in violation of the domestic law of the country where perpetrated.* (emphasis added)

Today in the United States, Senator Edward Kennedy's Right to Die Movement, the Hospice Movement, the Death with Dignity advocates promote openly what the Nazis dared do only secretly.

The Nazi euthanasia program was enacted with a *secret* law in 1940. The mentally deficient, the crippled, the aged were murdered quietly by injections. According to the evidence presented at the Nuremberg International Tribunal on July 27, 1946:

In July 1940, Bishop Wurm was writing to (Reich Interior Minister Wilhelm) Frick: "For some months past, insane, feeble-minded and epileptic patients of state and private medical establishments have been transferred to another institution on the orders of the Reich Defense Council. Their relatives, even when the patient was kept at their cost, are not informed of the transfer until after it has taken place. Mostly they are informed a few weeks later after that the patient concerned has died of an illness and that owing to the danger of infection, the body has had to be cremated. . . ."

"This fact is causing a particular stir in our small province. Everybody is convinced that the causes of

death which are published officially are selected at random. When, to crown everything, regret is expressed in the obituary notice that all endeavors to preserve the patient's life were in vain, this is felt as a mockery. But it is above all the mysteriousness which gives rise to the thought that something is happening which is contrary to justice and ethics and cannot therefore be openly defended by the government. . . ."

In September 1940, an official in the Euthanasia Program told Martin Bormann: "The text of the notifications to relatives is being variously worded, as I was once more assured yesterday; naturally, however, it can happen sometimes that two families living close to each other receive letters with exactly the same text."

Today in the United States, the Hospice Movement, the Right to Die advocates, with aid of the liberal press, have succeeded in creating a climate in the country in which families assent to the murder of their parents and grandparents.

Senator Edward Kennedy's Hospice Movement is the same as the Nazi euthanasia methods of 1940. In 1978, Kennedy was the keynote speaker at the First Annual Convention of the Hospice Movement, Inc. in the United States, itself modeled on the hospice program in Great Britain. In St. Christopher's Hospice in London, however, those deemed terminally ill are not merely left to "die with dignity." They are fed what is called the Brompton Mixture—composed of heroin, cocaine, chloroform water, alcohol, and tranquilizers—every three hours until the patient dies.

### Nazi economics

In every case, the basic argument offered by the advocates of the "right to die" movement puts forward precisely the same rationale as the Nazis did: cost-cutting.

On January 20, the *Boston Globe* hailed the Keedy order to take Earle Spring off dialysis: "Individuals can legally stipulate in advance that they agree to the withdrawal of medical care if it should become clear that they have lost the capacity to recover from a debilitating condition. But many are understandably reluctant to enter into an agreement that runs counter to the impulses of essential hopefulness that prevails in mankind. Given that reality, the courts will in many cases become the final arbiter in decisions involving the right to die. The decision in the Spring case marked a humane step on that difficult course."

Dr. John Shear, Earle Spring's attending physician, was more explicit. Upon hearing of the Quirico decision to return Spring to dialysis, he said: "This will totally bottle up health care and escalate costs. People will have

to be kept in ICUs indefinitely with incredible implications.

“The decisions about stopping treatment are made perhaps hundreds of times a day in Massachusetts. It is a very, very common thing. People get in situations where you can prolong life in a variety of ways: tubes, ventilators, pacemakers, all kinds of things can be done today. At times you have to make quality of life decisions. Patients do this when they are competent.”

