

the network that's out there, be it CAN [Cult Awareness Network], be it some of the other

(Conversation Deleted) . . .

**Kelly:** . . . I think there's two ways. I think there's independent publicity and (inaudible) the deprogramming. Some are voluntary. Some are involuntary. There's investigations, like investigating the Circle of Friends or (inaudible) the University of Kansas. But people will pay just to find out (inaudible) LaRouchies (inaudible). Then there are some research projects. Sometimes we wind up doing investigations and research (inaudible) I think you got to lock into that through CAN, and I think you lock into that through public exposure and you need something. . . .

### **Kelly kidnaps the wrong woman**

*From a conversation recorded Aug. 19, 1992, between Doug Poppa and Don Moore, concerning a kidnapping Galen Kelly and others carried out in Washington, D.C., in which Don Moore was also involved.*

**Moore:** And you know this one week Galen [Kelly] made a mistake (UI).

**Poppa:** Right.

**Moore:** I, I, I said hey put you on target there at the Chrysler as you go get her and somebody, a different girl took the car. They followed the car, didn't even check the pictures I had. (UI) Snatching's everything fine.

**Poppa:** Right.

**Moore:** Wrong person. Anyway they they, they want to find out this other girl is right?

**Poppa:** Right.

**Moore:** This girl says, "I'll never talk, I'll never tell you." So the woman goes; "Give me half an hour." "She will talk." "Where are my knitting needles?" Ha ha ha ha ha ha [Moore laughs]. yeah, and Galen's going, "Wait a minute," thinking (UI) "this is like a do-over." "We can cut her loose and forget it, right?" (UI) "I can make her talk, I guarantee you she will talk," you know. Galen thinks, "Where is she going to put those knitting needles?" Ha ha ha ha ha [Moore laughs].

**Poppa:** So these two people are?

**Moore:** Lubavitch.

**Poppa:** Lubavitch.

**Moore:** Yeah.

*Later in the same conversation*

**Moore:** There is an entire subculture of people like Bob Point, people like Galen Kelly, people like Carol [Hoffman], who are not spies, they're not CIA agents.

**Poppa:** Right.

**Moore:** They're not arms dealers. They're a set of guys who hang out with the guys that do.

**Poppa:** Right.

**Moore:** UI

**Poppa:** They're on the edge.

**Moore:** They're on the edge. . . .

# 'Doctor' Kevorkian's newest campaign to

by Linda Everett

After the killing of eight women in Michigan over the last two and half years by a man who admits he has been "concerned about death for the last 34 years," the serial killer is still on the loose. The killing spree began in June 1990 when Michigan authorities found Jack Kevorkian, 63, an out-of-work pathologist with blood on his pants, standing outside his rusty van in a parking lot. A dead woman, whom the perpetrator called his first "research project," lay on a cot in the back of the van, with multiple bruises on her arm where the pathologist had jabbed at her veins to introduce the lethal intravenous drip.

Thirty months after that first "research project" died; after the pathologist's mail-order plans for "suicide machines" have been used to kill in California; after his "assisted-suicide" rationale spurred several "copy-cat" murders; after he had a Pennsylvania woman transported across state lines into Michigan for his on-the-spot counseling/killing services, we are told that Jack Kevorkian is "itching" to kill again. According to his showman attorney, Geoffrey Fieger, Jack is "itching to get across state lines" to treat "potential clients" in Ohio, where his brand of murder is supposedly not illegal.

How is it that an individual who publicly affirms that no law can stop him from taking more lives, is still allowed to hang out his shingle—Penumbra, Inc.—to prey upon, film, "counsel," and then kill, vulnerable and often mentally disabled women? How is it that the public lionizes this man as a "compassionate" doctor, yet he has never treated a live patient, and he attacks Judeo-Christian medical ethics as "equally culpable" of the crimes of torture as Nazi doctors—when it is that same Judeo-Christian basis in modern medical science that produced the breakthroughs that save countless human lives?

