viders, as they try to "adjust" to the Obamacare onslaught of payment cuts. The large hospital chains are announcing layoffs, and shutdowns of hospitals, in their attempt to "downsize to profitability." Many smaller systems and individual hospitals, are cancelling whole programs, and seeking to be bought out, or closing out altogether. For example, look at recent announcements in the Midwest.

In Ohio, the internationally famed Cleveland Clinic System announced layoffs of over 3,000 employees.

In Indiana, the Franciscan Alliance 13-hospital system will cut 925 jobs; and seek a buyer for its two Illinois hospitals.

In Michigan, the McLaren Greater Lansing Hospital has begun to reduce staff hours, and eliminate selected jobs due to Federal funding cuts. Of the 1,800 workforce, up to half could see their full-time jobs cut back to part-time. A similar process is underway at Oaklawn Hospital, in Marshall.

Mary Jane Freeman and Cynthia Rush contributed research for this article.

marciabaker@larouchepub.com

Documentation

Press Conference by Dr. Mark Shelley

Oct. 24, 2013

Dr. Shelley: My name is Dr. Mark Shelley. I'm a family practitioner in Port Allegany, a rural part of Pennsylvania, where I've practiced family medicine for the last 21 years.

I think that most of us understand that medicine—and indeed, the country—is in trouble. And in researching this, and trying to understand what was happening and why—with the help of my friends from the LaRouche organization—I've been able to make some connections, which I believe would help to explain why we are where we are, and where we might expect to be, if some things aren't changed.

So we've put together a statement, which is titled, "Doctors Against Murderous Obamacare." And I'll read that now.

"As a physician and an American, I feel compelled at this time of peril, to address the changes that I see in the process of the actual delivery of health care to the American people.

"From my perspective as a family practitioner, and from my concern as a citizen, and for my fellow man, I must speak out to explain the dangers that I see in the implementation of American health care today, as exemplified by what is known as Obamacare.

"What I see being done today, is chillingly consistent with the findings and warnings of Dr. Leo Alexander, chief consultant to the U.S. prosecutors at the Nuremberg War Crimes Tribunal after World War II.

"His article, titled 'Medical Science Under Dictatorship,' which was published in *The New England Journal of Medicine* on July 14, 1949, made clear what happens to medicine when it 'becomes subordinated to the guiding philosophy of a dictatorship.'

"That dictatorship today is money.

"Medicine and economics are joined at the hip. But in real economics, economic and monetary considerations are not identical. The problem today, is that monetary considerations take priority over all else, unfortunately, including human life.

"The fact that health care is considered synonymous with the acquisition of health insurance today, is indicative of this monetary/health care problem.

"Nor is this a government versus private sector problem. Nor is it a Republican versus Democratic Party question. We have just suffered a 16-day government shutdown that almost precipitated a financial Armageddon, courtesy of President Obama and the Democratic and Republican Party leadership."

I'd like to insert, now, part of what I see is a way to help with this problem.

When I diagnose a patient, I will take the facts from the history, the facts from the physical exam. If a patient looks like they have cancer, I tell the patient, "You might have cancer. But we're going to find out for sure exactly what the problem is, and then we will find out what the best treatment will be."

And it doesn't matter if you smoked. It doesn't matter if you did drugs. It doesn't matter if you were born under the wrong sign. We're going to find out what the problem is, what exactly the problem is, and how best to fix it. And drop the blame.

I mean, when I speak against Obamacare, I'm not

speaking against Obama. We don't need more polarization. We're over-polarized now.

So, please understand. There's nothing personal about this. This is about principle. This is about knowing what's wrong, and knowing how to fix it.

So that was an aside. I'll continue with this [reading]:

"At the same time that the government was in the 16-day shutdown, the *USA Today*, Oct. 22, reported that the top 10 CEOs in the United States made $5.7 billion in one year." That's between 10 people! "Even as we are at the verge of financial blow-out that will dwarf the one of 2008 and 2009. This is financial madness.

"The question is: Are we to dismantle our health-care system based upon the recommendations of these mis-managers? And the people whose programs for theft would make Jesse James blush?

"To remedy this crisis, we must undertake three important initiatives…." [See the the full statement, below.]

Time To Wake Up

It sounds strong. It *is* strong. I wouldn't say that, if not for the hard, cold facts that I'm faced with on an everyday basis.

It's time for the American people to wake up, before it's too late.

I don't normally speak in such forceful terms, but some people will awake with an alarm clock, and some people need a bucket of cold water. I really feel strongly that we need to take action.

With where we are today in history, this long slide predicted in 1949 by Dr. Leo Alexander—the ribbon's being put on it with Obamacare. It didn't come overnight, but it's absolutely being finalized with Obamacare.