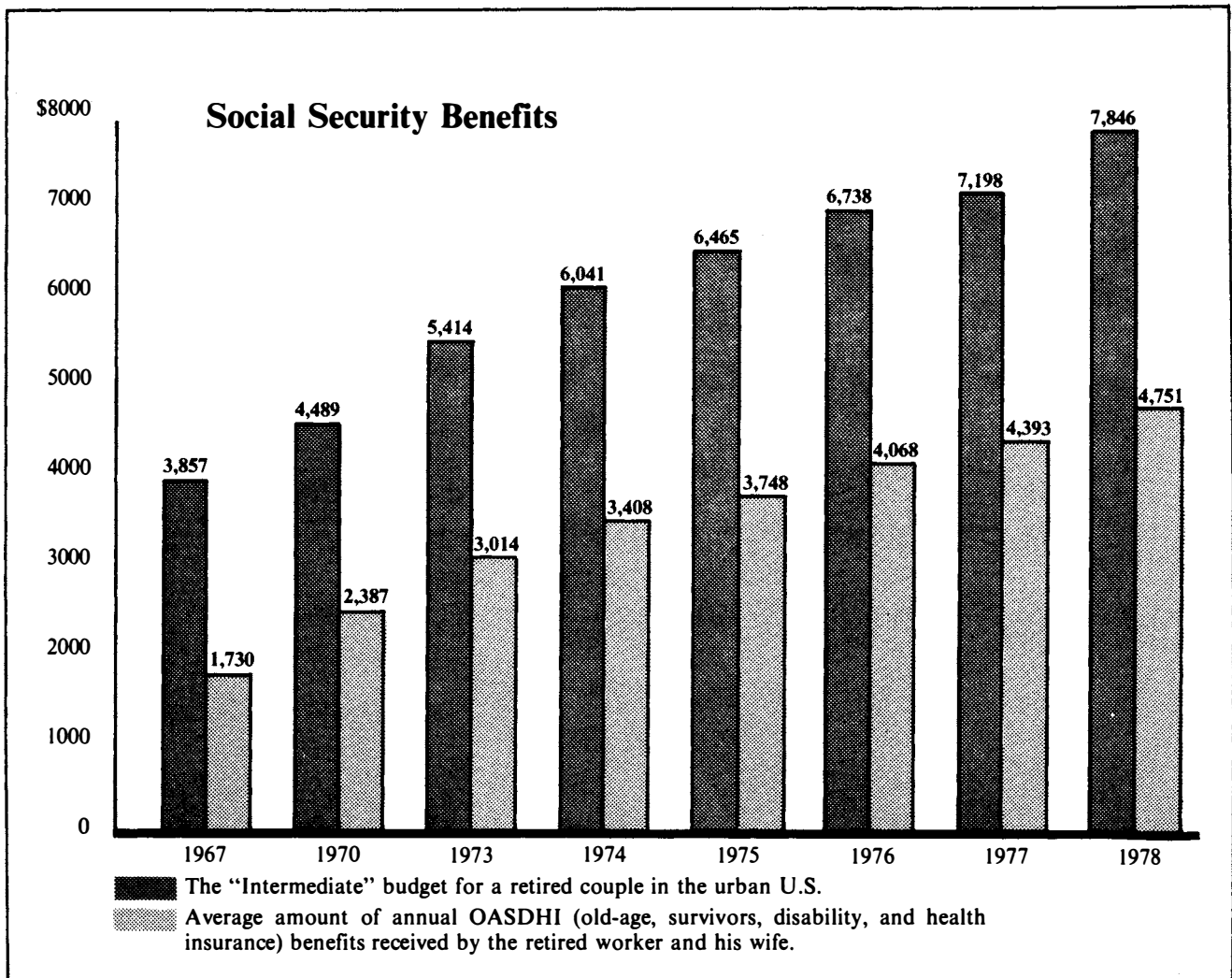
In hearings Jan. 24, the attorney who had pressed for Spring’s murder, Ms. Marguerite Dolan, complained to the court that the placing of Spring on a dialysis machine the previous night—as Judge Quirico had ordered—was “an extraordinary practice,” when there is, she claimed, a recognized shortage of dialysis machines. She protested the court decision had inconvenienced the dialysis center. Judge Quirico reminded the attorney that had Mr. Spring not received dialysis that night, he would in all likelihood have died.