The answer lies in the fact that from the first death, Kevorkian's killing has been cast as a "right to die" issue. The Michigan legislature, the courts, the Michigan State Medical Society, the Michigan Bar Association, Michigan State University's Medical Ethical Resource Center (MERN), the Michigan Civil Liberties Union, and the media legitimized Kevorkian's death campaign as an issue of "patient's rights." *No one*, with the exception of the office of Oakland County

# 'medicide' is destroy medicine

Prosecutor Richard Thompson, whose prosecution efforts were shot down repeatedly by judges who favor assisted "suicide," has attempted to review the facts surrounding Kevorkian. It appears that no one has investigated others involved in this death conspiracy, like Margo Janis, Kevorkian's sister, who has "assisted" him in every death, and videotapes the victims before they expire. Or Neal Nicol, Kevorkian's crony from the days when Kevorkian was transfusing blood from corpses in hospital basements. Now, Nicol supplies Kevorkian with the carbon monoxide used to kill the victims, as well as his home for some of the deaths.

When Kevorkian was told that legislators had passed a law to temporarily make assisted suicide a felony, he reportedly guffawed, "Now, the stage is set for fun!" His "fun" is watching vulnerable women die. He also used to do paintings with old blood. Is this a doctor concerned with a patient's "rights," or does Michigan have another Charles Manson on its hands?

## Is Kevorkian insane?

The issue of whether Kevorkian is insane was first officially raised by Dr. Ljubisa J. Dragovic, chief medical examiner of Oakland County, Michigan, just after Kevorkian took the lives of his seventh and eighth victims on Dec. 15, 1992. Dr. Dragovic has ruled that the manner of death of all the victims he investigated were *homicides*; that is, someone else, other than the victim, was actively involved in causing the death. He told *EIR*, "I am very suspicious that a psychiatric disorder may be a motivating factor in these deaths. It's a question of insanity. This is not normal behavior. It's *high time* for responsible psychiatrists in this state to step in and make an assessment of this bizarre behavior, and offer it to the public."

From the start, the problem with any investigation has been that Kevorkian and his attorneys, Geoffrey Fieger and Michael Schwartz, act in well-orchestrated obstruction of justice. On the scene of the "suicides," Kevorkian's attorneys instruct all those present, whom he says he represents, not to cooperate with the police, *to say nothing*. Reportedly the police are called after the media are alerted that "Kevorkian has done another double." Fieger or Schwartz then holds

a press conference releasing "facts" on the latest victim.

Once the victim is dead, Kevorkian says he wants to "exploit this natural phenomenon [death] for human betterment"—for his idea of betterment is that these women are better off dead. About his first victim, Janet Adkins, who had Alzheimer's disease, he expressed revulsion at the condition of people with that disease, referring to them as "things." His second victim, Majorie Wantz, had been involuntarily committed to a psychiatric institution twice, took very large doses of a psychotropic medication whose side effects have led some to attempt suicide and murder. Three physicians sought to institutionalize Wantz weeks before Kevorkian implemented her "suicide." No sign of a physical disease causing her chronic pain was evident at her autopsy. Kevorkian asks who in their right mind would try to stop "a cripple who can't even talk" from wanting to kill himself? Thus, the death of Sherry Miller, who Fieger says had "malignant" multiple sclerosis. Miller, who did not ask for help from the Michigan MS Society or any of the excellent technology centers that assist anyone with any handicap, said she was a burden to her family.

## The truth behind one 'suicide'

With each death, the lies become more outrageous, the intimidation of the authorities and any critics more glaring, and the criminal investigations almost non-existent. All of this is served up to the public, via the media, which take what Fieger and Schwartz dish out.

On Nov. 23, 1992, Kevorkian struck down his sixth victim, Catherine Andreyev, a 46-year-old woman from Coraopolis, Pennsylvania. Andreyev allegedly called Kevorkian on Nov. 22. Within 18 hours, she was found in Michigan, dead. Carbon monoxide had been administered to her through a mask-like mechanism built by Kevorkian and allegedly triggered by the victim.

The murder took place in the same Waterford Township "death house" of Kevorkian supporter Neal Nicol, where Lois Hawes, Kevorkian's previous victim, had been killed two months before. Waterford police arrived to find Kevorkian attorney Michael Schwartz looking for the press, along with Kevorkian and a member of the Hemlock Society enjoying a coffee klatch with quasi-relatives of the deceased.

The media circus began with Schwartz, who portrayed Catherine Andreyev to a packed press conference as "a victim of agony, torture, and torment for six years." Schwartz said on national news that night: "Jeffrey Dahmer killed 17 boys. . . . If one were to inflict torture and agony on him, it would be considered cruel and unusual punishment. . . . So, why do we allow this on ordinary citizens, when we have the means to end it?"

