

EIR

Executive Intelligence Review

September 11, 2009 Vol. 36 No. 35 www.larouche.com \$10.00

The Truth Will Out: Britain's Euthanasia Scandal
Dartmouth Atlas Health-Care Hoax Exposed
Afghanistan: London Pushes U.S. into New Vietnam

**Obama at the Crossroads:
The Unitary Executive Issue**



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The Banking System Has Already Collapsed!



“There is no possibility of a non-collapse of the present financial system—none! It's finished, *now!*”

—Lyndon H. LaRouche, Jr., webcast, July 25, 2007

Unless the Homeowners and Bank Protection Act “is enacted as a first order of business of the 110th Congress in September [2007], many millions of Americans will be evicted from their homes.... The foreclosure tsunami is occurring, not as a result of a mere housing or mortgage crisis, but a disintegration of the entire global financial system.”

—EIR Editorial, Aug. 31, 2007

“My view of the economy is that the fundamentals are strong.”

—President George W. Bush, Dec. 20, 2007

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e-mail: eirms@larouchepub.com

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Webmaster: *John Sigerson*

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EIR (ISSN 0273-6314) is published weekly (50 issues), by EIR News Service, Inc., 729 15th St. N.W., Washington, D.C. 20005. (703) 777-9451

European Headquarters: E.I.R. GmbH, Postfach 1611, D-65006 Wiesbaden, Germany; Bahnstrasse 9a, D-65205, Wiesbaden, Germany Tel: 49-611-73650 Homepage: <http://www.eirna.com> e-mail: eirna@eirna.com Director: Georg Neudekker

Montreal, Canada: 514-855-1699

Denmark: EIR - Danmark, Sankt Knuds Vej 11, basement left, DK-1903 Frederiksberg, Denmark. Tel.: +45 35 43 60 40, Fax: +45 35 43 87 57. e-mail: eirdk@hotmail.com.

Mexico: EIR, Manual Ma. Contreras #100, Despacho 8, Col. San Rafael, CP 06470, Mexico, DF. Tel.: 2453-2852, 2453-2853.

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Canada Post Publication Sales Agreement #40683579

Postmaster: Send all address changes to EIR, P.O. Box 17390, Washington, D.C. 20041-0390.

EIR

From the Managing Editor

Our *Strategic Overview*, on the White House fight over the “Unitary Executive,” introduces a theme that you will be hearing a lot more about soon. Lyndon LaRouche’s Sept. 8 webcast will develop this concept, with respect to what policymakers and citizens have to do, to put President Obama under “adult supervision.” And next week’s *EIR* will be a book-length treatment by LaRouche of “The Science of Physical Economy,” in which the role of the U.S. Presidency is a focal point.

The bottom line is, if Barack Obama wants to save his rapidly foundering Presidency, he has only one choice: to talk to LaRouche. Of course, the narcissistic President doesn’t want to do that; LaRouche has “taken him to the woodshed” for his Nazi health-care reform program, his intensification of the Bush-Cheney bailout of the hopelessly bankrupt banking system, and his sophistry. But Obama has no choice, since there are no other workable solutions besides what LaRouche lays out in detail in *EIR*, week after week.

The President’s sophistry was perhaps nowhere so clearly on public display as in his Labor Day speech in Cincinnati, at an AFL-CIO picnic. Dismissing his opponents on health-care reform as liars, he continued: “I’ve got a question for all those folks: What are you going to do? What’s your answer? What’s your solution? And you know what? They don’t have one.”

Of course, it is the President who is lying. He is quite familiar with LaRouche’s solutions, from the Homeowners and Bank Protection Act, to the Hill-Burton standard for hospital care, to the New Bretton Woods global financial reorganization. But, in service to his British controllers, he has rejected these options.

Our *Feature* on health reform reports what almost no Americans know: Six prominent British doctors and health-care professionals have revealed that 16.5% of all deaths in the U.K. are a result of “continuous deep sedation” administered by a physician; that these people are indeed being “sentenced to death,” by involuntary euthanasia. Accompanying this article is Part 2 of Dr. Ned Rosinsky’s exposé of the “Dartmouth Atlas of Health Care 2008,” which provides the ideological underpinnings for the Obama Administration’s Nazi health plan, specifically its proposed 30% cuts in Medicare and related services.



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President Obama is facing some hard choices. White House/Pete Souza



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There is a sharp fault line in the Obama Administration between those out to save the Obama Presidency, versus those committed to the London/Wall Street radical austerity plan, which demands dictatorship. This latter grouping advocates the concept of the Unitary Executive, a doctrine of imperial law, as exercised by former Vice President Cheney and his puppet George W. Bush.

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In April, Lyndon LaRouche charged that President Obama's health-care policy was a copy of Hitler's cost-cutting dictum that "lives unworthy of life" be granted a "mercy death," including death panels to determine which categories of people could live, and which should die. Now, LaRouche's charges have been backed up by a bombshell from Great Britain.

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Obama at the Crossroads: The Unitary Executive Issue

by Nancy Spannaus

Sept. 5—With his signature drive for Nazi health care in shambles, and a large proportion of the American people in a mass strike revolt against the Administration, President Barack Obama has arrived at a crossroads. On the one side stand Wall Street and London, and their representatives in the Administration, who are demanding that the President exert dictatorial powers, as established by Vice President Dick Cheney and President George W. Bush, under the Unitary Executive theory, on behalf of their fascist austerity drive. On the other side, stands Obama himself, who wants to defend his prerogatives as President of the United States against any encroachments.

It is this friction within the Obama Administration which will determine the immediate future course of the United States, and thus, of civilization itself, said Lyndon LaRouche today. The splits within the Administration provide the crucial opening for patriotic institutional forces to bring the Obama Presidency under control, and permit the implementation of the dramatic policy shift outlined by LaRouche in his Aug. 27 statement (“Is the Democratic Party Already Dead?”, *EIR*, Sept. 4), on how to save the Presidency and the nation.

The Unitary Executive

At the center of the battle is the issue of the Unitary Executive, the doctrine of imperial law which asserts that the word of the Emperor—in fact, the monetarist authorities of globalization—is law. Generally associated with Adolf Hitler’s *Führer Prinzip*, the Unitary

Executive theory actually derives from the history of Western imperialism, in which the international monetary power, like a global mafia boss, dictates terms to all its satraps, and loots them for the benefit of the Empire: The Roman Empire, the Byzantine Empire, the Venetian Empire, the Hapsburg Empire, and now, the globally extended British Empire, all operated in this manner—not as outgrowths of their various territories, but as centers of a global financial power.

The only nation to successfully counter this imperial concept was the republican United States, with its principled commitment to a sovereign national *credit* system for economic development—not a *monetary system*.

But with the Sept. 11, 2001 attack on the United States, that U.S. resistance was substantially undermined. The imperial forces behind Sept. 11—the British and the Saudis, with the collusion of treasonous U.S. stooges—used the crisis to ram through Unitary Executive rule, exercised by Cheney and his puppet George W. Bush. Over the next seven years, the U.S. Presidency served as a tool of the British Empire, launching the perpetual wars in Iraq and Afghanistan, and dramatically undermining the sovereignty of the United States in every possible way, including economically. Not surprisingly, the Bush Administration also placed two champions of the Unitary Executive—Chief Justice John Roberts and Justice Samuel Alito—on the Supreme Court, to enforce the doctrine *in perpetuum*.

