

UNCONSTITUTIONAL 'PERPETUITY CLAUSES' INSERTED

## Obama's Nazi Health Bill Is A British Assault on the U.S.

by Edward Spannaus

Dec. 31—President Obama and his top aides were directly involved in drafting the clauses in the Senate health bill (H.R. 3590) which attempt to prohibit any future Congress from ever altering the Nazi “T-4” cost-cutting policies emitting from the Independent Medicare Advisory Board (IMAB).

*EIR's* investigations have revealed that the clauses were secretly inserted into the Senate bill during the negotiations that took place behind closed doors in Majority Leader Harry Reid's (D-Nev.) office between Oct. 14 (the day after the Senate Finance Committee approved its version of the bill), and Oct. 26, when it was announced that negotiations had concluded. The Reid bill was filed in the Senate on Nov. 19, at the point that Reid was certain he was close to having the 60 votes required to overcome a Republican filibuster.

Lyndon LaRouche stated that this provision forbidding any future changes in the bill, is not only flagrantly unconstitutional. “It has all the paw-marks” of the British operation against Europe, contained in the EU's Lisbon Treaty, which had the identical irreversible feature. Even Hitler only declared himself dictator for life, LaRouche remarked. “This is tantamount to a British act of war against the United States, by trying to impose this condition. The way the bill was composed follows the pattern set by the British in crafting the policies for the Lisbon Treaty.” Those who collaborate with the uncon-

stitutional attempt to commit our government to mass murder, are committing crimes tantamount to treason.

### Reid, Emanuel Lock the Doors

On Oct. 13, the Senate Democratic website announced that “senior White House officials” would be joining Sens. Christopher Dodd (Conn.), Max Baucus (Mont.), and Reid in an effort to merge the bills coming out of the Senate Health, Education, Labor and Pensions (HELP) Committee headed by Dodd, and the Senate Finance Committee headed by Baucus. The next day, it was reported that White House Chief of Staff Rahm Emanuel, Office of Management and Budget Director Peter Orszag, Health “Czar” Nancy-Ann DeParle, and Health and Human Services Secretary Kathleen Sebelius were seated at the conference table in Reid's office, along with the three Senators.

On Oct. 18, the *Washington Post* ran a story entitled “Small Group Now Leads Closed Negotiations on Health-Care Bill,” noting that despite Obama's campaign promises to conduct negotiations on health-care reform legislation in a transparent manner—even televised on C-SPAN—three Senators and top White House officials were meeting behind closed doors to hammer out the final Senate bill. The *Post* noted that the White House team was being led by Emanuel, and that tie-breaking votes would be cast by Reid and by Emanuel,



reid.senate.gov

Senate Majority Leader Harry Reid speaks following the Senate's Christmas Eve passage of the health "reform" bill. Reid is responsible for inserting the unconstitutional clauses into the legislation that would prevent its alteration by future Congresses.

the latter acting as proxy for Obama.

According to various accounts, this group met continuously until Oct. 26. The Reid bill was first made public on Nov. 19, with many Senators, Democrats included, complaining that they had been left in the dark over the revised bill.

While the news media and commentators fixated on the so-called "public option," buried in the Reid bill was one of the most sinister provisions ever written into Congressional legislation: clauses asserting that the provisions concerning IMAB and its Nazi policies could *never be changed* by a future Senate or House of Representatives.

Exemplary is a clause, part of Section 3403 creating the IMAB, that reads: "It shall not be in order in the Senate or the House of Representatives to consider any bill, resolution, amendment, or conference report that would repeal or otherwise change this subsection." (Subsection (d)(3)(C)).

Immediately preceding this, are two clauses stating: "It shall not be in order in the Senate or the House of Representatives to consider any bill, resolution, or amendment" that would repeal or change the IMAB legislation or an IMAB recommendation unless it meets the cost-cutting criteria specified earlier in the bill. And

any waiver of this requires a three-fifths vote of the full Senate.

### Who Stuck This In?

These "perpetuity" clauses were *not* in the IMAB section as voted out of the Senate Finance Committee, although most of the surrounding language in the IMAB section in Reid's bill was taken, often word-for-word, from the Baucus bill.

The fingerprints of Obama, Emanuel, and Orszag are all over this unconstitutional, fascist provision. From the outset, Obama was promoting an expanded version of the Medicare Payment Advisory Commission (MedPAC), what Obama called "MedPAC on steroids," as a means of slashing medical costs, or "bending the cost curve," as he put it. Obama suggested that this be modeled on the BRAC (Base Realignment and Closure) Commission, whose recom-

mendations cannot be altered, only voted up or down by a joint resolution of both houses of Congress. Sources with access to the White House have confirmed that the President is the biggest booster of this "independent" board, modeled on Britain's NICE (National Institute for Health and Clinical Excellence), which is itself modelled on Adolf Hitler's September-October 1939 decree establishing the euthanasia T-4 board (see box).