The fact is that Catherine Andreyev fought her cancer in 1986, and beat it until a lump was found and removed in 1989. Eight weeks later, she was back at her two jobs, singing

in several church choirs, and traveling. She spent almost every holiday with close friends.

After cancer was rediscovered in both lungs in December 1991, she continued working both jobs. She only stopped in May 1992 so that she could enjoy the summer. Up to the day before she died, her house was full of long-time friends and visitors bearing videos or Italian or Chinese dinners. She was ambulatory, slept plenty without difficulty, and was not bedridden; she needed nurses to visit for only a total of three hours weekly.

But Schwartz, who cares more about saving the “wetlands” than human life, said Andreyev “had no hope of a normal life . . . her every day was wracked by excruciating pain. . . . She could not even sleep. She was unable to walk without assistance. . . . She experienced a torture of the type most of us will never come to know. Each day had been an additional day of horror and dread. She was determined to end that horror and dread.” The national media made headlines of it all.

Andreyev did all that she did, needing only a mild pain medication, until August. Only five months ago did she begin to use Duragesic patches that dispensed about 50 micrograms of a morphine derivative. The dosage could be increased to 300 micrograms, after which, Andreyev knew, a morphine drip was available. At the time of her death, her medication level was 200 micrograms—nowhere near the limit. Friends knew when her medication had to be adjusted, because she would show *temporary* symptoms

of irritability and depression.

She was due to have a nurse visit and adjust her medication on Nov. 23, the day she was killed. The night before, however, she reportedly called Kevorkian, whom she or a friend had contacted months earlier. Kevorkian saw Andreyev’s medical records and knew her medication level. Unlike any other doctor—or any other human being—Kevorkian did not urge Andreyev to call her doctor, her nurses, or a friend. He did not advise her to get to a hospital, or try to hold out for a few hours until her nurse arrived. He did not help her in her momentary depression. No, Dr. Death had Catherine Andreyev driven into Michigan and killed. The quasi-relative and friend who drove her to her death benefited significantly from her estate.

*EIR* was told that there was no reason for Pennsylvania authorities to investigate. Although assisting in a suicide is a felony in Pennsylvania, and Andreyev was driven across state lines to avoid prosecution, there would be no investigation, the view being that the woman “was going to die anyway—this was her right.”

### From toys to death machines

Kevorkian’s research, always on dead people, dates back decades to his brief and erratic work episodes in hospitals like Beverly Hills Medical Center, where he did his “death rounds”—racing in to examine and photograph the eyes of just-expired patients. He claimed that he could pinpoint the time of death according to the dilution of eye color. At Ponti-

## Doctor Death’s scheme backed by medical journal

The *American Journal of Forensic Psychiatry* devoted its entire February 1992 issue to Jack Kevorkian’s plan to facilitate medically assisted “suicide” by doctors trained to kill.

In his article, “Fail-Safe Model for Justifiable Medically Assisted Suicide,” Kevorkian claims that the mores of society should determine society’s laws. Kevorkian and his attorneys attack anyone who objects to his activities as a “Catholic” or part of a fanatic religious minority. Kevorkian says that religion has no place in medicine; medicine must “evolve” with society’s ethics. He attacks today’s taboos against euthanasia because such laws are dictated by religion, and “cause unspeakable pain and suffering and irreparable harm to society as a whole.”

His solution is “medicide.” Doctors of death, known as obitiatrists, will receive post-graduate training pro-

grams, with their own journals to document “theoretical and practical research” in killing.

Kevorkian spins out a hypothetical case of a patient, Wanda Endittal, who has multiple sclerosis, and who requests death from her doctor, Frieda Blaime. The obitiatrist, Will B. Reddy, M.D., visits the patient, and then her husband (Frank Lee Endittal), her mother (Flo N. Tiers), father (Justin Tiers), sister (Sheila Byde), and daughter (Dawn Endittal), who opposes her mother’s wish for selfish reasons.

The obitiatric psychiatrist, Dr. Lotte Goode, consults an associate, Dr. Sy Keyes, about Wanda. If the patient manifests any degree of ambivalence, the whole process is stopped. Once the reviews are over, action obitiatrists, Shelby Dunne, M.D., and Dewey Ledder, M.D., vote and arrange for the patient’s choice of either lethal injection or gas. The official observer to the killing is Polly Tishen.