## Chiseling the elderly

### “They’d be better off if they’d die quickly”

The Earle Spring case is a case of an elderly person who was sentenced to death by a court. But how many other hundreds of thousands of elderly, driven to destitution by the Social Security system and driven to despair by illness have been left to silently die? Euthanasia is the end to which federal government policy now leads.

When a person retires at the age of 65, he receives Social Security benefits. On the face of it, Social Security has kept up with inflation. Since 1976, the Consumer



Price Index has risen 35 percent; Social Security benefits have risen 37 percent.

However, no one could survive on Social Security. It covers about half of what the Bureau of Labor Statistics designates as the minimum for a retired couple to survive. In 1979, the BLS put this figure at \$8000 for a retired urban couple. Social Security covers \$4,751. If a retired couple does not have a pension, savings, or other income, they are already at the level of extreme poverty.

The retired couple generally has more medical expenses than a younger couple. At the age of 65, a person is eligible to receive Medicare benefits. When Medicare started in the 1960s, the elderly person was paid hospitalization costs for everything over \$40. Today an elderly person pays \$180 in hospital costs before he gets Medicare. Last year it was \$160. Thus, while Social Security benefits have kept parity with inflation; so have the elderly's share of expenses for Medicare.

In order to receive Medicare benefits for medical care outside the hospital, the retired person must pay insurance at the rate of \$6-9 a month. And then Medicare pays only a portion of the bills for doctor visits, drugs, etc.

For special treatment, such as dialysis, the retired person pays on a co-insurer basis of about 50 percent of the cost. Thus, unless the retired person has other sources of income— his family or savings—it is not possible to receive these treatments.

For hospitalization, Medicare pays up to the first 60 days after the first \$180. After 60 days, Medicare pays only half the hospital costs; after 90 days Medicare pays

nothing. Thus, after a certain point, the sicker the elderly person becomes, the less help he or she receives.

Furthermore, Medicare benefits now go through a case by case review process. When an official at the HEW office in Buffalo was asked why elderly cancer patients were being cut from Medicare benefits, he replied: "Most of these old people would be better off if they died quickly. They have cancer and they are sick, but that doesn't mean they need a hospital."

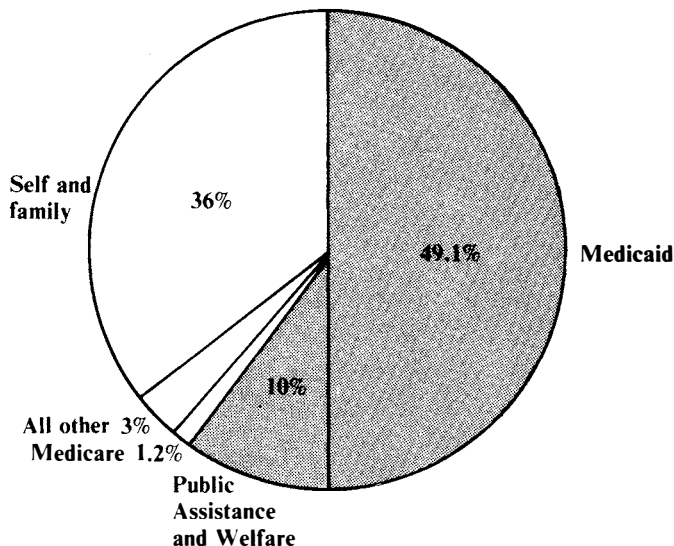
As the elderly person becomes older, his situation becomes more desperate. Medicare pays only 1.2 percent of the national bill for nursing home residency, and even then, only after the patient has been in a hospital first for a prescribed amount of time.

Yet, there are 1 million Americans in nursing homes today. Who pays? The elderly person or his family pay for 36 percent of the national nursing home bill. Almost 60 percent of those in nursing homes today are on Medicaid or Public Welfare assistance.