So that, I believe, gives an idea of these connections. How and why did we have a financial shutdown, and the failure of this implementation of Obamacare at the same time? Because it's one and the same problem.

Medicine today is being slashed—the actual practice of medicine is being slashed because there is not enough money. Where did the money go? How many kids are going to be treated for the $5.7 billion that the 10 CEOs got? The Standard & Poor's indices for health insurance companies, since 2010, with the initiation of the Affordable Care Act—those indices have gone up 200-300%.

I have a patient who went to the emergency room last week, because she had excruciating abdominal pain, and the patient's daughter was told that she's dying, that she has renal failure, and that her doctor—myself—should have told her that. "She shouldn't be bothering them. She shouldn't be in the emergency room." She was sent home, only to go to another emergency room, where she was diagnosed with an overwhelming infection, which killed her.

These are the issues that I deal with on an everyday basis. The doctor scolded this woman's daughter for bringing her to the emergency room, with her fatal illness. Meantime, there is a 200-300% increase for these health insurance companies?

In the interest of time—I could give anecdotes for a long time, but that was one of the more recent ones. That was a week ago.

Questions & Answers

Tony Esposito, LaRouchePAC: Dr. Shelley, thank you very much for that opening statement. Your references to Dr. Leo Alexander prompted me to go back and read his 1949 article on "Medical Science Under Dictatorship." And I want to read several short quotes from the article, which I believe have great relevance for today. After reviewing some of the subtle shifts in medical thinking that paved the way for the monstrous mass murders that were perpetrated by the Nazis, Dr. Alexander writes:

"The question that this fact prompts, is whether there are any danger signs that American physicians have also been affected with the same Hegelian, cold-blooded utilitarian philosphy, and whether early traces of it can be detected in their medical thinking that may make them vulnerable to departures of the type that occurred in Germany. Physicians have become dangerously close to being mere technicians of rehabilitation. This essentially Hegelian rational attitude has led them to make certain distinctions in the handling of acute and chronic diseases. Hospitals like to limit themselves to the care of patients who can be fully rehabilitated. And the patient whose full rehabilitation is unlikely, finds himself, at least in the best, and most advanced centers of healing, as a second-class patient.

"I wish to emphasize that this point of view did not arise primarily within the medical profession, which has always been outstanding in a highly competitive economic society, for giving freely and unstintingly of

While Obamacare promised to provide health care for the downtrodden and poor, it is currently estimated that up to 9 million poor people, like this young boy, mostly in the Southern states, will be left out.

its time and efforts, but was imposed by the shortage of funds available, both private and public.

"From the attitude of the easing of patients with chronic diseases, away from the doors of the best types of treatment facilities available, to the actual dispatching of such patients to killing centers, is a long but nevertheless, logical step."

So my questions are twofold. Number one: Do you see American medicine today being precisely at the danger threshold that Dr. Alexander warned would lead to crimes of mass murder, such as were committed by the Nazis?

And number two: What do your fellow doctors say about this horrible situation, among themselves? Why don't more of them speak out against it?

The Slippery Slope

Shelley: The first question—Is this really what Dr. Leo Alexander was speaking about? The short answer is, yes.

To say it's a threshold, that something changed suddenly, that there's a point of no return—that's difficult. You can't see where the line is drawn. I know that. But if it's a threshold, it's a long, insidious "boiling of the frog"—unnoticed, worsening, in how medicine is being practiced, is being finalized. It's being made policy by Obamacare.

If Obamacare is ever able to function, which is, at this point, still quite debatable—they haven't even been able to sign anybody up for it, or it's terribly flawed—if it goes into effect, it's not going to work. The math doesn't work.

So why fight this, if it's not going to work anyway? Because even if it doesn't work, it's going to destroy what is already working. And that's not a position that any of us want to be in.

The implementation of Obamacare, which will not work, *will* stop the system that is in place now, from my perspective.

So, yes, Obamacare is a threshold. It's a validation of these policies, of this approach, of this dehumanization of health care. It's Hegelian.

Esposito: And what do you think about the question of your fellow doctors, and why they remain quiet about this?

Shelley: They're not quiet to each other. Most physicians really do not want to continue doing what they're doing.

The point being: It's important to be part of this society. It's important for physicians to be able to talk, and they don't want to be shunned. They'll be ostracized. I would be ostracized for saying this, if I wasn't already.

'I Hope To Get Others To Speak Up'

Reporter from the *Potter Leader-Enterprise*, Coudersport, Pa.: You talk about how physicians in the medical field don't want to speak out against Obamacare. What made you decide for you to do it, and what are your hopes from making this statement?

