benefits of promoting information technology.

All of those things, which have the potential to bring about broad cultural change, are *not* being relied on to finance increased coverage. They are a separate component. They are a separate component, but, given the estimates suggesting that a third of the system is waste; given the evidence that health-care inflation in excess of regular inflation is not constant, but something that varies over time, and varies over time in ways that can be related to the degree of government concern with respect to health-care costs, these costs are the source, potential source, of the 1.5% savings; and that 1.5% savings brings the very powerful benefits that Professor Romer's study discussed.

So it's very important, in looking at our bill, to draw—our approach—to draw that distinction between the components of hard, scoreable savings, and the broader effort at system transformation, which is what this study is about.

AP: Could you provide any estimate as to how much in new revenue taxes will be required? And since Senator Baucus mentioned that he is going to bring up with the President the tax exclusion, what is the White House posture currently on that?

Orszag: Well, first, in regard to that amount of revenue that may be necessary in the short run, as we were just discussing in that first, brief [inaud] to ensure deficit neutrality, the Congress requested that earlier about Medicare and Medicaid savings, so again, I will just give the same answer: The bulk, or a significant share, of short-term costs will come from savings within Medicare and Medicaid. There will temporarily need to be some additional revenue also.

Question: How much?

Orszag: I'm not going to give you the exact [inaud] right now. It will depend on—you have the multiple pieces of legislation that I'm moving, they have slightly different price tags, the shares are going to depend on where all of that lines up. With regard to the health exclusion, I think we have been clear that it is not in the President's plan. It was not in our budget. You heard today from Senator Baucus that he and others have been putting that idea forward, and I think we need to stay where we are. It is not in our plan, and it's not in our budget. We are saying that we want the legislative process to play out, and that's all we have to say on that. . . .

A Formulary of U.S. Nazi-Medicine Terms

by Marcia Merry Baker

June 6—The bum's rush called the White House/Congressional "health-care reform" process, bent on producing "comprehensive" reform legislation this Summer, is intended by the genocide lobby orchestrating it, to drastically cut care and reduce the population, while also continuing infusions of funds into the HMO insurance privateers. Since using such straight language would halt the game, a special lexicon of euphemisms has been formulated and put into wide circulation.

The following are definitions of some of the most-used Nazi-medicine expressions, defined from the vantage point of those who originated the cant. The "strength-through-joy" terms are presented in two categories: overview lies and specific falsehoods.

Overview Lies

Term: *The U.S. health-care system today is unsustainable.*

Meaning: For the HMO/international finance circles, the U.S. government and citizenry must be stampeded into accepting that their care will be drastically cut, sickness and death rates will rise, in order for payments to HMOs to continue and increase, despite the effects of the crash that is ruining households, states, and localities. How do you make continued HMO payments and loss of life sound acceptable?

Appeal to popular ignorance and demoralization. Cast blame at chosen targets, to account for the asserted "unsustainability" of today's high-cost, bad health care: Blame "greedy, mistake-prone doctors and hospitals." Blame old people for wasting so much expensive care by "unnecessary end-of-life" treatment. Blame high-technology equipment for excessive expense. Blame money going to nursing homes to care for Medicaid patients, instead of in-home care. Blame the obese, disease-prone, immigrant, and other groups for using up care, and "driving up costs." Blame the disabled and mentally ill for wanting to

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live. Blame those who refuse to provide assistance to "willing" suicide candidates.

All the while, be careful to black out the fact that there is an acute national shortage of medical personnel and facilities, and that hospitals are going broke.

(The five largest managed care corporations and their annual revenue: UnitedHealth Group [$81 billion]; WellPoint [$61 billion]; Aetna [$31 billion]; Humana [$29 billion]; and Cigna [$19 billion].)

In reality, it is true that the once-working U.S. health-care system is no longer being sustained, nor is anything else in the economy "sustainable" under today's crash process. But taking the right economy-building emergency measures, and eliminating the HMO system, can restore medical treatment infrastructure to serve the public good as it should.

Term: *We must bend the curve on health-care costs.*

Meaning: We are committed to deep cuts in Medicare, Medicaid, and other programs in the short term, and even more over ten years, so that we can assert and "show" that we are retarding the growth in the otherwise rising curve of health-care expenditures, while we keep the payments flowing to the HMOs, and kill people.

We are issuing all kinds of quantifications, graphs, and charts, to proclaim that many benefits to the economy will ensue from our cuts in health care. At the same time as we are protecting the flow of funds into HMOs, we are thanking them for their collaborative expertise in cutting health care.

Some of the cost-cutting measures that we often cite are: ending care during the last six months of someone's life (yes, we know that you cannot determine that period, but, so what?); reducing hospital re-admissions (if someone tries for re-admission, threaten the hospital with negligence and non-payment); reduce radiology imaging—MRIs, CAT, PET scans, and others (yes, we know that mammograms have dropped 16% in the last eight years, but so what?)—and many other cuts, that, together, we like to refer to as, "reducing inefficiencies."