Candidate Barack Obama campaigned vigorously

against the Unitary Executive concept, as reflected in his promises to shut down Guantanamo, end torture, and the like. But, from early on in his Administration, which he packed with Wall Street stooges, President Obama has found himself increasingly pushed in the direction of using those same dictatorial powers, even if not in name. On the Guantanamo prisoner issue, he has threatened to follow Bush in holding high-risk detainees permanently without trial. On the issue of a new allocation of money to the International Monetary Fund, he wrote a Bush-like signing statement saying he could interpret the allocation as he wished. This latter move prompted an unprecedented revolt from the Congress, which voted to repudiate his signing statement by an overwhelming majority, since it violated the Constitutional separation of powers.

With the health-care fight, Obama has also been impelled toward utilizing Unitary Executive powers on behalf of his Wall Street and London bosses. While appearing to yield the initiative to Congress, in fact, the Administration has been acting to force through a bill based on London/Wall Street demands—with the last indication being Obama's demand that Congress invite him to address a Joint Session of Congress—a demand which House Speaker Nancy Pelosi and Senate Majority Leader Harry Reid found out about from the news media, and which impelled them to issue the invitation.

Cracks in the White House Facade

But, the London/Wall Street pressure on the Administration to act aggressively, in the face of the ongoing financial blowout, is having dramatic repercussions.

A senior Washington source reports on fissures in the White House, over how to proceed on health care (really on a broader array of issues, as will be apparent). The hard-core London-directed grouping of economic advisors—Larry Summers, Tim Geithner, Peter Orszag—is fully committed to radical austerity policy, to satisfy foreign creditors that the deficit will be cut, despite the multi-trillion-dollar bailout, the Afghan War, etc. They cannot give up on the health-care “reform,” and are demanding that Obama go forward with the full Hitler T-4 policy (a board of experts who decides who gets treatment, and who does not.)

There are others in the West Wing, especially senior advisor David Axelrod, and others concerned more with the President's crashing poll numbers, who are saying that the issue on the table is saving the Obama

Presidency from early destruction. They are looking for a way out of the health-care policy mess and would be inclined to take some watered-down “victory” which does not meet the demands for austerity of London/Wall Street.

At the center of the divide, White House Chief of Staff Rahm Emanuel is proposing, essentially, that they resolve their differences by wielding raw political muscle to win passage of a bill with the T-4, etc., by forcing the entire Democratic caucus in the House and Senate to bend to the White House will. This is perhaps the craziest position of all. This is what is building, leading up to Obama's Sept. 9 address to Congress.

The outcome is unknown at this moment, but one way or another, the splits in the White House are very pronounced, and there is a sharp fault line between those out to save the Obama Presidency, versus those committed to the London/Wall Street radical austerity plan, which demands dictatorship. The politicians are right, that if Obama goes ahead and pushes his Independent Medicare Advisory Council (IMAC) scheme for dictating health care (as he has been doing regularly of late), and the rest of the swindle, in his speech on Sept. 9, he will be faced with an even bigger revolt. At the same time, he is under great pressure to authorize more troops and more money for Afghanistan, which is totally at odds with what the American people want.

LaRouche's Way Out

Obama does, of course, have a way out, one that has been repeatedly offered to him by Lyndon LaRouche. In his Aug. 27 statement, LaRouche promised to protect the Obama Administration, “if the deeply emotionally troubled President himself will agree to cooperate with worthy advisors in what I propose will amount to a reasonable degree of ‘adult supervision’ for the purpose of protecting him against his own, already manifest, so far characteristic impulsive expression of greatly impaired judgment while in office.”

Certain measures then would have to be taken immediately, LaRouche said, including dumping the likes of Summers and Orszag; pushing through a Pecora Commission and the measures required to cancel the authority of the Federal Reserve and replace it with a Hamiltonian National Bank; establishing a four-power agreement on an international fixed-exchange-rate credit system with Russia, China, and India; and canceling the bailout by relevant measures of bankruptcy reorganization.

The Truth Will Out: Britain's Euthanasia Scandal

by Nancy Spannaus and William Wertz

Sept. 5—On April 11, 2009, Democratic statesman Lyndon LaRouche shocked the world with his charge that President Barack Obama, surrounded by a gaggle of fascist behavioral economists, was playing the part of a British-run Nero, fanatically determined to ram through a murderous set of policies which would destroy the United States. Shortly thereafter, LaRouche and his political action committee, LaRouche PAC, zeroed in on the President's health-care policy, as the signature example of Hitlerian cost-cutting, a precise copy of the Führer's dictum that those considered to have "lives unworthy of life" be granted a "mercy death."

As the LaRouche PAC campaign escalated, including with the now world-famous Obama-Mustache poster, the Obama plan ran into a political upheaval of opposition unseen in the United States for decades—a mass strike which has driven the President, his advisors, and his controllers into a virtual panic, to try to save the health reform bill that has become anathema to the majority of the American people, *precisely* on the grounds that it will condemn helpless citizens to death.

In the course of the fight, LaRouche PAC has been denounced and even violently attacked for exposing Obama's policy as both Nazi, and copied from Britain's own Nazi-modelled health-care system, put in place by former Prime Minister Tony Blair, and devilishly dubbed NICE (National Institute for Health and Clinical Excellence).

Throughout the entire battle, the evidence—much of which has been published in this magazine—has been irrefutable: The Obama health plan is "Hitler health," a means of killing millions of Americans in the name of "cost efficiency." "Death panels" are not only planned, in the form of a Medicare Policy Advisory Committee (MedPAC) "on steroids" (the President's formulation), or as the Independent Medicare Advisory Council (IMAC), demanded by the ghoulish Budget Director Peter Orszag, but they *already exist*, in the form of the various committees on "Comparative Effectiveness," which were put in place by the misnamed Recovery Act, in February. The pending legislation would consolidate the new Hitler system, and must be killed.

As the battle escalates from both sides, now comes a political bombshell from Great Britain itself—a bombshell which dramatizes the reality of LaRouche's charges: *The British NICE policy, which was rammed through by the same cast of characters steering the Obama health plan, is committing mass euthanasia!*

'Sentenced to Death on the NHS'

On Sept. 3, Britain's *Daily Telegraph* published a lead article featuring a Letter to the Editor from six prominent British doctors and health-care professionals, charging that large numbers of patients in the U.K. are being "sentenced to death," by means of involuntary euthanasia. The numbers were stunning: Accord-



A group of leading physicians and health-care professionals are warning that millions of elderly and sick Britons are being “sentenced to death on the NHS,” the British National Health Service.

ing to a report from a researcher at Barts and the London School of Medicine and Dentistry, *one out of six* people who died in the United Kingdom in 2007-08, died of continuous deep sedation, the mode of euthanasia which the doctors describe.

As we present the evidence, you will see precisely what the Obama Administration has in store for the United States—in its full Nazi form.

The *Daily Telegraph* report takes off from the doctors’ Letter to the Editor, denouncing the NICE program called Liverpool Care Pathway (LCP), which was designed by the Marie Curie Hospice in Liverpool, working with a team at the Royal Liverpool and Broadgreen University Hospitals Trust. It was originally developed as a way to care for cancer patients towards the end of their lives, but has been adapted to apply to all patients, *no matter what their illness*.

