

Visteon Co., to produce parts such as seats, shock absorbers, and other things. Visteon will then be spun off from Ford and become independent. Ford will merely retain the licensing ability of the Ford name and make its money off its name. Things will hardly be “Ford tough.” Times will be tough for Ford employees.

Ford employees now earn \$21 per hour plus benefits at its parts division. They earn more in overtime, evening work, etc. Now they will be competing with inferior work and lower-wage workers in Japan and other nations. Those parts can be purchased by Visteon over the parts made in the U.S. This will lead to more plant closings and even more layoffs.

The big automakers have been outsourcing for years, to earn large profits and destroy the workforce. They have also been creating slave-labor conditions in Mexico and other *maquiladora* countries. Globalization, as endorsed by the Democratic Party, has created slave-labor conditions worldwide. This must be halted. The *maquiladora*, duty-free assembly plants and other plants, producing textiles and other goods, now employ over 1 million workers. The stories of horrible working conditions in these nations now fill the press; there is no need to repeat the horror stories, of long hours, no health care, horrible working conditions, child labor violations, environmental violations, “up the proverbial wazoo,” and other travesties of justice and morality. They have been documented elsewhere.

It is high-time the Democratic Party included in its platform a repudiation of free trade, NAFTA, WTO, and other “globalist” policies. This might “alienate” those high-wage, high-flying corporate big shots now being courted by the party: Good! It is long overdue to alienate those people. I hereby call upon the Democratic Party to strike the free trade plank from its platform, and return once again to the “fair trade” outlook of President John Kennedy, President Franklin Roosevelt, and other traditional Democrats.

We should expand trade with our brothers and sisters around the world, to feed a hungry world, and provide jobs for those nations and ourselves, in the tradition of the great Marshall Plan of the postwar period. That plan rescued a starving, war-torn world, and was the driver for our postwar recovery. It put Detroit on the map as the leading city for industrial jobs and high living standards. Now is the moment to restore that policy.

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Health-Care Policy

AIDS: Whole Nations Are Near Extinction

by Dr. Abdul Alim Muhammad, MD

Dr. Muhammad is the national spokesman for Nation of Islam Minister Louis Farrakhan, Minister of Health and Human Services for the Nation of Islam, and director of the Abundant Life Clinic in Washington, D.C.

In the Name of God the Beneficent, the Merciful, Mr. Chairman, I want to thank you for this opportunity — and for the whole panel, I will say that the remarks that I will give, can be supplied at a later date in a written format, so that whatever I don’t have a chance to cover today, verbally, can be available for the record.

I was asked to make some commentary about the issue of HIV and AIDS, and I think that this room and the people who are associated with this movement, are very familiar, especially those who read the *Final Call* newspaper, the *EIR*, and the *New Federalist*, they are certainly more aware than perhaps the average citizen would be, either in the United States or throughout the world. So, I will make certain assumptions that we are very familiar with the overall dimensions of this problem.

However, I will summarize, and then quickly jump onto the solution side, because I think we’ve been hearing about HIV and AIDS since about 1981, and people talk about it, and then tend to bury their head in the sand, as though there’s nothing that can be done. But as we speak, the world is facing an unprecedented biological holocaust, and right now the major impact is being felt in Sub-Saharan Africa. But I also have coined a phrase, which is the “Africanization of AIDS in America,” because early on in the epidemic in this country, the epidemic was actually called a “gay men’s disease,” which it never was exclusively, and it seemed to be a matter for high-risk groups to be concerned about. But if we look at the example of Africa, it always has been and continues to be predominantly a heterosexual disease — not that it is specifically associated with heterosexuality, just as it is not specifically associated with anybody’s sexuality, it happens to be something that is part and parcel of certain policy decisions that were entered into by the United States and our allies in the late ’60s and in the mid-’70s.

