Hitler's T4 Program Revived In Obama's Health-Care 'Reform'

by Nancy Spannaus

In July of 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? What would be the criteria for determining what 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.

Thus, the bureaucratic machine began to be cranked up for what is known as Adolf Hitler's program of genocide through "euthanasia," a program which killed hundreds of thousands of non-Jewish Germans, and eventually, millions of Jews and non-Germans as well.

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, and 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."

To carry out this program, Hitler and his fiendish Nazi associates would fully utilize the "professional" apparatus which had been put in place, as well as the popular, British-eugenics-spawned ideology which had been increasingly dominant in Germany since Hitler seized power with the aid of powerful British-Wall Street financiers. The killing would proceed with the utmost "cost-effectiveness" and professionalism, in order to save funds for the Nazi state's preferred projects, and not waste them on "ineffective" medical treatments.

If that sounds familiar, it should. For the proposals which the Obama Administration has currently put on the table, follow them in virtual lockstep. First, the "experts" decide what is "effective" care, with "cost-effectiveness" foremost in mind, ruling out "inappropriate" treatments. These standards become the law, in terms of what medical care will be paid for. Then other experts efficiently implement those decisions, through the existing hospital apparatus.

The result, as in Nazi Germany, is that millions are, with the stroke of a pen, consigned to death.

The T4 Program

The T4 program, which was established following Hitler's secret order, took its name from its Berlin office address, Tiergarten 4, which address 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 the questionnaires which would be used to categorize the targetted institutionalized populations. Four categories were specified:

1. Patients suffering from specified diseases who are not employable, or are employable only in simple mechanical work. These included schizophrenia, epilepsy, senile diseases, therapy-resistant paralysis, feeblemindedness, and the like.

2. Patients who have been continually institutionalized for at least five years.

3. Patients who are criminally insane.

4. Non-German patients.

While including these categorizations, 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 (**Figure 1**). It was accompanied by a questionnaire for the insti-

The Obama Administration is beginning to resemble, more and more, the early Hitler dictatorship. Are Obama's "cost-effectiveness" experts any different from Hitler's Nazi doctors, whose mandate was to reduce medical costs to those deemed "not worthy of life"?

tution in which the patient was housed, which asked about staffing, beds available, and budgetary questions. A significant stress was also put on detailing the patients' abilities to work.

The first questionnaires went out in October 1939, the month Hitler signed his order, 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 them out, 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, much less examined, and whose medical history they were unfamiliar with) was to live or die. Each "expert" made his or her decision independently, and passed on the questionnaire to the next. The choice for the experts was effectively only one of 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.

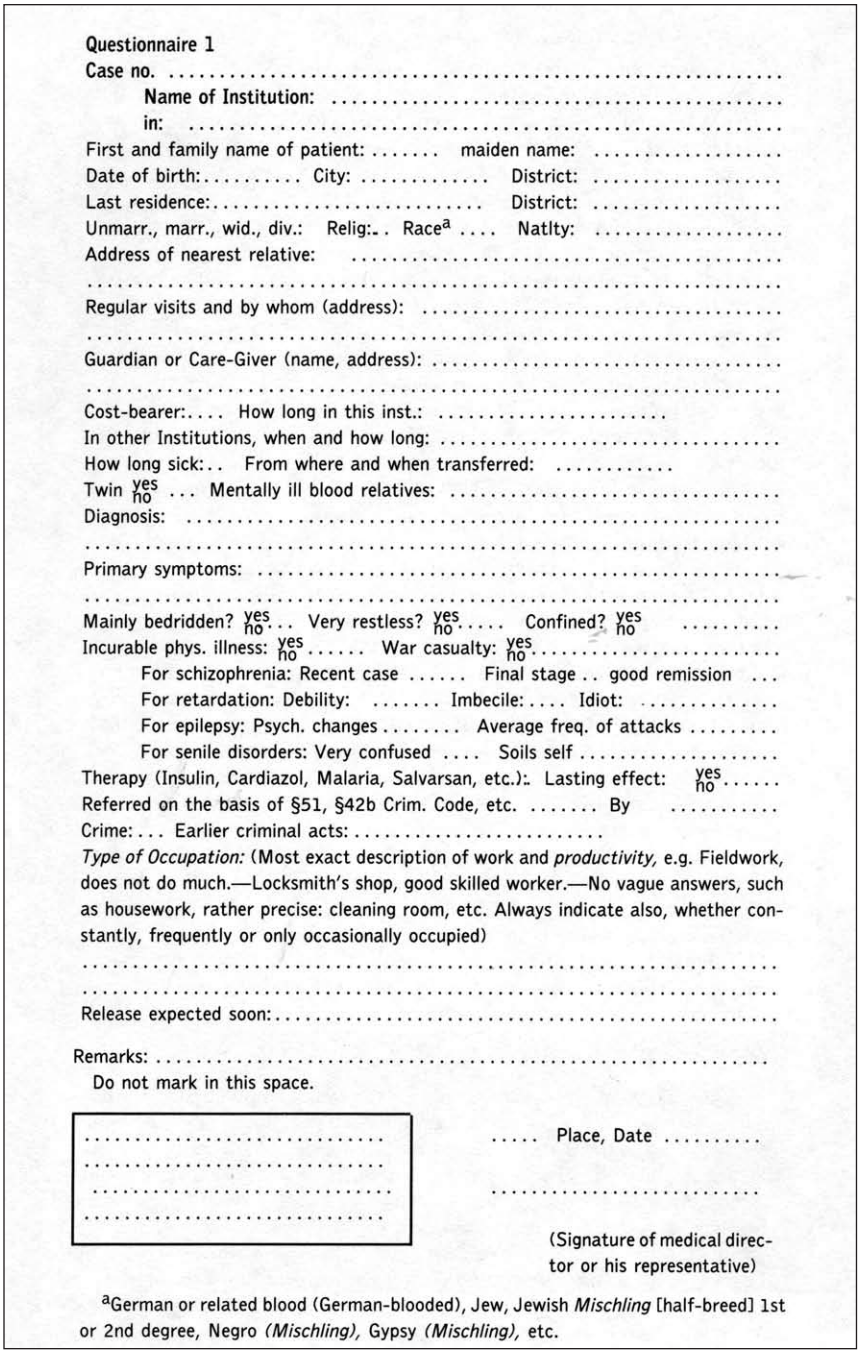
The questionnaires were then sent to a chief expert, who passed the final judgment. At this "higher" level, there was no alternative other than life or death. In fact, the "senior expert" was not bound by the recommended decisions. From his judgment, there was no appeal. From that point on, it was merely 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."