Shelley: Well, I guess I've always felt strongly about the fact that I have to watch my patients die. And I can't be everywhere, to catch every one of them, while things happen, like the patient with the renal disease, who actually died from a treatable infection.

I had another patient, who had gone to the hospital two years ago. She was old: sin number one. She came back from the hospital, where she was briefly treated for pneumonia. The family was told that she had aortic stenosis, and she was old; she was not given any intervenous fluid, was not alllowed anything by mouth. She had no medicines given, except for morphine. And the family was told that she was going to die, because, es-

sentially, she was too old.

Well, I was able to get there, and I said to the daughter, "She doesn't have to die." And she said, "That's not what they told me."

If ever you believe what you're told first, you have to be un-taught, then taught again.

I said, "She doesn't have to die now." We all have to die sometime. And so, we treated her for pneumonia, and a week later, she was playing bingo. And she went on to live another year and a half.

I want to do that. I can't do that anymore. I can't be in all these places to catch all these people that this system is allowing to die. And you reach a point, where it's enough. And maybe that was it.

What do I hope to do? I hope to get other people to speak up. I hope other physicians will see what I say, and they'll say, "That's my life, and *we don't have to do this*."

That's probably why I did it.

creative commons/I Craig

There are increasing incidents, Dr. Shelley said, of nursing home residents being denied care, due to a financial calculus of how much it would cost to keep them alive. Should the elderly, like this woman, celebrating her 78th birthday, be allowed to live?

A Killing Policy

Esposito: Dr. Leo Alexander wrote in his 1949 article on "Medicine Under Circumstances of Dictatorship":

"Under all forms of dictatorship, the dictating bodies or individuals claim that all is being done for the best of the people as a whole. And that for that reason, they look at health merely in terms of utility, efficiency, productivity. It is natural in such a setting, that eventually, Hegel's principle that what is useful is good, wins out completely. The killing center is the *reductio ad absurdum* of all health planning based only on rational principles and economy, and not on compassion and divine law.

"Be sure, American physicians are still far from the point of thinking of killing centers, but they have arrived at a danger point in thinking, at which the likelihood of full rehabilitation is considered a factor which should determine the amount of time, effort and cost to be devoted to a particular type of patient on the part of the social body, upon which this decison rests."

So my question is, does an adherence to the Obama government-mandated guidelines, that direct doctors and hospitals, etc., to withhold treatment, under various circumstances, actually turn those institutions into what are properly, scientifically termed "killing centers," as Dr. Alexander described them?

Shelley: Obviously, we don't have a building with a crematorium, with full buses of people going in the front, and empty buses going out the back. It's much more subtle; but, they're not killing centers, it's a killing policy. It's a killing epicenter. It's a way of solving the problem—the problem of Wall Street is: "*Where are we going to get money, now*? And we're spending all this money on people who are only going to live a week or ten days, according to whatever data we can generate. So let's just let them die now, before we spend all that money on this wasted last seven or ten days."

I have this literature right here, that tells me that the average length of life, after the person presents with X number of symptoms, is ten days, is it really worth $10,000? It's worth a thousand; or maybe it's even worth $10 to get this person to live for another week. "Because after all, we have to have this money."

So, that's the policy. Is it a killing center? No. It's a killing policy—and again—I hesitate to use such strong language, but, when else are people going to wake up? I'd love to know the answer to that.

I really don't want to make any trouble for anybody. I just want the problem to end. I think this is probably the only way it's going to end: is to say that it's a killing policy, because these people are being killed. My patient last week was killed.

She had a treatable illness. She was on dialysis, and the emergency room doctor, as he was scolding the daughter for bringing her mother, writhing in pain, to the emergency room, said, "You know, she's on dialysis. You know she's going to die." I'm paraphrasing. I wasn't there.

My question is, "Then why do we have dialysis?" which probably is a question they'll eventually ask. *It's a process.* It's a slippery slope. It's a morphing. It's not a killing center, as they say, with a wall around it. It's not a concentration camp, with wire. Maybe it's a concentration camp with an intangible wall of sorts.

So, is it a killing center? No. They're not killing centers. It's a killing *policy.* I know it sounds extreme. And I would love for somebody to show me that I'm wrong, because I don't want this to be true.

creative commons/The Aspen Institute

Dr. Ezekiel Emanuel, one of the chief architects of Obamacare, specializes in "bioethics," a cold-blooded statistical calculus of how much a life is worth, in dollars and cents. That kind of calculus is now being disseminated to doctors nationwide, Dr. Shelley said, as part of the Obamacare policy.

Who Is Not Worth Treating?

