

prove a boon to power generation on Earth or any fixed station.

Bypassing the need to first boil water to turn a turbine blade to rotate a generator will place power generation from thermonuclear sources on an entirely new footing. As Dr. Richard Post reported on 1980s experiments on the axisymmetric tandem mirror device at Lawrence Livermore Laboratory, efficiencies up to 80% were possible in direct conversion of the energy of alpha particles and ions shot out the ends of this linear type of fusion device, using the standard deuterium/deuterium reaction.<sup>3</sup> (Research on that reactor along with all other approaches to fusion, except the tokamak device, were scuttled in the 1980s, under budgetary pressure shaped by the environmentalists' Luddite onslaught.)

The million-degree temperatures produced by a fusion reactor can provide the heat to process raw rock, even garbage, into its constituent elements, magnetically separating the ionized gases of each element by a device known as the plasma torch. Laser and plasma isotope separation, techniques demonstrated in the 1970s, permit a new level of control over the Periodic Table for the use of man.

Space exploration also challenges our understanding of life and its relationship to the cosmos. The great challenge, to keep man alive in the space environment, as he travels at high velocity in an inertial gravitational field, and lands in a completely new environment of changed gravitational and magnetic field strengths, will prompt new discoveries. What is the relationship of cosmic radiation to life? Can life survive without a magnetic field or without the low-level radiation that is a constant companion on Earth? What is the significance of the electromagnetic spectrum in intercellular communication and development of an organism?

The alternatives for the future are: creative development of the human potential of the sort we outline here, or descent into a hell of depopulation, famine, disease, and the breakdown of human society. The details of the East Anglia e-mails are not the significant point. Defeating the genocidal intentions of the promoters of global warming is.

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3. See "Interview: Richard F. Post, A Fusion Pioneer Talks About Fusion and How To Get There," *21st Century Science & Technology*, Summer 2007, pp. 36-52. [http://www.21stcenturysciencetech.com/Articles\\_2009/Summer-2009/Post\\_interview.pdf](http://www.21stcenturysciencetech.com/Articles_2009/Summer-2009/Post_interview.pdf)

## 'Beast' Callahan: End Science, Exterminate the Aged

by Anton Chaitkin

He is a horrible spectacle.

Old Daniel Callahan has jumped into the health-care showdown with his mental trenchcoat wide open. It's all on display in his new book, *Taming the Beloved Beast: How Medical Technology Costs Are Destroying Our Health Care System*.

Callahan's self-exposure, as you'll read below, is particularly timely, coming as it does, in the immediate aftermath of the Obama Administration's "expert task-force" recommendation that virtually all cancer screening (especially mammograms) be drastically curtailed. To understand the source of that murderous advice, which would become a diktat, if the Obama Hitler health policy were to pass, you have to understand the Nazi mind of Daniel Callahan.

Callahan has been at it for 40 years, repeatedly putting himself before of the public, demanding that the elderly be killed by withdrawal of medical care, and that scientific progress be shut down.

Since he founded the Hastings Center in 1969, to continue the Hitler-era British movements of eugenics and euthanasia, Callahan, who is now 79 years old, has shaped a generation of "bioethicists" who like to see his sort of display.

Today, the Callahan clique is in power in the Obama Administration. They created the Obamacare legislation being fought over in Congress. They issued the government recommendations that people should die from cancer, rather than be screened. They are preparing to pull the plug on sick people in a pandemic.

Callahan is now nerving his cadres to kill without flinching, to plunge society into a Dark Age, dark enough that no one will see or interfere with evil.

Here are some of members of his clique, whom Callahan, the founder and president emeritus of the Hastings Center, is instructing with *Taming the Beast*:

**Ezekiel Emanuel**, leading health advisor to the

Obama Administration, chairs Bioethics at National Institutes of Health (NIH), and advises budget director Peter Orszag on how to cut medical costs.