The plan was given cautious consideration by some psychiatrists whose comments appear in the issue. But one psychiatrist thought the specialty should better be called “Assisted Suicide Specialist,” or ASS, for short.

at General Hospital in Michigan, he conducted unauthorized experiments in which he nearly killed a person after he transfused blood from a corpse into the live subject. In a decade of unemployment, while offering "death counseling," he bought old toy parts to make "Mercitrons" or "Thanatrons." By 1989, he was looking for his first victim.

Since 1950, Kevorkian had urged death row prisoners to choose a form of execution that allows them to donate their organs or have medical experiments done on them during operations from which they would never wake up. He tells those who are ill or who are "going to be killed anyway" that their lives hold no value, but their deaths might. His promise of harvesting enough body parts to save six or eight people always starts with killing the patient. The more he kills, the more he can save! He proposed a medical auction where organs go to the highest bidder. The poor get what's left over.

Kevorkian says that his early experience of seeing a woman ravaged with cancer convinced him that doctor-assisted euthanasia/suicide is ethical. His mother died of cancer—as Hitler's support for euthanasia has been dated back to his nursing his own mother in a battle against breast cancer. Kevorkian's perversion of "mercy" is such that he now wants to facilitate the killing of anyone with "any disease that curtails life, *even for a day.*"

### Accomplices in high places

Legislators have used Kevorkian's murders to push bills to make medically assisted suicide legal. The Michigan Civil Liberties Union is attacking even a pitiful law that temporarily makes assisted suicide a felony in Michigan, on the grounds that assisted suicide is an issue of the constitutionally guaranteed right to privacy, just as abortion is.

A major accomplice is Nazi "ethicist" Howard Brody, M.D. (see accompanying article), head of the Medical Society's medical ethics committee and its forum to "study" this issue. Brody runs Michigan State University's Medical Humanities Program and is chairman of the Medical Ethics Resource Network, where rationing health care based on age and handicap, and the denial of life-saving care are hot topics. Although the Medical Society voted down any motion to support laws to stop assisted suicide, its president, Thomas Payne, insisted to *EIR*, "We're against any euthanasia or assisted-suicide." Did Payne not know that his ethicist Brody just endorsed assisted suicide in the *New England Journal of Medicine*?

Medicide, Kevorkian's neologism that uses the first and last syllables of "medically assisted suicide," actually means; translated from Latin, the slaying or killing of the practice of healing, or of those who heal. Thus there are two questions here: Is Kevorkian insane? And will the people and medical professionals of Michigan and the nation stop his accomplices from allowing that "slaying" of the medical profession's capacity to heal?

## Dr. Brody promotes murder as 'bioethics'

by François Lepine

On Nov. 23, 1992, in reaction to two new murders by "serial killer" Jack Kevorkian, the Michigan legislature passed a bill creating a commission to study whether or not to legalize physician-assisted murder. Michigan could become the first state in the nation to legalize active euthanasia—a Nazi policy that the entire world condemned at the Nuremberg Tribunal.

Dr. Howard Brody, the chairman of the Committee of Bioethics of the Michigan State Medical Society, is rumored to be under consideration to head that commission. If that appointment takes place, it would be a continuation of Brody's work on behalf of euthanasia with a similar commission throughout 1992.

Brody is a leading member of the bioethics movement who has been promoting euthanasia since the 1970s, and has made a specialty of shaping the debate on this issue in order to reach a "democratic consensus." His Michigan Ethics Resource Network plays a major role in this effort. During 1992, he participated in a series of forums on physician-assisted suicide, in which Michigan Right-to-Life, the Michigan Catholic Conference, Hemlock Michigan, the Michigan Nurses Association, the Michigan State Medical Society, and the offices of 10 members of the state House of Representatives also took part.

### The real agenda

While euthanasia has been sold to the credulous as a democratic "right" to die, one need only read a book written by Brody in 1975, *Introduction to Ethical Decisions in Medicine*, to discover that the bioethics movement is no more for democracy than was Adolf Hitler.

The book is a textbook written to brainwash Michigan State University students, through a series of case studies that offer to the student controlled choices, in which respect for the sanctity of life has been excluded. Again and again, Brody attacks the very concept of the sanctity of life, writing, for instance, "Our basic objection to the sanctity of life should be predictable from the emphasis we have placed all along on rational decision-making processes. In practice, sanctity of life becomes a decision-avoiding tool; decisions are made in advance for all cases without any consideration of any