In June, Orszag himself drafted legislation to create an Independent Medicare Advisory Council (IMAC). On July 17, he sent his draft to House Speaker Nancy Pelosi (D-Calif.), with a cover letter stating that either his version, or the approach being put forward by Sen. Jay Rockefeller (D-W.Va.) to expand MedPAC and make it an independent agency empowered to "improve efficiency and performance throughout the Medicare system," would be acceptable. A senior Congressional source later told *EIR* that Emanuel and Orszag were hammering House leaders, and insisting that the IMAC issue was *the only non-negotiable issue* in the entire health bill, as far as the White House was concerned.

Going into Reid's secret negotiations, the Senate HELP bill had no IMAC/IMAB provision, (nor did the House bill), and the Baucus bill had an IMAB section which was said to have closely followed the White

House's demands. But, obviously, it was still not enough for Emanuel, Orszag & Co. What emerged from the secret conclave in Reid's office, is a moral and constitutional affront to our Republic and the American people.

Briefed on the *EIR* investigation-to-date, LaRouche observed that the "in perpetuity" language conformed to "what I've observed in Rahm Emanuel's method of speaking. Only an impassioned illiterate would insert such an obvious British formula. It read more like a text that was dictated, than something composed. The illiteracy of the text suggested that Rahm Emanuel played a decisive role. I came to that conclusion, based on profile, even before the evidence was assembled."



White House Photo/Pete Souza

*Conferring with Sen. Harry Reid to ram the Nazi-style health-care-cutting legislation through Congress (left to right): Chief of Staff Rahm Emanuel, President Obama, and Assistant to the President for Legislative Affairs Phil Schiliro, July 17, 2009.*

## Will We Let Hitler's T4 Program Be Revived?

In July 1939, a conference of medical professionals was held in Berlin, Germany. Participating were the professors and chairmen of the departments of psychiatry of the leading universities and medical schools of Germany, many of them the most respected professionals in their fields. The subject? Criteria for determining which patients would be considered to have "lives unworthy to be lived," and what was the most "practical and cheap" manner of removing them from being burdens on the health-care system—by death.

That program, which had already begun years before, against concentration camp inmates and handicapped children, was officially put into effect in October 1939, when Hitler penned his own personal, secret, authorization for the program, under the title, "The Destruction of Lives Unworthy of Life":

"Reichsleiter Bouhler and Dr. Brandt are charged with the responsibility for expanding the authority of physicians, to be designated by name, to the end that patients considered incurable according to the best available human judgment of their state of health, can be accorded a mercy death."

The T4 program, established following Hitler's secret order, took its name from its Berlin office address, Tiergarten 4, which housed the coordinating organization for the program, the Reich Work Group of Sanatoriums and Nursing Homes. In charge were Philip Bouhler, chief of the Chancellory, and Dr. Karl Brandt, Hitler's personal physician and chief medical officer of the land.

Their first task was to devise questionnaires to categorize the institutionalized populations. The questionnaire overall gave the impression of a rather neutral statistical survey, which also delved into the patients' biographies, their financial situations, and the like. It was accompanied by a questionnaire for the institution in which the patient was housed, which asked about staffing, beds available, and budgetary

## Senate Bill, H.R. 3590

*Following is the subsection of the final Senate health-care bill, H.R. 3590, Section 3403, Subsection (d)(3), which attempts to prohibit any future changes to IMAB recommendations, or even to this subsection itself.*

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### H.R.3590: Patient Protection and Affordable Care Act

(Engrossed Amendment as Agreed to by Senate)

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#### SEC. 3403. INDEPENDENT MEDICARE ADVISORY BOARD.

(a) Board—

(1) IN GENERAL—Title XVIII of the Social Secu-

riety Act (42 U.S.C. 1395 et seq.), as amended by section 3022, is amended by adding at the end the following new section:

#### INDEPENDENT MEDICARE ADVISORY BOARD

Sec. 1899A. (a) Establishment—There is established an independent board to be known as the “Independent Medicare Advisory Board”.

(b) Purpose—It is the purpose of this section to, in accordance with the following provisions of this section, reduce the per capita rate of growth in Medicare spending—

\* \* \*

(d) Congressional Consideration—

\* \* \*

(3) LIMITATION ON CHANGES TO THE BOARD RECOMMENDATIONS—

(A) IN GENERAL—It shall not be in order in the Senate or the House of Representatives to consider any bill, resolution, or amendment, pursuant to this

questions. A significant stress was put on detailing the patients’ ability to work.

The first questionnaires went out in October 1939 to state hospitals and other public and private institutions where mental patients, epileptics, the mentally retarded, and other handicapped persons resided. The responsibility for filling out the forms, often in a very short period of time, fell on the physicians at those institutions.