**Marion Danis**, NIH Bioethics co-coordinator with Emanuel. (See below.)

**Christine Grady**, Hastings fellow and leader, and bioethics deputy to Emanuel.

**Carolyn Clancy**, director of the Agency for Healthcare Research and Quality (AHRQ). (See below.)

**Norman Daniels**, Hastings fellow, rationing advisor to the Centers for Disease Control (CDC).

**Robert A. Pearlman**, Hastings fellow, author of the pamphlet “Your Life, Your Choices,” which counsels veterans to accept an early death, which Obama authorized to be reissued through the Veterans Administration.

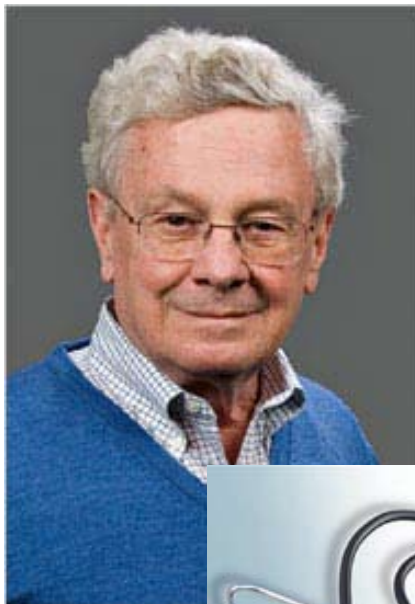
## The Callahan Track to Nazi Euthanasia

*Taming the Beloved Beast* was published in October 2009, following several months of popular revulsion and mass protest against the murderous Obama health-care program. Lyndon LaRouche’s identification of the program as a revival of Hitler’s euthanasia, and LaRouche’s application of the Hitler mustache to an Obama photograph, sparked the ensuing public uprising this past Summer.

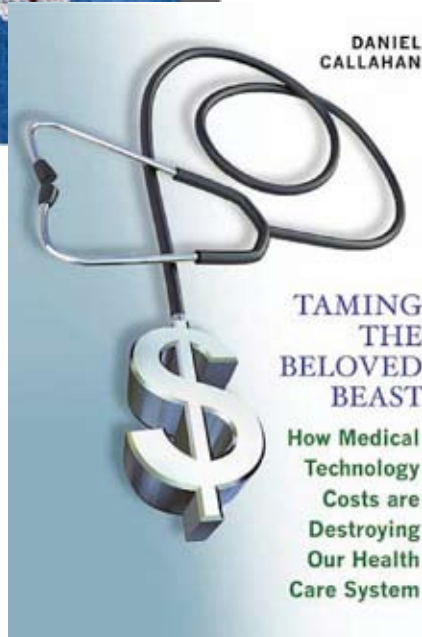
In *Beast*, Callahan refers to that revolt by the people with the pitchforks and torches:

“If not handled properly, cost control is a topic that can bring out ... ad hominem attacks. Any mention of cutting back expensive care for the elderly will invite the charge of ageism; ... mention of reducing the use of expensive life-saving technologies ... will add to that charge social euthanasia or murder.”

But this is also a personal matter for Callahan. On June 25, this reporter confronted him when he spoke at



*Daniel Callahan's beastly perversions are on full display in his book Taming the Beloved Beast, and lie behind the Obamacare program for murderous cuts in medical care for Americans.*



a public forum sponsored by Sen. John D. (Jay) Rockefeller IV’s group, Alliance for Health Reform.

The panel was asked for its “reaction to the unique family relationship of your chairman, Senator Rockefeller, to his father’s employee, your speaker Daniel Callahan. Jay’s grandfather paid for the German eugenics program that created Hitler’s euthanasia. Jay’s father set up the Population Council to fight alleged non-white overpopulation, merged the American

Eugenics Society into it, and hired Daniel Callahan to create the U.S. euthanasia group, the Hastings Center. Senator Rockefeller and President Obama now propose a Federal board to cut and ration health care, and the first to die would certainly be the poor and non-white. How would you defend yourselves before a new Nuremberg Tribunal?”