We're covered with policies that tell us that we need to learn who is not worth treating. We were talking the other day, and I picked up a journal, which had the new American College of Physicians guidelines for colonoscopy. And we're directed—and I will eventually be judged and penalized for not following the directives—we're directed to not do colonoscopies on people who are 75 years of age or older. Because, it takes ten years to develop a colon cancer, and we don't expect them to live for another ten years, so even if you have a colon cancer at the age of 76, it's not cost-effective to diagnose and treat that.

The other part of that American College of Physicians statement was that, if the patient is not expected to live for ten years, you shouldn't order a colonoscopy. Who determines how long they'll live? I'm sure there'll be an algorithm somewhere, that will dictate how long you're expected to live. And that's what we follow!

Now suppose I am now being held accountable for ordering inappropriate colonoscopies? (And this will always be worded in such a way that the physician is the transgressor.)

The patient is 74 and a half years old, and needs a a colonoscopy, versus 75 and a half years old. Well, I can order a colonoscopy six months later, and I'll be penalized one way or another.

Say the patient went on to develop colon cancer, which metastacized, which slowly kills him over the next five years. And that's expected, because he was going to die in ten years anyway.

It's not right! And it's not even like it's saving money. It's taking money that was promised; it's breaking a promise to these people, by myself—with the oath of Hippocrates, by the people who took their money from Medicare. But the profession is breaking their promise, it's taking the money, and sending it to Wall Street, to put another drop in this ocean.

I want people to be paid for hard work. They absolutely should be. That's the point. They're not being paid for hard work.

There's only one problem, it's just manifesting in many different ways. When we talk about it in terms of a child dying, people listen. Maybe that's what it takes. When you talk about losing your retirement ten years from now, most people don't respond the same way.

Credibility Is Gone

Esposito: Do you find it ironic that, according to reports released by the *New York Times* and the Kaiser Commission on Medicaid and the Uninsured, in the last several weeks, over 5 million, and perhaps as many as 9 million Americans are known in advance to be disqualified for coverage under Obamacare?

After all, the official name of Obamacare, is the "Affordable Care Act of 2010," and its stated purpose is to provide health care for all Americans. Its "disquali-

fied" clauses hit those poor persons who make too little annual income to qualify for Federal subsidy on an insurance policy from the exchange—specifically, less than 138% of the official poverty line—and too much money to enroll in Medicaid, relative to the poverty line rules in their state.

Is not Obamacare one of the worst, and potentially most deadly, cases of "no truth in advertising" in American medical history?

Shelley: Yes. Is it ironic? Actually, it is absolutely predictable. You're not a liar once; it's not a behavior that you engage in briefly. And the fact that this wasn't part of the beginning of the plan, when the plan was created and pushed, that is deceit by omission. People know deceit. Little kids know deceit. We all know deceit. It doesn't matter if it's deceit by intent, or deceit by omission, it's still deceit.

Credibility is not a commodity. The credibility's gone. Is it ironic? Well, it's no more ironic than anything else in this. The Affordable Care Act is not affordable. It's bankrupting us. It's not even a "care" act.

Whenever there is a program being created which is unpalatable, let's say, it always gets called the opposite.

Our President labelled himself as the "great uniter," and the Administration policies have led to constant, intensive polarization. Black against white. Men against women. Rich against poor. East Coast against West Coast. Everybody is polarized. This is the most polarized this country's ever been. It's not productive.

But, speaking of the Affordable Care Act reminds me of Dr. Alexander's article, when he described the early euthanasia movement in Germany, when there were forms made out, and people went through checklists for whether or not they should be allowed to live. And the company with vans that loaded children with polio to be taken to the death camp, to the killing center, was called the Charitable Transport Company for the Sick.

It was very interesting that in all of this, the entire process, these parts were named the opposite of what they really were, using the strongest terms of kindness and caring.

And then they had the organization by which they decided whether people should be euthanized or not, which was the "Realm's Work Committee for the Cure and Care." And we have the "Affordable Care Patient Protection Act."

These are just the facts.

REVIVE GLASS-STEAGALL NOW!

LaRouchePAC is now leading a nationwide effort to push through legislation for Glass-Steagall (www.larouchepac.com).

"The point is, we need Glass-Steagall immediately. We need it because that's our only insurance to save the nation.... Get Glass-Steagall in, and we can work our way to solve the other things that need to be cleaned up. If we don't get Glass-Steagall in first, we're in a mess!"

—Lyndon LaRouche, Feb. 11, 2013

WATCH the LaRouchePAC video:

'Glass-Steagall: Signing a Revolution'

SUBSCRIBE to EIR Online
www.larouchepub.com/eiw
toll-free: **1-800-278-3135** e-mail: fulfullment@larouchepub.com