What does that figure mean? It means that 60 percent of American citizens in nursing homes today have been reduced to absolute penury. Approximately 30 percent of these people are ruled incompetent, and are thus placed in immediate danger by the Earle Spring case.

But what kind of treatment do they receive when they fall ill at a state-funded nursing home? The continuing waves of nursing home scandals appearing in the daily press are but one reflection of a hideous process of malicious neglect of our aged. How many of our aged have been left to "die with dignity"?

### Who Pays for Nursing Home Care? (1973-1974)



## Chiseling the veterans

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### “The most anti-veteran President in memory”

The policy of the Carter administration toward veterans, returning to the United States after fighting for their country abroad, is as vicious as the policy that relegates our aged to misery. “Jimmy Carter is the most anti-veteran President in the memory of any living veteran,” said the head of the Washington legislative committee of the Veterans of Foreign Wars. For the American men who were sent to fight in Vietnam, Carter has rewarded them with a policy of putting them on the scrapheap.

For three consecutive years veterans on the GI bill to get a college education have received no cost of living increases. For 1981 they are designated to get a 10 percent increase, but officials estimate that it would take a 30 percent increase for veterans to catch up. The policy means that no Vietnam veteran can go to school on the GI bill without holding a job at the same time.

Veterans compensation received only a 7.8 percent increase for 1980, when inflation is rising at a rate of 14 percent.

Since he came into office, Carter has consistently attacked the nation's veterans as a “special interest group.” He attempted, so far unsuccessfully, to remove the federal preference for employment of veterans. He attempted to disband the Veterans Administration by placing its compensation programs under welfare in the Department of Health, Education, and Welfare, and distributing its programs throughout other departments. So far, these attempts have been warded off. But if Carter's version of the Kennedy health plan goes through Congress, the VA health system will be dissolved to become the base of a national health system.

What Carter has perpetrated against the VA system shows what his national system would look like.

Today there are waiting lists for veterans to be admitted to VA hospitals; veterans with injuries or illness that are not service-connected are likely to be denied treatment. In 1979, the federal budget cut 5200 beds from the VA system; last year another 1600 were removed. The hospitals, many of them old, are still operating, but entire wards have been closed down.

Since 1979, 7000 doctors have been cut from the VA health system. Twenty years ago, VA doctors and hospital staff were paid on a relative parity with doctors and

staff in civilian hospitals. Today pay for VA doctors is so low that most VA doctors work only parttime, since they can make twice as much money outside the system in private practice and civilian hospitals. The turnover rate for VA doctors is 2000 a month.

Orderlies and nurses attendants and other para-professionals earn less at a Veterans hospital than the maintenance personnel at the same hospital. According to an official of the National Organization for Paralyzed Veterans, most orderlies and staff leave the VA system for menial jobs in other hospitals, where they are paid a better wage.

The VA system has been forced by the Carter administration to act on a cost-cutting basis, with the result that care has been diminished in quality and veterans are turned away at the door. Now Jimmy would like to extend this disaster to the rest of the citizenry.

## Chiseling everyone

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### Legislating death, quickly, cheaply

If the Kennedy national health insurance plan is passed by Congress, cost-cutting will replace saving lives as the priority for the U.S. health care delivery system.

Kennedy calls his bill the Health Care for All Americans Act. But what kind of health care will Americans receive when the health budget is cut by 15 percent, when hospitals are closed, when every medical procedure is scrutinized by a cost-cutting gestapo of technocrats; when hospices replace the supreme effort to save or prolong the lives of the seriously and terminally ill? There can only be one result of the Kennedy health bill: people are going to die. The process will work in the following way.

#### 1. Cutting the national health budget.

The Kennedy health bill begins by mandating that the national health budget must not exceed the rise in the Gross National Product. In 1980, GNP is projected to fall by 1 percent.

Within this zero-growth restriction, the Kennedy health bill adds new costs to the health system. It would bring into the national health system nearly 15 percent of the population, which is currently left out of the system.