The signers of the letter condemn the program as imposing premature death sentences on patients by denying them fluids, nutrition, medicine, and treatment, after making a determination that they are close to death, a determination that is often wrong. This program was recommended as a model by NICE in 2004. It has been adopted nationwide, and today, more than 300 hospitals, 130 hospices, and 540 care homes in England use the system.

The date 2004 is significant, because it means that the program was put into effect by NICE during the regime of Tony Blair. Blair’s health-care advisor from 2000-04 was Simon Stevens, who is now the CEO of the U.S. company Ovations, United Healthcare’s sub-

sidiary that insures older Americans; United-Healthcare holds the exclusive franchise to provide insurance for AARP (American Association of Retired Persons) members; Stevens is also a strong supporter of the Obama health-care plan.

The doctors oppose the program because patients are wrongly put on a pathway that creates a self-fulfilling prophecy that they would die. In 2007-08, fully 16.5% of the deaths in Britain came about after continuous deep sedation, according to researchers at Barts and the London School of Medicine and Dentistry—twice as many as in Belgium and the Netherlands.

Death Sentences

Criticism of the Liverpool Care Pathway has long been simmering beneath the surface in the U.K. Back in December 1999, even before the LCP program was formally recommended by NICE, Dr. Adrian Treloar, now a psycho-geriatrician and senior lecturer at the Greenwich Hospital and the Guys, Kings, and St. Thomas’s Hospitals in London, attacked the British NHS for involuntary euthanasia. At that time, the British Medical Association (BMA) had issued guidelines that said that doctors should be allowed to authorize withdrawal of food and water by tube, for victims of severe stroke and dementia who could no longer express their wishes. The guidance said: “Doctors should have the final say over whether treatment including feeding and giving water is in the patient’s best interest. It is not always appropriate to prolong life.”

More recently, on April 26, 2008, Dr. Treloar warned, in a letter to the *British Medical Journal*, that the Liverpool Pathway is a blueprint for systematic euthanasia of disabled patients. “Combined with withdrawal of fluids, deep sedation leads quickly to death,” Treloar wrote. “The LCP threatens patients because its eligibility criteria do not ensure that only people who are about to die are allowed on the pathway. They allow people who are thought to be dying, are bed-bound, and are unable to take tablets, onto the pathway. In chronic disease such as dementia, dying may take years, but such patients may be eligible. GPs often put patients on to such a pathway without palliative care advice.”

Treloar expressed concern that “sedation is being used as an inexpensive alternative to assessment and specialist treatment. The LCP recommends sedatives



EIRNS/Tiffany Wamsley

The LaRouche Political Action Committee has made the “Obamastache” poster famous the world over. Here, LPAC organizers engage citizens at a town hall meeting for Rep. Gary Peters (D-Mich.), in Bloomfield, Sept. 1.

and opiates for all patients on an ‘as required’ basis, even when they are not agitated, in pain, or distressed. An automatic pathway towards prescribing heavy sedatives incurs risks. Moreover, the LCP recommends setting up a syringe driver within four hours of a doctor’s order. This is laudable, if it is needed. But the pathway encourages the use of syringe drivers even when symptoms can be managed without them. The pathway doesn’t mention the need for food and fluids.”

In his letter, Treloar cites a Dutch study of the Liverpool Care Pathway: “Reitjens et al. show that withholding artificial nutrition and hydration is the norm. The LCP’s omission of prompts to reconsider nutrition and hydration may allow serious errors in the care of dying patients. It is not acceptable, as Murray et al. suggest, that assessing nutrition and hydration are not part of the pathway. Sedation is right in some situations. But as Murray et al. point out, the anticipated outcome of continuous deep sedation is death. We must learn from Reitjens et al.’s observation that continuous deep sedation may replace euthanasia.”

On Aug. 13, 2009, Adam Brimelow, BBC news health correspondent, warned that there is evidence that some clinicians may already be using continuous deep sedation (CDS), as a form of slow euthanasia. Prof. Clive Seale, at Barts and the London School of Medicine and Dentistry, reports that, in the U.K., the prevalence of continuous deep sedation until death is very high indeed, 16.5% of all deaths.

British Doctors Oppose NICE Murder Policy

This Letter to the Editor of the London Daily Telegraph was published Sept. 3.

Sir

The Patients Association has done well to expose the poor treatment of elderly patients in some parts of the NHS (report, August 27). We would like to draw attention to the new gold standard treatment of those categorised as dying. Forecasting death is an inexact science.

Just as, in the financial world, so-called algorithmic banking has caused problems by blindly following a computer model, so a similar tick-box approach to the management of death is causing a national crisis in care.

The Government is rolling out a new treatment pattern of palliative care into hospitals, nursing and residential homes. It is based on experience in a Liverpool hospice. If you tick all the right boxes in the Liverpool Care Pathway, the inevitable outcome of the consequent treatment is death.

As a result, a nationwide wave of discontent is building up, as family and friends witness the denial of fluids and food to patients. Syringe drivers are being used to give continuous terminal sedation, without regard to the fact that the diagnosis could be wrong.

It is disturbing that in the year 2007-2008, 16.5 per cent of deaths came about after terminal sedation. Experienced doctors know that sometimes, when all but essential drugs are stopped, dying patients get better.

P.H. Millard, Emeritus Professor of Geriatrics,
University of London

Dr Anthony Cole, Chairman, Medical Ethics
Alliance

Dr Peter Hargreaves, Consultant in Palliative
Medicine

Dr David Hill, Fellow of the Faculty of
Anaesthetists of the Royal College of Surgeons

Dr Elizabeth Negus, Lecturer, Barking University
Dowager Lady Salisbury, Chairman, Choose Life

The Relation of Frailty and Poverty to Health-Care Needs

by Ned Rosinsky, M.D.

Dr. Ned Rosinsky, a psychiatrist, has spent many years studying the relationship of socioeconomic status to general health and welfare.

The population is enraged, and you can hear it in town meetings across the country. “Who are you, trying to take over my health insurance?,” people yell at their Congressman. “How can I trust this bankrupt government that uses bailouts from the Chinese for government debt; that throws trillions of dollars at banks to bail out derivatives crapshoots? How can I trust this government to run my health care?” How indeed? The closer you look at the Obama plans, the more you wonder.

This is Part 2 of the closer look, the exposé of Obama budget czar Peter Orszag’s so-called “plan” for how to pay for health care¹. Orszag claims that one third of Medicare spending is waste, unnecessary expense. To back up this claim, he has one major source of information, The Dartmouth Institute for Health Policy and Clinical Practice, and the Institute’s primary publication, the “Dartmouth Atlas of Health Care 2008.” This is the source of Orszag’s fraudulent claims, and this is where we need to look.

Part 1 of this expose, “Behind Obama’s Nazi Health Plan,” began with an appeal to the reader to get out of the box, to stop trying to fix health care within a collapsing economy. Under these conditions, pretty much anything you do will make it worse, like struggling in quicksand. Instead, put your energy into fighting for investment in infrastructure; create a tax policy that discourages, rather than encourages, the exporting of our factories and jobs; declare the derivatives debt holders bankrupt and write their bets off; and fully fund NASA

space exploration and nuclear energy, both fission and fusion, which will pay back double or more to the economy through spinoffs. When we regenerate a healthy, industrial economy based on advanced science, we will be able to afford health care for all, in any number of insurance arrangements.

