

Orszag's British Nazi Model: Who Dies First?

by Anton Chaitkin

May 22—The multi-trillion-dollar health-care cuts demanded by President Barack Obama and Office of Management and Budget director Peter Orszag will kill masses of people—but not all people equally. A recent book by a Nazi economist close to Orszag reveals that in the British system on which the Orszag program is based, the aged, the poor, and the non-whites are killed; the rich are protected, outside the system.

Behavioral economist Henry J. Aaron wrote *Can We Say No? The Challenge of Rationing Health Care*, in 2005. Aaron and Orszag were colleagues at the time, at the Brookings Institution, working on ways to take down U.S. health care and Social Security. The book's production was financed by the Robert Wood Johnson Foundation, the death-lobby agency that hijacked the Johnson and Johnson band-aid company and its billions of dollars. *Can We Say No?* explains the medical rationing system in Britain, as the model for the U.S.A.—a system of euthanasia, whose purpose is to pay for Obama's bank bailouts, now at \$13 trillion and grow-

ing. The reality of British rationing is put coldly before the reader in chapter 3, "Matters of Life and Death": The rate of treatment for life-threatening renal (kidney) failure "in the United States is roughly three times higher than in the United Kingdom among patients 25 to 44, but roughly five times higher among patients aged 45 to 84, and nine times higher among patients aged 85 or older. One expert put the matter unequivocally: 'I think there is clearly bedside rationing of new patients presenting with end-stage renal failure.... And some of the sickest people never get treated.'"

Who Dies: The Poor

The British National Health System (NHS) is lethal. But government doctors can privately treat patients wealthy enough to pay. "Nephrologists [kidney specialists] have found that they must depend ... 'on the grace and favor of willing general surgeons and willing vascular surgeons who were prepared to spend a little bit of time helping out the renal unit.... And you can't get vascular surgeons in the NHS to ... spend a lot of time with renal patients.... Our surgeons work for the National Health Service. But the main part of their salary is in private practice. And ... surgeons are tied up and busy people.... You don't see many poor surgeons in England.... They all drive extremely nice cars, but it's not earned from the National Health Service. It's earned from private practice.... We've got a rotten vascular surgery service, and half our patients are on [outmoded] dialysis catheters, where we know that three quarters at least should be having [effective, costly treatment referred to as] fistulas.'"

The Elderly

Aaron's book promotes a change of American culture to brainwash Americans into quietly accept a killing program, so as to avoid the embarrassing scenes common in England. "...Asked how he would explain to her family the prospects of a 65-year-old woman with kidney failure, one general practitioner first said that he did not think it was up to him to decide whether she should be dialyzed and that he would leave the decision to the consultant [specialist]. But then he added, 'Obviously



White House/Pete Souza

President Obama's Budget czar Peter Orszag (center) is following a script designed for the British National Health Service, in which those deemed "useless eaters" are to be denied medical treatment.

the patient is 65 and therefore does not come within the regional dialysis program.’ When pressed on whether he might save everyone time and anguish by discouraging referral, he described how he would talk to the family. ‘I would say that mother’s or aunt’s kidneys have failed or are failing and there is very little that anybody can do about it because of her age and general physical state, and that it would be my suggestion or my advice that we spare her any further investigation, any further painful procedure, and we would just make her as comfortable as we can for what remains of her life.’

Non-Whites

“In the past some British physicians persuaded themselves that decisions forced upon them by lack of resources were actually medically optimal. When asked to explain why 60-year-old patients with renal failure but no other complicating conditions, in full possession of their faculties, and productive at work or home should be denied care, one nephrologist reported that he heard that a basis for rejection was that ‘the patient spoke no English.’ “A contemporary nephrologist [tried to explain this racially-based euthanasia, by saying that foreign colored people do not value life as much as our white people do]. Whether [he] was accurately commenting on cultural differences or repeating the earlier bias was not clear when he told us, “‘I think there is no doubt that . . . in different . . . cultural groups . . . there are very major differences in attitudes toward death and illness. . . . Roughly 40% of patients [in London] on our end-stage renal failure programs . . . came from the Indian subcontinent. And many people from that culture . . . feel that it was inappropriate to, if you like, move against the forces of—greater forces, shall we say. Now that obviously doesn’t happen to the fully westernized people. But it illustrates that many people, [if you] tell them that they have end-stage renal failure, fine. If you can do something, [they are] not interested.’”

The ‘Crumbly’

Under the British-Orszag system, even middle age is a capital crime. “One English consultant [specialist]



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Under the British National Health Service (NHS), government doctors can privately treat patients wealthy enough to pay. The others? They don’t fare so well. This NHS hospital is in Norfolk,

Behavioral economist Henry J. Aaron promotes euthanasia and denial of health care to “save money.”

in 1980 justified failure to treat the elderly because everyone over 55 is ‘a bit crumbly’ and therefore not really a suitable candidate for therapy. In 2004 another nephrologist, who had just said that age would never by itself justify denial of therapy and who had just been told of the remark that people over age 50 were a bit crumbly, said, ‘Well, actually that is factually correct.’” “Do they mean they’re going to kill the Baby Boomers?” Lyndon LaRouche asked. “I think the Baby Boomers should be told, so they can save themselves.” Comparing his priorities with those of American physicians, a British nephrologist said, “I’d put much more resources into end-of-life management, into palliative care, skilled palliative care facilities, proper facilities for care of the dying, and proper relationships with the holistic care that hospices can buy. In other words, I’d recognize end-stage renal failure as a legitimate cause of death and it’s got to be managed as such, not complicated by an uncritical application of dialysis.” LaRouche commented: “We should ration medical health care to everyone who has that opinion. Have a voluntary program: if you want this kind of care, you’ll get it, but don’t impose your opinion on other people. If you want this, we’ll give it to you. We’ll really give it to you!”