Second, its enforcement apparatus adds billions of dollars of bureaucratic costs to a system that is already overburdened with red tape.

The result is that the actual delivery of health care will suffer a severe budget *cut* and the quality and intensity of health care will diminish.

## **2. "Cost-effective" ceilings on all treatment.**

The national budget, state budgets, hospitals, and other facilities will be capped with limitations on expenditures. In addition, every type of treatment will be standardized with set fee schedules.

The effect of this provision is to put a maximum cap on treatment. It would constrict vital clinical research and innovations in the treatment of disease. Patients would not be offered the options of using new methods of treatment, since they would not be available.

The value of various services and treatment will be evaluated from the following standpoint according to the bill: "(1) the time and effort required to furnish the service; (2) the level of skill required in performance of such service; (3) the cost (including indirect costs) to the provider of such service; and (4) *the relative cost-effectiveness of providing such services.*" (emphasis added)

This ruling effectively mandates that there will be no improvement in health care; treatments will be judged by their relative cheapness instead of their effectiveness in curing disease. Within the budget of the bill, this puts particular pressure on disregarding those costly but high-technology methods of diagnosing and treating disease.

## **3. The Gestapo enforcement apparatus.**

The Kennedy bill creates a National Health Board that will run the national health system and State Health Boards which determine the state budget within the limitations defined by the National Health Board. These boards take the medical system out of the hands of doctors and place it in the hands of technocrats. "At least two members of the board shall be individuals who represent the interests of employers or, labor unions, or other major purchasers of qualified health plans; at least one other member shall be a consumer."

In addition, the National Health Board shall appoint an "Inspector General" who, among other duties, "shall promote economy and efficiency... in the national health insurance system."

The National Health Board will have final review of all budgets, and treatments.

The cost of this bureaucracy is astronomical. For example, the Kennedy-sponsored monitoring agencies already in existence, such as the Health Services Agencies (HSA), have added \$50 to the average base daily rate of hospitalization in the United States. That is an increase of 33 percent. Hospitals in New York State are required to report to 163 different monitoring agencies, most of

which have been set up in the past 15 years, like Kennedy's HSAs, to impose cost-cutting controls!

The state of Colorado dismantled its hospital cost-control agency several months ago because it cost more than it saved, even in the short term.

With their blind emphasis on short-term accounting, these agencies have also contributed to rising costs by blocking the introduction of new technologies. For example, more than half of the hospital requests nationally for CT scanners (computerized X-ray machines) have been turned down in the past three years by the HSAs.

This is despite the fact that the CT has proven to more than pay for itself within several years by speeding diagnosis of such problems as head injuries, and thereby saving physicians' time; by frequently eliminating dangerous and expensive tests such as brain air studies and arteriograms; and by saving the lives of patients who would otherwise be misdiagnosed.

But for the Kennedy machine cost-cutters, bureaucracy is not too expensive; saving lives is.

## **4. Closing down the nation's hospitals.**

This is an intended result of the Kennedy bill.

The process is already well underway. First, under the already passed National Health and Resources Development Act of 1974, the Hospital Financing Administration has eliminated 10 percent of the municipal hospital beds in the United States.

Kennedy's Hospital Cost Containment Bill introduced into Congress in 1978 further proposes that hospitals place a 9 percent ceiling on their total spending, resulting in a 5 percent cut in hospital services annually, given Jimmy Carter's hyperinflation.

The Kennedy bill will speed the process. The budget caps imposed place a particular strain on voluntary hospitals, many of which operate under an extremely thin margin, and would simply be driven out of business.

The bill establishes a Health Resources Distribution Fund whose first purpose is to grant funds for "the conversion or closure of health care facilities, where such conversion or closure would improve the efficiency of such facilities in the area." No mention is made in the fund's functions for the improvement or for the building of new hospitals.