The disease has been documented to be due to an artificially created microorganism commonly known as human

immune deficiency virus. The thorough documentation of that fact can be found in a book published by Dr. Leonard Horowitz of Harvard University, and a new book that, as I understand it, is only available on the Internet, by Robert E. Lee, and is called *AIDS: An Explosion of the Biological Time Bomb*. So I'll leave it to those who have a greater interest to search out both those sources, but I think even a cursory reading of those two sources will convince any fair-minded person that what we're dealing with now is not a natural disease that came out of the jungle or out of a cave in Kenya, or any such notion. It has nothing to do with green monkeys, except to the extent that green monkeys were used in some of the early experiments that later produced this biological holocaust.

As we speak, the WHO [UN World Health Organization] says that there are more than 34 million people throughout the world infected; probably those figures are too optimistic. The cumulative infection rate, those who are living and those who are already dead of HIV- and AIDS-related causes, is well in excess of 50 million. The late Dr. Jonathan Mann of the Harvard School of Public Health estimated that in the year 2000-2001, the cumulative total would be somewhere around 100 million to 120 million. It's interesting that nowhere in the world, including in this country, can we trust the statistical figures related to HIV and AIDS, simply because, with the exception of Cuba, there is no nation on the face of the Earth that has actually done the epidemiological-prevalence studies through mass testing that would actually give us figures that we can rely upon.

What I would like to say at this point is that, without a doubt, HIV and AIDS is having an impact on life expectancy, both in the United States and elsewhere, but more especially in southern Africa. It's interesting to note, for example, that in the Republic of South Africa at the time of Mandela's release from prison, the infection rate was less than 1% in the black population—less than *one-tenth of 1%* in the black population. But I think that what we have to understand, is that there were forces in motion at that time and continuing since that time, that now bring the infection rate up to 3.4 million black South Africans, which, in some age groups, is as much as 25% in those young adult age groups. So we need to understand that the dynamics of what is going on, is not all that meets the eye, nor does the popular notion of HIV and AIDS tell the story.

A Biological Weapon

Interestingly enough, as we speak, in Tripoli, in Libya, there is a trial ongoing that involves, I believe, nine Bulgarian health workers who were caught red-handed injecting HIV and AIDS into babies in the Children's Hospital in Benghazi. They are accused of deliberately infecting, I believe the figure is 486 children, with HIV and AIDS, in a country that previously had reported very low prevalence rates. And so what I'm suggesting is that if we compare what is going on in

Africa, and throughout the world, that this unnatural, man-made disease should be viewed for what it is: It's a biological weapon that has been deployed by those who produce such documents as *Global 2000*, National Security Study Memorandum 200, which made population reduction the official policy of the United States government since about 1974-75, and that period of time coincides exactly with the spread of HIV and AIDS throughout the world.

Further, the preferred delivery system for this biological weapon is the hypodermic syringe, and there is documenta-



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—Dr. Alim Muhammad

tion to show that hepatitis vaccination programs in this country and throughout the world, smallpox vaccination programs throughout the world, were in fact fronts to disguise the deliberate inoculations of hundreds of thousands, perhaps millions of people, throughout the world with HIV and AIDS.

And so, we need to understand that what we are dealing with is an ongoing genocidal program that has been made to look like a naturally occurring disease process. I would say that people who want to do something about this, need to be better informed about it, they need to read the references that I cited, but further than that, we need to mobilize the populations of this country and of Africa and other nations that are ill-affected by this epidemic. We need to understand that, in fact, the policies that are in effect by WHO, by agencies within this country and African countries and other countries throughout the world, are ineffectual because they have abandoned the tried, tested, and true principles of public health, and in fact the therapeutic measures that are being used are inadequate, ineffective, and overpriced, out of reach of those who are most in need of them—even if they were clinically effective, they are beyond the economic means of those who need them the most.

We should understand, however, that the technology does exist that would permit cost-effective mass testing of populations. The technology in the area of therapeutics also exists that can arrest and in some cases even cure HIV and AIDS infection, and it is specifically in these areas that resources are not made available.