Councils of Experts

Shift now to today, where we are in the first phases of the Nazi euthanasia program (called "reform") being promoted by the Obama Administration and its behavorial psychologist "experts." It starts with the dictum that there are insufficient resources to provide medical care for all, especially those at the "end of life," or not able to be "effectively" rehabilitated. In other words, the Nazi assumption that there are lives "not worthy to be lived." At least according to the priorities for spending which the Administration has set—i.e., the banks must be saved first.

The second step is for the Administration to set up those "panels of experts" who will determine the criteria for who will get medical care, and who won't. Already, the so-called Obama stimulus package has created one such panel, the Federal Coordinating Council for Comparative Effectiveness Research. This 15-member council is comprised of highly credentialed "experts," many of them medical doctors, who are tasked with "coordinating research" on the relative values of treatments. While explicitly claiming that the Council will not directly pronounce judgments on treatments and payments, it is clear that the research that they are supervising is intended to do precisely that.



Questionnaire 1
Case no. .....
Name of Institution: .....
in: .....
First and family name of patient: ..... maiden name: .....
Date of birth:..... City: ..... District: .....
Last residence:..... District: .....
Unmarr., marr., wid., div.: Relig:.. Race[a] .... Natlty: .....
Address of nearest relative: .....
.....
Regular visits and by whom (address): .....
.....
Guardian or Care-Giver (name, address): .....
.....
Cost-bearer:.... How long in this inst.: .....
In other Institutions, when and how long: .....
How long sick:.. From where and when transferred: .....
Twin yes/no ... Mentally ill blood relatives: .....
Diagnosis: .....
.....
Primary symptoms: .....
.....
Mainly bedridden? yes/no... Very restless? yes/no..... Confined? yes/no .....
Incurable phys. illness: yes/no..... War casualty: yes/no.....
For schizophrenia: Recent case ..... Final stage .. good remission ...
For retardation: Debility: ..... Imbecile:.... Idiot: .....
For epilepsy: Psych. changes ..... Average freq. of attacks .....
For senile disorders: Very confused .... Soils self .....
Therapy (Insulin, Cardiazol, Malaria, Salvarsan, etc.): Lasting effect: yes/no.....
Referred on the basis of §51, §42b Crim. Code, etc. ..... By .....
Crime:... Earlier criminal acts: .....
Type of Occupation: (Most exact description of work and *productivity,* e.g. Fieldwork, does not do much.—Locksmith's shop, good skilled worker.—No vague answers, such as housework, rather precise: cleaning room, etc. Always indicate also, whether constantly, frequently or only occasionally occupied)
.....
.....
Release expected soon:.....
Remarks: .....
Do not mark in this space.
..... Place, Date .....
.....
(Signature of medical director or his representative)
[a]German or related blood (German-blooded), Jew, Jewish *Mischling* [half-breed] 1st or 2nd degree, Negro *(Mischling),* Gypsy *(Mischling),* etc.

Part of the questionnaire designed by the Nazi doctors to judge whether a patient should live or be murdered.

Particularly ominous is the fact that one of the Council's members, Dr. Ezekiel Emanuel, is trained in "bioethics," a discipline dedicated precisely to determining criteria for deciding who should live, and who should die. Crucially significant as well, is that Obama's head of the Office of Management and Budget, Peter Orszag, has already set out his genocidal judgment that around 30% of current health-care services and procedures are unnecessary.