Term: *There must be a shift to quality and value in medical care, away from quantity and volume.*

Meaning: Too many Americans are getting too much medical treatment. We must create top-down authority to set limits on what procedures will be allowed to be performed by doctors, hospitals, laboratories, etc. The model for this is NICE (National Institute for Health and Clinical Excellence), set up in Britain in 1999, which disallows all kinds of medications, surgeries, and other treatments, on the basis of cost.

At the same time, we will gush over "wellness" management and "integrated" care, in which the patient is expected to comply with weight loss or other behavioral change—or else. Treatment will be contingent on lifestyle, determined by "experts." We want ACOs—Accountable Care Organizations—with teeth. These restrictions will be praised as "value"-based, "quality" care. We praise corporations for doing this today, e.g., Wal-Mart.

Life-prolonging procedures such as kidney dialysis are to become only selectively available, as in Britain. Therefore, the death rate will rise.

However, we will *not* use the term, "rationing" of care. We will create lists of disallowed treatments, under the rubric of "comparative effectiveness," to assert that costly treatments are ineffective, and too frequent. Doctors will be restricted to lists of "evidence-based" treatments.

Term: *Universal coverage.*

Meaning: Sure, we support the charade of giving everyone health-care coverage—they can all carry an insurance card—but we will cut the medical treatment they will get. That will be the principle, whatever type of plan we can ram through. It might be to mandate that all Americans must sign up for a policy with one of the private insurers on the "market"; plus, there might be the option of a government plan or two, with government supplements going to HMOs that take poor enrollees. Or some other variation. We could even make Medicare open for those 55 or younger. But when all are signed up, whole categories will be denied care, in order to "bend the curve" of rising health costs, and keep the system "sustainable," which is, after all, the intended outcome of the May 11 "breakthrough moment" between Obama and the HMOs, which are all committed to "value" care, not "volume" care.

Specific Falsehoods

Term: *Medicare is running out of money, and, anyway, "it's old-fashioned, fee-for-service, à la carte, atavistic, out-of-date*" (from a Baucus Roundtable par-

ticipant in May 2009).

Meaning: This means just what is implied: Medicare should be smashed. The reality is that if we rebuilt the economy with high-paying jobs, and went nuclear, we could easily generate the funds to support adequate health care for all.

Term: *There is "overutilization" of health care.*

Meaning: This term is contrived to debase popular opinion to fall for the lie that the U.S. physical infrastructure for health-care delivery is fine, if only certain over-insured louts and hypochondriacs would stop overusing the system. In fact, the physical infrastructure base of the nation is way below ratios required to provide decent care, and especially flu pandemic care, in terms of hospital beds per 1,000 persons, numbers of physicians, nurses, technicians, and public-health workers per 100,000, and other standard public-health parameters.

Moreover, there is a special HMO-serving propaganda tool, *The Dartmouth Atlas of Health Care*, which makes the specious case that, because there are geographic disparities in U.S. medical costs, treatments, and results, therefore, all should be degraded to the lowest possible levels, in order to be "fair" and "efficient."

Term: *Today is a breakthrough moment for reforming health care.*

Meaning: In 1993, private financial interests represented by the HMOs and other insurer/investors opposed any White House initiative that might expand health-care coverage, and impede their looting of the medical system.

Today, those same financial interests *want* government intervention to guarantee their revenue stream, by implementing top-down, drastic cuts in Medicare, Medicaid, Veterans Administration, and all other care systems. On May 11, Obama had his "breakthrough moment" in a White House meeting with the HMO insurance corporate executives and Service Employees International Union (SEIU) flunkey Dennis Rivera.

Term: *"Transformation" of the health-care system.*

Meaning: This is the favored description by Obama economic advisor Lawrence Summers, as well as Newt Gingrich and others, for the forced takedown of the U.S. health-care system into a Nazi-medicine horror, by all of the measures described above.

Documentation

The British Nazis In Their Own Words

Here, speaking for themselves, are Lord Bertrand Russell and Prince Philip, the unacknowledged éminences grises *behind the architects of the Obama Nazi health plan.*

Lord Bertrand Russell

But bad times, you may say, are exceptional, and can be dealt with by exceptional methods. This has been more or less true during the honeymoon period of industrialism, but it will not remain true unless the increase of population can be enormously diminished. At present the population of the world is increasing at about 58,000 per diem. War, so far, has had no very great effect on this increase, which continued through each of the world wars.... War ... has hitherto been disappointing in this respect ... but perhaps bacteriological war may prove more effective. If a Black Death could spread throughout the world once in every generation, survivors could procreate freely without making the world too full.... The state of affairs might be somewhat unpleasant, but what of it? Really high-minded people are indifferent to happiness, especially other people's.

—*The Impact of Science on Society* (1953)

The white population of the world will soon cease to increase. The Asiatic races will be longer, and the negroes still longer, before their birth rate falls sufficiently to make their numbers stable without help of war and pestilence.... Until that happens, the benefits aimed at by socialism can only be partially realized, and the less