The current back-of-the-mind assumption that allows for “reasonable” public discussion, by the likes of Obama’s health policy advisor Dr. Ezekiel Emanuel, of the merits of deciding whether a 2-year-old versus a 20-year-old should be allowed to die, is the assumption of limited resources. “We can’t afford all this health care, so let’s get together and decide who lives and who dies, and make it democratic.” Democratic Nazism is what it is. Participatory Nazism.

But the proponents of the Dartmouth Atlas findings retort: “There is waste, there is money to be saved, and isn’t this the time to look for savings, when the economy is tanking?” Sure, if the Atlas were correct—but it is not.

A Quick Review

To review the main points in Part 1, the 2008 Dartmouth Atlas begins with data on Medicare end-of-life health expenses for deceased people, the total billings to Medicare for the last two years of life, and focuses on the five-year period from the beginning of 2001 to the end of 2005. The Atlas makes the startling assumption that each of these people had exactly the same prognosis two years before death, because they all died exactly two years later. Therefore, those providers who spent more on their patients were wasteful, whereas those who spent less were more efficient. They all died anyway, so why spend so much money, the reasoning goes.

The Atlas divides the United States into 306 Hospital Referral Regions (HRR), each containing at least

1. N. Rosinsky, “Behind Obama’s Nazi Health Plan: Physicians Expose Wennberg Dartmouth Atlas Hoax,” *EIR*, July 31, 2009, pp. 8-21.



EIRNS/Stuart Lewis

Only block group data, which measure conditions for approximately 1,000 people in small neighborhood areas, versus census or zip code data, reflect the densities of poverty, and associated diseases, that permit competent statistical analysis of the reasons for more intensive health care and higher costs. Here, a poor neighborhood in Baltimore, Maryland.

one medical center that does complex heart surgery and neurosurgery, and determines the average end-of-life spending for each HRR. It finds that some HRRs spend more on their patients during the last two years of life than other HRRs, and labels the higher-spending HRRs as wasteful. It happens that the highest-spending regions are mostly located in the Northeast and Southwest coasts of the United States, and the lowest spenders are generally in the Midwest and Rocky Mountain states. For example, a Dartmouth Atlas analysis of university medical centers found that the highest spending university hospital is New York University Medical Center in New York City. Johns Hopkins in Baltimore is not far behind, as is University of California at Los Angeles (UCLA). The lowest-spending major facilities are Intermountain Health in Salt Lake City, and the Mayo Clinic in Rochester, Minn.

Is it a coincidence that the highest-spending areas contain crowded urban populations with high rates of poverty and minority populations, while the lowest-spending areas have less crowding and far fewer minorities?

But the Dartmouth Atlas claims that the socioeconomic status of patients is not important for its calcula-

tions, and references past Dartmouth studies that purport to show that the overspending areas overspend for *all* income categories. Therefore, the Atlas does not use any socioeconomic information in its survey of health-care spending. But what about illness rates and illness severity? The Atlas claims that it adjusts for illness rates and severity, and that the overspending areas are found to overspend, even when adjusted for illness rates and severity.

This report takes a closer look at how the Dartmouth Institute handles information on socioeconomic status and illness severity. In both cases, we will see that the use of these data is fraudulent.

Before going into the grisly details of the Dartmouth statistics fraud on national data, let us review an example of monumental fraud in one targeted area, an area, in fact, targeted by the Atlas and its founder, John Wennberg, as the costliest and most wasteful Medicare region in the country. This area is McAllen, Texas, a town on the border with Mexico. The McAllen story was detailed at the end of Part 1 of this series, and it is a fitting place to begin Part 2. The following is excerpted from Part 1, for the benefit of those who have not had the opportunity to read it. Those who have read it may

want to skip down to the section, “Aggregate Data Hide Poverty,” Wennberg’s fraudulent use of aggregated socioeconomic data.

The McAllen Fiasco: Lies, Damned Lies, and Statistics

Timed to coincide with Obama’s upcoming push for his health-care “reform,” the *New Yorker* magazine published a Wennberg-style article on June 1.² The article purports to show that in the highest-spending Hospital Referral Region in the Wennberg Atlas, an on-site report by a Harvard surgeon, Dr. Atul Gawande, found that the physicians were massively gaming the system with unnecessary hospitalizations and expensive procedures and tests. In “The Cost Conundrum,” Gawande reports on his visit to the town of McAllen, in southern Texas, on the border with Mexico.

He writes, “The explosive trend in American medical costs seems to have occurred here in an especially intense form.” Gawande states that the end-of-life medical cost in McAllen is twice the national average. He adds that this high cost is not justified by the rates of disease, the rate of poverty, or the outcomes of the treatment. He compares medical costs in McAllen with another Texas border town, El Paso, and states that the two towns “have essentially the same demographics,” and then compares medical costs in McAllen with Grand Junction, Colo., but says nothing about the demographics there. He states that El Paso and Grand Junction have much lower medical expenses than McAllen, but have similar medical outcomes.

Gawande peppers his article with personal conversations with local physicians, including his subjective impressions of their voice inflections and body language, and quotes several of them as acknowledging the obvious, viz., that there exist significant conflicts of interest when physicians own their own hospitals or labs, and that some physicians take advantage of these conflicts of interest.

According to an article in the *New York Times* of June 9, 2009,³ referring to the above piece in the *New Yorker*, President Obama swallowed the argument hook, line, and sinker.

The *Times* article quoted the Wennberg Atlas, and

2. A. Gawande, “The Cost Conundrum,” *The New Yorker*, June 1, 2009.

3. R. Pear, “Health Care Spending Disparities Stir a Fight,” *New York Times*, June 9, 2009.



U.S. Congressional Budget Office

This smirking face belongs to Congressional Budget Office director Peter Orszag, the leading spokesman for the murderous Dartmouth Atlas lies that \$700 billion can be stripped out of U.S. health-care spending, because it has “no proven outcome.”

noted, “The Senate Finance Committee recently suggested that one way to pay for health-care overhaul would be to reduce geographic variations by cutting or capping Medicare payments in ‘areas where per-beneficiary spending is above a certain threshold, compared with the national average.’” The article pointed out that Wennberg’s research “has become phenomenally influential on Capitol Hill since it was popularized by Peter R. Orszag, as director of the Congressional Budget Office and then as President Obama’s budget director.”

The article stated, “Mr. Orszag says health spending could be reduced by as much as 30%, or \$700 billion a year, without compromising the quality of care, if more doctors and hospitals practiced like those in low-cost areas. The supply of hospitals, medical specialists, and high-tech equipment ‘appears to generate its own demand,’ Mr. Orszag said.” The article also noted some opposition. Specifically, Sen. John Kerry (D-Mass.) is quoted as saying, “States like Massachusetts are concentrated centers of medical innovation where cutting-edge treatments are tested and some of the nation’s finest doctors are trained. . . . This may cost a little more, but it benefits the entire country.”

The *Times* article ended with references to the work of another group of public health researchers, Drs. Berson and Hadley, saying that their research “suggests that much of the geographic variation in health spending can be explained by differences in ‘individual characteristics, especially patients’ underlying health status and a range of socio-economic factors, including income.’”