The bill further mandates a decrease in admission of patients into hospitals, particularly for the elderly. The bill calls for a "demonstration project" to establish ways in which to keep the elderly at home rather than hospitalized. The proposal is deadly. Precisely because of the increased hospitalization afforded the elderly under Medicare since 1965, 2.1 years have been added to the longevity of those over 65 years of age. Keeping the elderly out of hospitals means denying the aged the

## Kennedy: We don't need any doctors

*Speaking at a conference on Medicine in the Third World in Washington, D.C. in February 1979, Senator Edward Kennedy put forward his view of health care for the developing nations and for the United States:*

American industrial, high technology for the model of health care has hurt medical care in the United States, and we cannot allow it to be established elsewhere. ... We need primary care facilities; facilities that will be run by local people to solve local problems. We need simple basic systems constructed from the ground up by people...with a simple, basic drug list to meet local needs.

We produce 25,000 pharmaceuticals in the United States; we cannot and should not export these. These drugs do not meet the needs of these people any more than costly diagnostic equipment does. They are simple people with simple problems. They have pain which should be alleviated and it should be alleviated without using procedures or equipment that will frighten them. We must develop a list of essential drugs: aspirin, penicillin, malaria pills, as well as local herbal medicines that people can feel comfortable with.

*In the United States...*

We would do better to close down centers. That would provide for basic needs as well as contain costs. You don't need a physician on duty; paraprofessionals can tend to most problems, particularly in our urban poor centers. They can provide palliative care and appropriate drugs at a reasonable cost.

intensity and competence of treatment that saves lives.

The move to close down the nation's hospitals will not only affect the elderly. Only hospitals can provide the high-technology, high-intensity health infrastructure upon which all clinics, family practices, and other services must ultimately rely. To gut hospitals is to destroy national health care.

### 5. Genocidal alternatives.

The Health Resources Distribution Fund will carry out projects "for the stimulation and support of health maintenance organizations, community health centers, migrant health centers, and other cost-effective health care delivery systems." What does this mean? In the urban areas across the country—as in the ghettos of New York City—this means closing the hospitals and their replacement with low-grade walk-in clinics, manned mainly by paraprofessionals, not doctors. According to the Kennedy-funded Georgetown Health Policy Center, one of the designers of the Kennedy bill, the purpose of the Health Maintenance Organizations is "to eliminate the second visit, that is, to make sure the patient doesn't come back." Primary screening and diagnosis of patients would not be performed by doctors but by paraprofessionals and nurses.

In addition, the "National Health Board shall provide for the conduct of demonstration projects to evaluate the feasibility of providing hospice services as part of basic covered health-care services." Euthanasia is mandated by the Kennedy bill as national policy. The terminally ill, the old will simply not be treated at all.

In summary then, the Kennedy bill provides for a health care system that is capable of providing minimal services for the most common, medium-level diseases. The seriously ill, the terminally ill, the old, and the young with serious diseases are left without hope.

### 6. No provision for basic research.

Kennedy's attitude toward advances in medicine is adequately reflected in his Kennedy-Javits bill for a Pharmaceutical Revision Reform Code of 1978. The bill would deprive pharmaceutical companies of their research and development capabilities through a divestiture of drug patent rights after a 60-month period.

To solve the nation's number one killers, heart disease and cancer, requires serious basic research. It requires an Apollo program-style project in basic biology, including in such areas as genetics, embryology, the immune system, neurophysiology, and in-depth research into the area of degenerative diseases and aging generally.

Second, to find cures for the major killer diseases requires widespread trials of new treatments in hospitals and clinics across the country. The early diagnosis of these diseases requires the creation and use of high-technology methods.

None of these basic steps are provided for by the Kennedy bill. Instead, the Kennedy bill acts to minimize diagnosis and treatment of these diseases. It is not the purpose of the Kennedy bill to eliminate disease or to save lives. What is its purpose? To provide Americans with a quicker, cheaper way to die.