

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.

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

(Engrossed Amendment as Agreed to by Senate)

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