In a rebuttal to the *New Yorker* article, published in

TABLE 1

Annualized Payments per Medicare Beneficiary by County of Residence, 2006

County	Medicare Enrollees	Medicare Payments
McAllen, Texas	63,770	\$12,384
El Paso, Texas	85,478	\$6,163
Grand Junction, Colorado	22,887	\$4,436

Source: Daniel Gilden, "McAllen: A Tale of Three Counties," www.thehealthcareblog.com, June 25, 2009.

HealthLeaders Media on June 24, 2009, Cheryl Clark interviewed an internist in McAllen, Dr. James Stewart, who said "I am not normally a conspiracy theorist," but, in researching and writing his article, Gawande "totally brushed off the poverty we live in here." Stewart went on to say that by the time many people get to a health provider, they are diabetic, morbidly obese, have some degree of organ failure, and, in some cases, have their first medical encounter in an emergency room.

The Truth About McAllen

A more detailed critique of the *New Yorker* article was published online at The Health Care Blog on June 29 by Daniel Gilden, entitled "McAllen: A Tale of Three Counties."⁴ Gilden states: "The city of McAllen lies at the center of Hidalgo County, one of the costliest areas for Medicare. The population is racially diverse, low income and exhibits high rates of chronic disease. El Paso is similar to McAllen but with less poverty. Grand Junction is the county seat of Mesa County, a largely white and relatively wealthy region."

Gilden shows that the annualized Medicare beneficiary payments are twice as high in McAllen as in El Paso, and three times as high as in Grand Junction (**Table 1**). He next discusses the socio-economic differences between the two populations. "The dissimilarities between the McAllen and Grand Junction county populations are extensive. The socio-demographic characteristics of a population affect its access to care, ability to pay out of pocket for uncovered care and rates of disease associated with diet and life history. The costs of Medicare

4. D. Gilden, "A Tale of Three Counties," The Health Care Blog, June 29, 2009, available online at http://www.thehealthcareblog.com/the_health_care_blog/2009/06/mcallen-is-now-a-tale-of-three-counties.html

TABLE 2

Comparative Annualized Payments by County and Need for Premium Assistance, 2006

County	Premium Assistance	
	No (not low income)	Yes (low income)
McAllen, Texas	\$10,012	\$16,518
El Paso, Texas	\$6,709	\$9,374
Grand Junction, Colorado	\$4,853	\$11,425

Source: Daniel Gilden, "McAllen: A Tale of Three Counties," www.thehealthcareblog.com, June 25, 2009.

co-pays and deductibles can be substantial barriers to access, and history of health care coverage and access to preventative care vary substantially based on socio-economic variables. Low-income individuals often reach Medicare enrollment age with a lifetime history of access and cost barriers, a potent mixture. Barriers to access can lead to expensive hospital care for conditions normally treated on an outpatient basis."

Gilden provides the following data: "Grand Junction Medicare enrollees are 98% white and only 11% require assistance in paying for their Medicare Part B premium (a proxy for low income status). In contrast, McAllen and El Paso are both 26% Hispanic and a higher proportion of Medicare beneficiaries rely on Medicaid to pay for Part B—36% in El Paso and 48% in McAllen." McAllen clearly has a higher poverty rate than El Paso, and Gawande's statement that the two populations "have essentially the same demographics," is not consistent with this poverty data.

Gilden then compares Medicare costs for beneficiaries with and without Part B premium assistance (**Table 2**). "Expenditures are consistently higher for low income beneficiaries, but McAllen is still more expensive than Grand Junction in both income groups—more than 45% more expensive for low-income beneficiaries and more than twice as expensive for those not receiving premium assistance."

This partially explains the difference in costs. Gilden then reviews the population disease rates, as indicated in Medicare hospital and physician billing claims. He finds that the rates of disease prevalence is substantially higher in McAllen than in El Paso for each of the major disease categories, and the rates in El Paso are substantially higher than in Grand Junction (**Table 3**).

For example, per 1,000 population, the rates for dia-

TABLE 3
Disease and Prevalence by County, 2006

	McAllen	El Paso	Grand Junction
Single Selected Conditions Rate per 1,000			
Diabetes	422	330	145
Ischemic Heart Disease	443	252	211
Heart Failure	168	107	74
Cerebro-Vascular Disease	202	93	56
Chronic Respiratory Disease	266	190	169
Arthritis	405	290	239
Dementia	107	57	51
Parkinson's	20	15	12
Multiple Conditions Population Percentage			
None of the Selected Conditions	23%	36%	46%
One Condition Only	22%	27%	30%
Multiple Conditions	55%	37%	24%

Source: Daniel Gilden, "McAllen: A Tale of Three Counties," www.thehealthcareblog.com, June 25, 2009.

TABLE 4
Medicare Monthly Payments per Patient Without a Diagnosis in the Year for Diabetes or Heart Disease, 2006

County	Medicare Enrollees	Monthly per Person Payments
McAllen, Texas	28,680	\$3,147
El Paso, Texas	47,960	\$2,564
Grand Junction, Colorado	11,160	\$3,307

Source: Daniel Gilden, "McAllen: A Tale of Three Counties," www.thehealthcareblog.com, June 25, 2009.

betes in the three areas are 422, 330, and 145. For ischemic heart disease (not enough blood to the heart muscle, and including heart attack), the numbers are 443, 252, and 211. For cerebro-vascular disease (narrowing of brain arteries, and including stroke) the numbers are 202, 93 and 56. It is also noted that the percentage of patients with more than one of the specified medical conditions is 55% in McAllen, 37% in El Paso, and 24% in Grand Junction.

Gilden then points out that if the patients with diabetes and/or heart disease are not counted, the monthly payments for Medicare are the same for McAllen and Grand Junction (Table 4). With more sophisticated techniques of risk assessment based on having multiple

conditions as referred to above, the patients with various degrees of risk are remarkably close in their utilization of Medicare services (Figure 1), with McAllen at only 10% above Grand Junction, compared with the 300% difference as calculated by Wennberg and quoted in the *New Yorker* article.

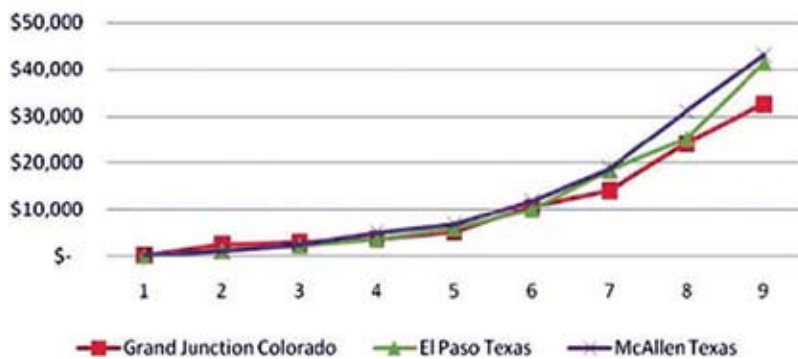
In his discussion of the implications of the detailed data, Gilden concludes: "McAllen is different from many areas of the United States: it is sicker and poorer. The observed differences in the rates of chronic disease are highest for those conditions rampant in low income American populations: diabetes and heart disease. Further, Medicare beneficiaries in McAllen have significantly higher rates of co-occurring chronic condi-

tions. As a result the costs of caring for the McAllen Medicare population appears high in comparison to other areas but not abnormally so. McAllen suffers from a tremendous burden, but it is not caused by its physicians: the care they provide leads to costs that are substantially comparable to the other counties in the article once adjustments are made for the magnitude of the health problems they face.