Callahan responded, “I am on record for many years in opposition to euthanasia and assisted suicide.”

Ezekiel Emanuel had lied similarly when confronted by this reporter two weeks earlier: “I ... have a very long record of writing against the legalization of euthanasia.”

Callahan and his followers explicitly promote withdrawal of medical care to kill off categories of costly or presumably useless people, which the victims would have no chance to prevent. This, they urge as an overriding government objective, in preference to the individual act of choosing suicide, which they argue would have limited cost-benefit.

The “beloved beast” in Callahan’s new book is life-saving medical technology. It must be subdued, he says, for the very reason that it saves costly lives; and because scientific advancements inspire an uppity American identity and the demand for progress.

## The Cultural Revolution

Read Callahan's published diatribe for his troops, and glimpse the anti-American, British philosophy behind Obamacare, behind the global warming hoax, and similar projects.

Here are excerpts from the *Beast* book:

"We have a culture addicted to the idea of unlimited progress and to the technological innovation that is its natural child. . . . This is an unsustainable value. There must be limits. American health care is radically American: individualistic, scientifically ambitious. . . . Changing those values within health care [will be] a cultural revolution dedicated to finding and implementing a new set of foundational values. . . .

"[It] is remarkable that global warming is now, finally, being taken seriously in the United States; and that there is a fresh push for serious health reform. In both cases . . . [we must have] fundamental alterations in our way of life. The drive for progress and constantly growing prosperity in the industrial order is behind the emergence of global warming; and an analogous drive has created the cost crisis in health care. . . . [The question is, should we] sacrifice some of the . . . benefits of science and technology, which have created the parallel dangers, or look to them for new initiatives to rescue us from the unwanted complications they have created.

"...The immediate aim would be to reduce acute care at the highest levels, . . . and . . . to discourage the development and improvement of medical technologies at those levels. screening methods . . . should decline. . . . Successful prevention policies will do no economic good if we continue to find clever technological ways to keep people alive when they finally get sick which they inevitably will. Another aim . . . will be to minimize the need for directly rationing care. That can best be done by not having technology readily available in the first place.

"...The only fully useful technology assessment agency would be . . . like the British National Institute for [Health and?] Clinical Excellence (NICE). . . . Technically, NICE only makes recommendations to the National Health Service, but . . . only sharp political outcries . . . can [really] derail them. That is the only kind of agency, I believe, worth fighting for. . . .

"The traditional doctor-patient relationship . . . [obstructing] good health policy, . . . many physicians [invoke] to justify practices at odds with the control of costs. . . .

"We must . . . stifle the [cry] of 'stifling technologi-

cal innovation.' Unrestrained . . . innovation *needs* to be stifled. . . . [emphasis in original].

"The idea that we might use age-based rationing to level the playing field [between the generations] was rejected out of hand from all quarters. I was beaten but not bowed for arguing that position.

"Liberals . . . are . . . reluctant to talk about rationing and limits. . . . They are not comfortable with the language of tragic choices, foreign to Enlightenment optimism.

"...Our whole health system is based on a witch's brew of sacrosanct doctor-patient autonomy . . . and a belief that, because life is of infinite value, it is morally obnoxious to put a price tag on it."

## Who Is Daniel Callahan?

In 1952, the U.S. branch of the United Kingdom's eugenics movement, the American Eugenics Society, moved into the offices of the Rockefeller family's newly formed Population Council. This joint Eugenics Society/Population Council paid Daniel Callahan "to examine ethical issues of population control."

Under this grant, Callahan founded the Hastings Center in 1969. He simultaneously went to work for the Population Council and became a permanent consultant to the Rockefeller family's population-reduction projects.

Callahan was on the board of directors of the American Eugenics Society (now renamed the Society for the Study of Social Biology), from 1987 to 1993.