The questionnaires were then sent to panels of three or four psychiatric experts, who indicated their opinion about whether the patient (whom they had never seen, and with whose medical history they were unfamiliar) were to live or die. Each “expert” made his or her decision independently, and passed on the questionnaire to the next. There were two options: a plus sign in red, which meant death; or a dash in blue, which meant life. Occasionally, a psychiatrist would put a question mark in the space provided.

The questionnaires were then sent to a chief expert, who passed the final judgment. At this level, there was no alternative other than life or death. In

fact, the “senior expert” was not bound by the recommended decisions. From his judgment, there was no appeal. From that point on, it was merely a matter of sending back the decision to the relevant institution, where the final dispensation of the patient was carried out, and, if so ordered, sending him or her to one of the designated “killing centers.”

These centers were supervised by medical personnel, who oversaw the killing, and were responsible for devising the fraudulent death certificates which were sent to the families of those who had been determined to have lives “not worthy to be lived.”

It was from these “small beginnings” that Hitler’s mass murder proceeded—leading, among other things, to the prosecution of medical “experts” at Nuremberg, numerous of whom were convicted, and hanged.

Medical “experts” deciding who should live and who should die, on the basis of the cost-effectiveness of keeping them alive? That’s a clear model for Obama’s IMAB—and to stop mass murder worse than Hitler’s, IMAB has to be stopped now.

—Nancy Spannaus

subsection or conference report thereon, that fails to satisfy the requirements of subparagraphs (A)(i) and (C) of subsection (c)(2).

(B) **LIMITATION ON CHANGES TO THE BOARD RECOMMENDATIONS IN OTHER LEGISLATION**—It shall not be in order in the Senate or the House of Representatives to consider any bill, resolution, amendment, or conference report (other than pursuant to this section) that would repeal or otherwise change the recommendations of the Board if that change would fail to satisfy the requirements of subparagraphs (A)(i) and (C) of subsection (c)(2).

(C) **LIMITATION ON CHANGES TO THIS SUBSECTION**—It shall not be in order in the Senate or the House of Representatives to consider any bill, resolution, amendment, or conference report that would repeal or otherwise change this subsection.

(D) **WAIVER**—This paragraph may be waived or suspended in the Senate only by the affirmative vote of three-fifths of the Members, duly chosen and sworn.

(E) **APPEALS**—an affirmative vote of three-fifths of the Members of the Senate, duly chosen and sworn, shall be required in the Senate to sustain an appeal of the ruling of the Chair on a point of order raised under this paragraph.

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**Editor’s note:** *Here is Subsection (c)(2)(A)(i) and (C) laying out the requirements for IMAB proposals, referred to above:*

(2) **PROPOSALS**—

(A) **REQUIREMENTS**—each proposal submitted under this section in a proposal year shall meet each of the following requirements:

(i) If the Chief Actuary of the Centers for Medicare & Medicaid Services has made a determination under paragraph (7)(A) in the determination year, the proposal shall include recommendations so that the proposal as a whole (after taking into account recommendations under clause (v)) will result in a net reduction in total Medicare program spending in the implementation year that is at least equal to the applicable savings target established under paragraph (7)(B) for such implementation year. In determining whether a proposal meets the requirement of the preceding sentence, reductions in Medicare program spending during the 3-month period immediately preceding the implemen-

tation year shall be counted to the extent that such reductions are a result of the implementation of recommendations contained in the proposal for a change in the payment rate for an item or service that was effective during such period pursuant to subsection (e)(2)(A).

\* \* \*

(C) **NO INCREASE IN TOTAL MEDICARE PROGRAM SPENDING**—each proposal submitted under this section shall be designed in such a manner that implementation of the recommendations contained in the proposal would not be expected to result, over the 10-year period starting with the implementation year, in any increase in the total amount of net Medicare program spending relative to the total amount of net Medicare program spending that would have occurred absent such implementation.

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**Editor’s note:** *From subsection (d)(4), a clause entitled “Expedited Appeals”:*

(v) **WAIVER AND APPEALS**—this paragraph may be waived or suspended in the Senate only by the affirmative vote of three-fifths of the Members, duly chosen and sworn. An affirmative vote of three-fifths of the Members of the Senate, duly chosen and sworn, shall be required in the Senate to sustain an appeal of the ruling of the Chair on a point of order raised under this section.

**Editor’s note:** *And then, it is specified that no one can appeal an action by the Secretary of Health and Human Services implementing recommendations of IMAB:*

(5) **LIMITATION ON REVIEW**—there shall be no administrative or judicial review under section 1869, section 1878, or otherwise of the implementation by the Secretary under this subsection of the recommendations contained in a proposal.

**Editor’s note:** *There are a dozen or so other times in the Senate bill where appeals of actions are also barred—most of which deal with cost-cutting measures such as “comparative effectiveness research” and similar Nazi-type methods.*