"The disturbing pattern of physician practices uncovered by Dr. Gawande [the conflicts of interests—ed.] sounds a warning not because it foretells a McAllen-like future but because it portrays the ongoing crisis that affects both McAllen and Grand Junction and it is national in scope. Physician culture is only part of the McAllen story. Patients with chronic disease, especially those with multiple conditions, are extremely costly to treat. Cost savings will not be realized by denouncing and penalizing medical systems because they treat patient populations with high rates of disease. Instead health-care reform must develop policies that support streamlining and coordinating care for beneficiaries with multiple conditions, wherever they reside.

"Policies that support lifetime continuity of coverage, disease prevention and early treatment, could reduce health-care costs for populations who now reach Medicare eligibility with a history of under-service. Physician culture has a role to play: Accountable Care Entities are intended to reduce barriers to access by fa-

FIGURE 1
CY 2006 Annual Medical Payments by Risk Score



Source: Daniel Gilden, "McAllen: A Tale of Three Counties," www.thehealthcareblog.com, June 25, 2009.

When patients with equivalent risk are compared, the cost of treatment is very similar in the three indicated towns, with the highest-risk patients varying by only 10% in cost of treatment. This is in stark contrast to the Wennberg calculation of 300%, which does not take risk into account.

cilitating care coordination. The high costs of care in places like McAllen will not be dramatically reduced by transforming physician ethics and organization if the roots of the crisis are in the interaction between class, demographics, and chronic disease."

The McAllen story highlights two areas of weakness in the Wennberg Atlas: the analysis of socioeconomic variables, and the analysis of disease severity. Let us examine these two issues in turn.

Aggregate Data Hide Poverty

Individual data, block groups, census tracts, and zip codes: All of these are parameters for statistical measurement of health-care demographics and effects. What you use makes a huge difference. For example, would you buy this story? "There's no poverty in New York City, because the average income is over \$50,000 a year." This is precisely the kind of lying which the Wennberg group carries out.

Although the Dartmouth Atlas does not make use of any socioeconomic data in its correlations, the Wennberg group has done studies in the past using socioeconomic data. Before reviewing this past Wennberg research, it is important to get an overview of the types of geographical areas typically used for aggregating health data. Public health research sometimes uses individual data, such as a patient's income, education level, em-

ployment type, or marital status. But frequently researchers use aggregate data such as mean values (averages) or median values (middle values) of variables in populations for comparisons, either due to the aggregate data being more relevant, the individual data not being available, or in order to simplify the statistical calculations involved.

For example, in studying the effectiveness of immunization, it may be helpful to gather aggregate data regarding overall infection rates and vaccination rates from various geographical areas for comparison. In one area there may be an immunization rate of 50%, and frequent large outbreaks of the contagious disease; while in another area the immunization rate is 95%, and outbreaks are rare and small. In this case the aggregate data are helpful for determin-

ing what percentage of a population must be vaccinated in order to prevent large outbreaks. In other cases aggregate data may not be helpful, such as the mean weight and mean height of 6-year-old children in estimating the rate of severe malnutrition in a large population; the problem of starving children may be hidden by averaging their weights with normal and overweight children, and in this case individual data would be most helpful.

This example of hiding malnutrition by only looking at the average weight—a method which covers up the extent of a problem—is typical of the kind of fraud rampant in the Wennberg group's use of socioeconomic data. We will see below, that the prior studies by the Wennberg group that failed to find strong correlations between poverty and high Medicare expenses, used aggregate data over geographical areas defined by the zip code of residence, averaging 30,000 people in each such region.

The problems associated with using aggregate data for estimating socioeconomic variables have been studied intensively by the Harvard School of Public Health, particularly in relation to statistics on minorities and health. Harvard has an ongoing research program in this area called "The Public Health Disparities Geocoding Project." In a study of area-based socioeconomic measures, a researcher involved with this project, Nancy Krieger, compared socioeconomic statistics using three different size geographic areas: zip codes

averaging 30,000 people; census tracts averaging 4,000 people; and block groups averaging 1,000 people⁵. This study focused on the statewide populations in Massachusetts and Rhode Island.

The Krieger study points out that census tracts are described by the Census Bureau as “small, relatively permanent statistical division of a county . . . designed to be relatively homogeneous with respect to population characteristics, economic status, and living conditions.” The study states, “The census tract’s subdivision, the block group, contains an average of 1,000 persons, and is the smallest geographical census unit for which census socioeconomic data are tabulated.” The study also quotes the Census Bureau in describing zip code areas as follows: “Zip codes, in turn, have an average population of 30,000 and are ‘administrative units established by the United States Postal Service . . . for the most efficient delivery of mail, and therefore generally do not respect political or census statistical area boundaries’, and they can range in size from large areas cutting across states to a single building or company with a large volume of mail.”

Think for a moment of who lives in your own zip code, and the income variation within that area. If you live or work in an urban setting, your zip code likely includes people with a wide variety of incomes as well as a wide variety in other socioeconomic variables, such as marital status and education. How much sense would it make to assign each of the residents in your zip code the median income in the zip code, for the purpose of a public health study?

The socioeconomic indicators in this Harvard study included occupational class, income, poverty, wealth, education, and crowding. The health data included deaths from all causes and cause-specific, cancer incidence by type and location, low birth weight, childhood lead poisoning, sexually transmitted infections, tuberculosis, and non-fatal weapons injuries. The effect of size of geographical unit is clearly documented in Table 2 of this publication.

For example, in Massachusetts, the percentage of white people living in geographical areas, that have 20-100% of the population below the poverty level, varies

significantly according to the size of the geographical area used. Using block groups, 8.4% of the white population lives in block groups with 20-100% of the population below the poverty level. Using census tracts, 7.7% live in census tracts with 20-100% of the population below the poverty level. And using zip codes, 5.8% of the population lives in zip codes with 20-100% of the population below the poverty level. Thus, going from block groups to zip codes decreases the number of people in high-end poverty areas from 8.4% to 5.8%, a decrease of apparent poverty by one third. The sizable decrease in apparent poverty in going from block groups to census tracts suggests that going to still smaller geographical units would expose even more poverty.

Overall, this part of the study shows that zip codes compared to block groups hide approximately one third to one-half of poverty, and indicates that even more poverty may be seen if yet smaller geographical areas were used for aggregating data.

The corresponding poverty numbers for African Americans, who make up only 4.9% of the entire population, were 48.3%, 50.4%, and 46.2%, showing little variation among block groups, census data, and zip codes, but much higher numbers overall compared to whites, and an apparent decrease in poverty by 4%.

The numbers for Hispanics went in similar directions. For poverty, the numbers for block groups, census tracts, and zip codes were 53%, 54%, and 40%, respectively, an apparent decrease by one quarter; and for low education the numbers were 42.5%, 35.1% and 22.6%, an apparent decrease by nearly half.