The model for their work, as reflected in statements by many of the relevant officials, is the British National Institute for Health and Clinical Excellence (NICE), the Orwellian-named agency which has central control over what medical care will be provided to British subjects within the British National Health Service. As the following article explains, NICE's directives have systematically denied Britons quality care, on the basis of its being "too expensive," and have singled out, especially, the elderly, for being undeserving of intensive medical care.

The Comparative Effectiveness Council is clearly only the beginning of the genocide—if this Nazi plan is not stopped cold.

Let's look at a number of other proposals.

One has been made by former Sen. Tom Daschle, the man whom President Obama wanted to appoint Secretary of Health and Human Services, and special health czar in the White House (his appointment was derailed over tax problems). Daschle's plan, as laid out in his 2008 book *Critical: What We Can Do About the Health-Care Crisis*, centers around the creation of an all-powerful Federal Health Board, which would be able to act *without political interference,* as the Federal Reserve does in the monetary system.

Daschle's Federal Health Board would have a board of governors ("clinicians, health benefit managers, economists, researchers, and other respected experts") which would command a huge staff of analysts that would come up with policy diktats in the areas of health insurance and medical care. The board would determine which treatments are, in its view, "the most clinically valuable and cost effective." They would promote "quality," by "using

evidence-based guidelines and cutting down on inappropriate care." In addition, the Board would "align incentives with high-quality care," an obfuscatory term which means paying doctors to keep costs down, and withholding payments for unapproved (read: "expensive") procedures.

Daschle calls the Federal Health Board a "standard setter," but, in fact, it would become the dictator as to who lives, and who dies.

Paralleling Daschle's proposal is a piece of legislation which was introduced by Sen. Jay Rockefeller (D-W.Va.) on May 20. Rockefeller proposes that the Medicare Payment Advisory Commission (MedPAC, created in 1997), move beyond its current mandate to advise on rates of payment for the 44 million enrollees in Medicare, to set lists of approved treatment standards, and enforce compliance with regulations on health-care delivery and reimbursement. Rockefeller's press release states that he wants MedPAC to be made up of "independent experts," as an "executive agency modelled after the Federal Reserve."

He adds: "We must take Congress out of its current role.... It is inefficient and ineffective; we are not health-care experts, and being a deliberative body means that we cannot keep pace with the rapidly transforming health-care marketplace."

Knew or Should Have Known

When the Nazi doctors, and others, were tried for crimes against humanity and genocide at the Nuremberg Tribunal after World War II, many claimed that they only had the most noble intentions; others, that they were only following orders. In fact, they were wittingly serving as "expert" or bureaucratic cogs in a mass-murder machine, of whose outcome they were fully aware.

While there is no doubt that the degeneration of our culture, in terms of the valuation of life, has proceeded quite a distance over the last decades, thus preparing our population to accept Nazi euthanasia today, the apparatus parallel to that which Hitler set up *can still be stopped.* It must be done now—before the medical and economic "experts" carry out genocide again.

Among the sources for this article were, A Sign for Cain, an Exploration of Human Violence, *by Fredric Wertham, M.D.; and* The Nazi Doctors*, by Robert Jay Lifton.*

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Britain's NICE

Who Gets Medical Care, Who Dies

by Marcia Merry Baker

In the course of the decline of the physical economy of Britain over recent decades, a special mechanism was created in 1999—NICE (National Institute for Health and Clinical Excellence)—to enforce the reduction in medical treatment provided to Britons through their National Health Service (NHS), which was established in 1948. NICE decrees what drugs, devices, surgeries, and treatment practices are approved for the NHS, based on cost considerations, and what will be disallowed.

Better named, Nazi-Inspired Commoner Extermination, the ten-year-old NICE has been under attack year after year, by NHS patients, physicians, and hospitals alike. In just a decade, its policies of selective denial of cancer drugs, surgeries, kidney dialysis, and other treatments, have increased the death rate for whole age-groups and classes of Britons—which is a Nazi-medicine policy. This was its purpose.

Nevertheless, NICE is now being discussed as the model for inclusion in the U.S. health-care "reform." Those promoting a U.S.-version of the not-so NICE—e.g., a "Federal Health Board," or a Medicare Payment Advisory Commission with teeth, or any such variants—are simply serving the financial interests behind the policy of delimiting care, in order to keep the payments flow going to the "managed care" insurance networks now looting the U.S. medical system to the point of breakdown and death. And to kill people. The record in Britain is clear.

Tony Blair's Nazi NICE

NICE went into operation on April 1, 1999. It was set up through the Health Department of the Tony Blair government (1997-2007), under the propaganda claim that by determining what treatments were to be nationally allowed or not, this would even out the "disparity" in health-care costs and quality from one "post code" to another. As the NICE's own official history chooses to