As a Eugenics director, Callahan published his 1987 book, *Setting Limits: Medical Goals in an Aging Society*, identical in its criminal theme to this year's *Beast*. In it, he wrote:

"If the young are to flourish, then the old should step aside in an active way . . . [in a] withdrawal to prepare for death. . . . The acceptance of their aging and death would be a principal stimulus to do this. . . . Government cannot be expected to bear, without restraint, the growing social and economic costs of health care for the elderly. It must draw lines, because technological advances almost guarantee escalating and unlimited costs which cannot be met. . . . My purpose . . . is to develop a rationale for limiting health resources to the elderly. . . . Despite its widespread, almost universal rejection, I believe an age-based standard for the termination of life-extending treatment would be legitimate."

Globalist financier Peter G. Peterson also published a 1987 book, *On Borrowed Time*, on lines similar to

Callahan's. Peterson's polemic, that limited resources compel us to de-fund Social Security and medical care, is now the sole preoccupation of Obama budget director Orszag, Ezekiel Emanuel's boss.

### In a Rush To Kill

Four years ago, Callahan and his cadres assembled to write and edit a kind of manifesto, anticipating a chance to implement their own murderous policies after the end of the unpopular George W. Bush Administration.

The 2005 book, *Ethical Dimensions of Health Policy*, published by Britain's Oxford University Press, opens with a chapter written by Callahan himself. He avows that "health-care systems ... are facing steadily heavier economic pressures, forcing ... reforms that require (usually covert) rationing and other restrictions on health care." He demands that the idea of *curing* disease, especially in the elderly, "give way" to "palliative care" and the expectation of death. In the old system, "the chief culprit has been a bias in favor of cure, ... as the highest goal. ..." It is the greatest "mistake to allow individual benefit to remain the test of successful policy."

Callahan looked forward to victory in "a centralized governmental control of policy. That is, in a closed system." In a "society such as the United States, where there is ... no central authority, the explicit setting of goals is nearly impossible."

Ezekiel Emanuel wrote a chapter in the 2005 Callahan book, warning of potential public resistance, and advised how to deal with it. Cutting costs will require changing to a "population-based" system, he asserted. Emanuel derides "the dominant Hippocratic tradition of medicine," in which doctors have been "inculcated with the notion that their primary duty is to the patient for whom they are caring." If it is probable that a certain procedure would save fewer than a certain number of lives, or only keep someone alive for a certain time, these costly items should be taken away, he demanded. Since the backers of this reform are admittedly "leading managed-care organizations" and other "powerful supporters and financial forces," the public will be "suspi-

cious" that their "sacrifices" are made so others may profit. Precautions must be taken to "allay their suspicions and reassure them about the integrity of the decision-making process."

That 2005 book was edited by these three Callahan cadres:

**Marion Danis**, director of the NIH Bioethics Department's Section on Ethics and Health Policy. The CDC and individual states have adopted "in-case-of-pandemic" guidelines developed by Danis and Emanuel, for hospitals to kill categories of patients by refusal of or removal from medical treatment. Danis is president of the International Society on Priorities in Health Care, promoting rationing, and scheming how it may be implemented against the known public hatred of rationing—a British-based group founded by personnel of Prince Charles' King's Fund.



Ezekiel Emanuel

NIH

**Larry Churchill**, a Hastings fellow and bioethicist.

**Carolyn Clancy**, director of the Agency for Healthcare Research and Quality (AHRQ). She oversees the AHRQ's Preventive Services Task Force, which, in November, recommended that women stop having "costly" mammograms, while admitting this would lead to more deaths from breast cancer. This shocked many people into action against the administration's murderers. Clancy's Task Force has also called for cutting back screening for cervical cancer, prostate cancer, colon cancer, and skin cancer, with a terrible increase in deaths as the predictable result.

Like Callahan himself, his followers have recently had to face public exposure.