Poverty Leads to Premature Death

A second part of the Krieger study investigated the relation of socioeconomic status to health, using only the census tract level of aggregates. For premature mortality, defined as death before age 65, the numbers were given per 100,000 population, and were as follows: Comparing census tracts with 0-49% working class, to census tracts with 75-100% working class, the white death rates went from 187.7 to 402.1, more than doubling. Corresponding numbers for blacks were 475.3 to 573.2, an increase of 20%; and for Hispanics 196.7 to 329.6, an increase of 67%. Comparing census tracts with median income of over \$47,125 to census tracts with medium income of \$4,999-\$26,471, the premature mortality numbers for whites rose from 186.9 to 446.0, an increase of 138%; for blacks the numbers went from

5. N. Krieger et al., “Race/Ethnicity, Gender, and Monitoring Socioeconomic Gradients in Health: A Comparison of Area-Based Socioeconomic Measures—The Public Health Disparities Geocoding Project,” *American Journal of Public Health*, 2003, vol. 93, no. 10; pp. 1655-71.

262.6 to 648.9, an increase of 147%; and for Hispanics from 112.5 to 333.6, an increase of 199%.

Comparing census tracts by a crowding measure, for census tracts with 0-4.9% of the population living in crowded conditions to census tracts with 20-100% of the population living in crowded conditions, the mortality numbers for whites went from 258.2 to 911.8, an increase of 253%; for blacks from 410.6 to 539.6, an increase of 31%; and for Hispanics from 219.5 to 294.9, an increase of 34%. A similar trend towards greater premature deaths was seen using the percentage of population with low education.

Overall, this part of the study demonstrates that premature death varies dramatically with socioeconomic variables, with increased death rates related to degree of poverty, low education, and crowding. Most important, by extension from the first part of the study, the relationship of these socioeconomic measures to premature death is significantly hidden when using aggregate data for progressively larger geographical areas.

It is clear from this study that the zip code geographical area is generally too large to accurately reflect socioeconomic status, generally hiding one third to one-half of the poverty compared to block groups, and likely hiding even more when compared to the best data, which would be individual information. Particularly in an urban environment, neighborhoods with low income, low education, and crowded housing are averaged with adjoining middle class or wealthy neighborhoods, and the aggregate measure is somewhere in the middle. Similarly, measures of disability and family structure are all smoothed out. This smoothing hides important differences in the need for medical care.

How To Eliminate Poverty, Wennberg-Style

The Dartmouth Atlas itself does not utilize socioeconomic data such as income, marital status, education, or degree of population density (urban versus rural). For example, when discussing the differences between high-spending and low-spending regions, the Atlas states (page 4), “The most surprising and significant difference between regions is that mortality is higher in high-spending regions.” The Atlas then speculates on various reasons for this higher mortality, such as hospital-acquired infections, but does not mention socioeconomic factors.

How does the Atlas justify ignoring socioeconomic



creative commons/Joe Shlabotnik

A Dartmouth Atlas analysis of university medical centers found that the highest-spending university hospital, per capita, is New York University Medical Center in New York City, shown here. Given the concentration of poor people in New York City, should that be any surprise?

variables? There is no discussion of this issue in the Atlas, but a scan of its footnotes referencing prior publications provides something of an answer. The reader is encouraged to pursue the following detailed discussion, as if trying to solve a murder mystery. It is necessary to poke through several levels of obfuscation, until the whole picture suddenly jumps out.

We can begin with page 9 of the Atlas, which contains the following statement, regarding severity of illness: “The Dartmouth Atlas Project has conducted considerable research that shows only a weak relationship between how sick patients are and the amount and intensity of care they receive”; this statement is followed by a footnote referencing an earlier study from 2003 by

Elliot Fisher, who is the Principal Investigator for the Dartmouth Atlas Project. This Fisher 2003 study is entitled “The Implications of Regional Variations in Medicare Spending. Part 1: The Content, Quality and Accessibility of Care.”⁶

The Fisher 2003 study involved patients admitted to the hospital with only three diagnoses: hip fracture, heart attack, and colorectal cancer treated with surgery. The authors state that they chose these three diagnoses because, with these conditions, nearly everyone is admitted, regardless of the hospital or area of the country, and so the study could focus on measuring the intensity of resources used after admission, such as length of stay and number of specialist consultations.

The Fisher 2003 study used individual patient data for diagnosis, age, gender, and race, all available from Medicare statistics kept by the Federal government. Unlike the Atlas, this study also included socioeconomic data such as income, but the data used for each patient were not the individual socioeconomic data, but the (highly unreliable—see above) aggregated data for the zip code of residence.

The study used the 306 Hospital Referral Region geographic divisions of the United States, arranged the regions by end-of-life cost, and then divided the set of regions into five groups (going from lowest to highest end-of-life cost), so that the population of each quintile was approximately the same. Each of the quintiles was then divided according to age group (65-74, 75-84, and 85 and over), gender, and race (black and all other). Note that, as in the Atlas, the highest-spending regions are on the Northeast and Southwest coasts, corresponding to areas that include high numbers of impoverished urban areas, and the lowest-spending regions are in the Midwest and Rocky Mountain areas, corresponding to mostly white working-class and middle-class populations.

Regarding the comparisons of high-spending areas to low-spending areas, Fisher reported that utilization in the higher-spending HRRs was increased in all of the three income groups defined by amount of Social Security income, and in blacks as well as whites within these income groups. However, because the income data are

aggregated by zip code, this finding is suspect. In addition, there is the ecological effect that is described in several of the references discussed in the article. For example, it is likely that the small number of blacks living in the Mayo Clinic HRR are not subject to the community effect of the intense concentration of poverty, characteristic of the large East Coast urban centers, and this effect could lower their utilization rate even if they had comparable individual socioeconomic measures.

Using this aggregated income data, the Fisher 2003 study found that end-of-life spending was somewhat higher for low-income patients, and was also somewhat higher for high-income patients, but the extent of the variation was not large enough to explain a significant amount of the difference in regional spending. This publication states in its concluding section, “The greater-than-twofold differences observed across U.S. regions are not due to differences in average levels of illness or socioeconomic status.”

Examining the data in more detail, Table 1 of the study pertains to admissions for hip fracture. In reading across the five quintiles arranged by Medicare cost, there is little variation in percentage by age, or in proportion by gender. However, there is an impressive variation by race. For hip fracture admissions, the percentage of black patients in the lowest-spending quintile is 1.1, while the percentage of blacks in the highest-spending quintile is 4.8, an increase by more than fourfold. The percentage of blacks in the second, third, and fourth quintiles is 3.1, 4.0, and 5.2. Thus, the upper spending quintiles have a disproportionately increased percentage of black patients.

Since, in the U.S., blacks have, on average, a lower socioeconomic status, this result seems to indicate that there is a strong relation between race, socioeconomic status, and end-of-life spending. Note again, that the race data are not smoothed, but is specific for each patient in the Medicare database.

Regarding income level using the zip code aggregated income, the same table shows that the percentage of patients with low income, as indicated by Social Security income less than \$1,700/month, varies from 18.8 to 21.3, going from the lowest to highest quintile, a much less dramatic difference compared to black race. And the percentage of high-income patients, as indicated by a Social Security income of greater than \$2,600/month, varies from 24.3 to 39.2, somewhat

6. E.S. Fisher et al., “The Implications of Regional Variation in Medicare Spending. Part 1: The Content, Quality, and Accessibility of Care,” *Annals of Internal Medicine*, 2003, vol. 138, Issue 4; pp. 273-87.



creative commons/nephron

The Mayo Clinic in Rochester, Minn., is reputedly the most efficient hospital center in the United States, in terms of cost per patient, as argued by the Dartmouth Atlas. Have they considered that Rochester is about as far away from major centers of urban poor as you can get?

larger than the variation for low income, but nowhere near the more than 400% difference for race. Thus, while there is some shifting of the income status related to health-care spending, it is small, compared to the fourfold change in black representation.