I'll just briefly cite the example—I'm sorry I didn't bring it, but there's a test kit that could actually make the diagnosis of HIV and AIDS, within five minutes with a single drop of blood. This is off-the-shelf technology, but our FDA [U.S. Food and Drug Administration] has embargoed this technology for the last four years. The Abundant Life Clinic did the clinical research to prove the efficacy and the specificity of this diagnostic test. It could literally bring us up to speed in this country and throughout the world, because it's a technology that does not require electricity or any sophisticated infrastructure to utilize. We could literally do epidemiological testing anywhere we wanted to, and find out the actual facts of HIV and AIDS. And then, in addition to the diagnosis, we also have treatment modalities that are also under embargo, specifically, the interferon treatment that was pioneered in East Africa, in Kenya, which is also cost-effective, as well as being clinically effective.

So I think that those two things, the diagnostic testing technology and the therapies that are proven to be effective, need to be employed now, in order to get a grip on this epidemic and to literally save nations that are on the brink of extinction. Thank you.

Abolish HMOs, Before More Lives Are Lost

by Joe Jones

Good afternoon, members of the panel, and fellow Democrats. My name is Joe Jones, and I am a member of the City Council of Cleveland, Ohio, representing the First Ward.

On May 22 of this year, the Cleveland City Council unanimously adopted an Emergency Resolution which I had introduced, calling on Congress "to investigate the provision of health care services by health maintenance organizations and managed-care organizations, and if necessary, to abolish such organizations."

Today, I am convinced more than ever, that the platform of the Democratic Party should include a commitment to abolish HMOs and managed care, and that legislation to that effect should be introduced into the U.S. Congress as soon as possible, along with similar bills and resolutions on the state and local level around the nation. Lyndon LaRouche should be

commended for initiating this movement some weeks ago; his published material and research on this subject have been very useful to me in Cleveland. Furthermore, we need to restore the principle that the lives, health, and well-being of the people come first, before any consideration of profit margins, dividends, and executive salaries and bonuses, which is the kind of policy we used to have before HMOs were authorized by Congress in 1973.

As public officials, sworn to promote the General Welfare, we have a moral duty to do this. We know that many times, our moral principles seem to come into conflict with so-called "practical political considerations." However, the current health-care crisis shows that doing what is morally right, is the only practical political course to follow. In fact, this issue may be the key to winning Democratic majorities in the Congress and many state legislatures around the country, because on this issue people can be mobilized to vote as if their lives depended on it.

Hospital Cartelization

For example, we are going through a major health-care crisis in Cleveland, similar to many other cities, where three hospitals were going to be shut down this year, because of the bankruptcy of Primary Health Systems, a for-profit hospital company based in Pennsylvania. One hospital was actually closed in February, and remains empty to this day, with the loss of almost 1,000 jobs there. The two other hospitals have been saved, at least temporarily, as the result of a massive political mobilization, led by City Council members along with Congressman Dennis Kucinich [D-Ohio]. We had hundreds of people marching in the streets, holding vigils and demonstrating at City Council meetings, over a period of several weeks. The mobilization involved almost every sector of the community, including medical professionals, church and civil rights leaders, and organized labor.

This battle involved the Cleveland Clinic, a corporate giant that controls over 60% of the hospital beds in Cuyahoga County [which includes Cleveland]. The Clinic made a back-room deal to buy two community hospitals from Primary Health Systems, just so they could be shut down, thereby eliminating competition for their other facilities. The Clinic also planned to buy a suburban medical campus as part of the deal, which would stay open, since it is a big moneymaker in a relatively affluent area.

On March 29, a Federal bankruptcy judge in Wilmington, Delaware not only overturned the Cleveland Clinic deal, but threatened to turn the matter over to the Justice Department for possible violations of anti-trust laws! That day, the courtroom was packed with a busload of Cleveland residents and hospital employees, who travelled several hundred miles to be there, along with three of my City Council colleagues and Congressman Kucinich. This was without question a significant victory of the people over the corporate establishment.