Clancy is a member Obama's Federal Coordinating Council on Comparative Effectiveness Research. She sat beside fellow member Ezekiel Emanuel June 10, when this reporter testified on the Nazi character of their policy. That confrontation has "gone viral" on the Internet.

Population ethics Prof. Norman Daniels, a Hastings fellow and eugenics apologist, also wrote a chapter in the 2005 Callahan gang's book, and helped Callahan write his 1987 tome on terminating the elderly.

Daniels displayed himself in the Callahan style, during a Nov. 23 teleconference of “ethics” advisors to the CDC on how to ration scarce mechanical ventilators in the event of a severe flu pandemic.

*EIR*’s Marcia Merry Baker challenged the panelists, and the resulting testy interchange was covered nationally.

According to ProPublica’s investigative reporter Sheri Fink, “Marcia Baker argued that the government should build for the peak of a severe pandemic rather than focusing on categorizing patients into what she referred to as polite terms for ‘lives not worthy to live.’

“Harvard University ethics professor Norman Daniels responded that he was very puzzled by Baker’s comments. It seems you’re suggesting we could purchase ventilators to meet any crisis, he said. I’d like to know whether you want to pay the taxes.

“Baker said, Yes, and not pay the bailout.

“Daniels countered. ‘You don’t want a functioning economy but you want all these ventilators?’”

Josh Gerstin reported in Politico (“CDC Ventilator Rationing Panel Rejects Attack”), that CDC panel members responded to suggestions that [they] would cavalierly snuff out the lives of those deemed unworthy.

“‘We don’t even have enough beds per thousand in a lot of parts of the country,’ Marcia Baker said [the policy was] akin to rationing in England [and she raised] parallels to the Third Reich. ‘It’s kind of Hitlerian’... Norman Daniels ... suggested it was simply unrealistic and probably not even wise to stockpile enough ventilators to serve everyone who might need one....”

Christopher Weaver, on National Public Radio’s health blog, quoted “Marcia Baker [who] called the panel’s efforts ‘Hitlerian,’” and briefly noted Daniels’ aggrieved reply.

Weaver reported that the interchange gave listeners a “taste of the potential outcry” building up over Obama rationing plans.

## **I Live, You Don’t**

That public outcry is intensifying. Daniel Callahan warns of “ad hominem attacks.”

But personally—he writes in *Beast* that he, as a well-to-do old man, continues to report to doctors for many, many expensive diagnostic tests. Callahan says that this situation is somewhat amusing.

He explains “that, no matter what the system, there will be no feasible way of stopping the affluent from buying whatever they want. If the basic package of health care is generally acceptable in taking care of the statistically most common needs over a lifetime with limits but, basically, economically solid, this unofficial additional tier [of us rich folk] may be politically acceptable. But not everyone will be happy.”

## **What Is the Preventive Services Task Force?**

*In November, the United States Preventive Services Task Force (USPSTF) recommended that women stop having “costly” mammograms, which, they admitted, would lead to more breast cancers. The same task force has called for ending screening for cervical cancer, prostate cancer, colon cancer, and skin cancer. A terrible increase in cancer and other deaths is the predictable result.*

*Here is the language of the relevant USPSTF summary recommendations:*

- The USPSTF concludes that the evidence is insufficient to recommend for or against the routine use of human papillomavirus (HPV) testing as a primary screening test for cervical cancer.”
- The USPSTF concludes that the current evidence is insufficient to assess the balance of benefits and harms of prostate cancer screening in men younger than age 75 years.
- The USPSTF concludes that the evidence is insufficient to assess the benefits and harms of computed tomographic [CT] colonography and fecal DNA testing as screening modalities for colorectal cancer.
- The USPSTF concludes that the current evidence is insufficient to assess the balance of benefits and harms of using a whole-body skin examination by a primary care clinician or patient skin self-examination for the early detection of cutaneous melanoma, basal cell cancer, or squamous cell skin cancer in the adult general population.