The tables for colorectal cancer surgery and heart attacks show similar variation by race. The colorectal cancer surgery quintile percentages for blacks go from 2.1 for the lowest-spending quintile, up to 9.7 for the highest-spending quintile, again more than a fourfold increase. For heart attacks, the quintile percentages for blacks go from 1.9 for the lowest-spending quintile, up to 7.1, a nearly fourfold increase. The relationship to aggregated zip code income is comparable to the data for hip fracture.

The Next Level Down in the Inferno

The 2003 study does not discuss the validity of the use of aggregated data from the zip code of residence, but references, in a footnote, the use of such socioeconomic data to an earlier study done in 2000, also by Fisher. This prior study is entitled “Associations Among Hospital Capacity, Utilization, and Mortality of U.S. Medicare Beneficiaries, Controlling for Sociodemo-

graphic Factors.”⁷ This Fisher 2000 study discusses the merits of the methodology of income statistics more specifically. Here again, the income data used for each patient in this Medicare cost study is not the income of the individual patient, but the aggregate measure of the income of all the people within the zip code of residence of the patient, as provided by the 1990 census. Other socioeconomic data used in the study were also aggregate values for the entire zip code, including education, marital status, employment status, and measures of disability including self-care limitation, mobility, and work disability. The individual-level data that were used included age, gender, and race.

In discussing the issue of zip code data, Fisher uses the term “ecologic” as equivalent to “aggregate.”

The Fisher 2000 article states, “Although we used ecologic measures of education, income, poverty status, and disability, such ecologic measures have been shown to provide valid estimates of individual attributes in studies based on census-tract level data, and reasonable proxies in studies based on zip code level data.” There are four references footnoted in this quote. The phrase “valid estimates of individual attributes in studies based on census-tract level data” references two studies that purportedly support the contention.

These two studies, however, only raise more questions about the use of census tract data. One of the references is to a paper by Krieger from 1992, which used data from a Kaiser Permanente HMO population in northern California.⁸ This Krieger 1992 study states that it “compared the association of both individual-

7. E.S. Fisher et al., “Associations Among Hospital Capacity, Utilization, and Mortality of US Medicare Beneficiaries, Controlling for Sociodemographic Factors,” *Health Services Research*, 2000, vol. 34; pp. 1351-62.

8. N. Krieger et al., “Overcoming the Absence of Socioeconomic Data in Medical Records: Validation and Application of Census-Based Methodology,” *American Journal of Public Health*, 1992, vol. 82, no. 5; pp. 703-09.

level and census-based socioeconomic measures with four health characteristics that are known to vary by race and socioeconomic position: hypertension, height, cigarette smoking, and number of full-term pregnancies.” The socioeconomic variables used included race, occupation, and education. The results of this particular study showed, “Individual, tract and block-group measures of social class and education provided highly comparable estimates of association with four diverse health characteristics known to exhibit marked social class and race/ethnic gradients: hypertension, height, smoking, and number of full-term pregnancies.”

However, this study also points out that in a related study done in Alameda County, Calif., “Census block-group measures of social class and poverty closely approximated individual-level measures as correlates of women’s reproductive histories, whereas comparable data from the tract level performed less well. Contextual analyses likewise indicated the importance of categorizing women by both individual-level and block-group-level socioeconomic characteristics.” The study goes on to state: “The importance of validating this census-based approach to measuring socioeconomic position is underscored by the numerous US studies that, in the absence of individual-level social class data, have used census-derived data from people’s immediate neighborhoods in conjunction with individual-level health data to describe, analyze, or control for social gradients in various health outcomes. These include investigations regarding race/ethnic differences in cancer incidence and survival, homicide, and childhood diseases, as well as studies examining intraurban variation in mortality. All have observed significant associations between people’s health status and the socioeconomic conditions of the neighborhoods in which they live, and all have expressed concerns regarding the use of census-derived data. The results of this study and comparable research indicate that these prior findings most likely are legitimate and probably underestimate the effect that would have been observed were individual-level social class data available.”

Thus, this publication documents, particularly in its overall review of the literature, that while census-tract-level parameters may demonstrate an effect, the effect is probably underestimated when compared to individual-level data. The author of this paper, Nancy Krieger, is the same Krieger referenced above for her 2003 paper

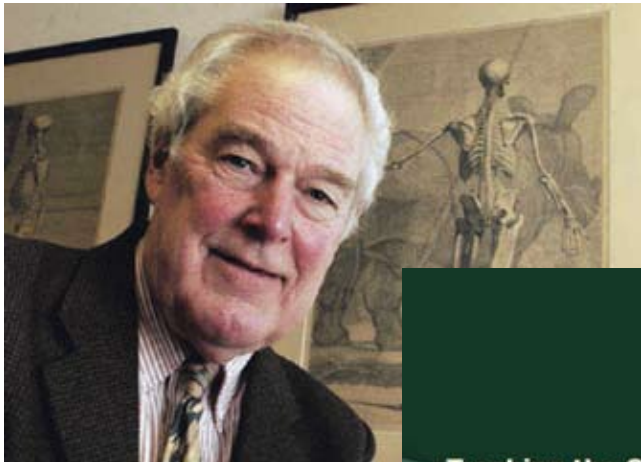
that showed significant decreases in apparent poverty when viewed in larger sizes of aggregates.

The Second Reference Contradicts the First

The second study referenced in the above Fisher 2000 quote is to a publication by Arline T. Geronimus et al., entitled “On the Validity of Using Census Geocode Characteristics to Proxy Individual Socioeconomic Characteristics.”⁹ This study used data from the Panel Study on Income Dynamics, and the National Maternal and Infant Health Survey. Both of these databases contain individual data on age, race, income, and education, and also contain aggregate data on income and education, and the aggregate data are both on the census tract level and the zip code level. The study found that: “Results based on census tract characteristics for respondents are similar to results based on zip code of residence. We report results only for zip code areas.”

The study concludes, “Our findings are inconsistent with the conclusion that Krieger (1992) drew from her analysis of a select health maintenance organization (HMO) sample in Northern California—that aggregate census-based proxies are good substitutes for micro-level measures of individual socio-economic characteristics [micro-level refers to measures by individual, such as individual income—ed.]. By obtaining similar point estimates of the relative risks of health outcomes by socioeconomic group, using both aggregate census-based measures and the crude individual-level measures available in her data, Krieger demonstrated the relative usefulness of the aggregate census-based approach in her study sample. But our statistical framework and empirical findings lead us to question whether such findings imply the general validity of using aggregate census-based measures to proxy for individual characteristics. Because Krieger’s empirical work was not interpreted in light of a statistical framework, the nature and source of biases could not be discussed. Now that we are able to place her results in the context of such a framework, we would argue that finding consistent results between micro and aggregate variables is the exception, not the rule.”

9. A. Geronimus et al., “On the Validity of Using Census Geocode Characteristics to Proxy Individual Socioeconomic Characteristics,” *Journal of the American Statistical Association*, 1996, vol. 91, no. 434; pp. 529-37.



Dr. John Wennberg's (inset) Dartmouth Atlas: Its conclusions and recommendations form the basis for the Obama/Orszag Nazi health-care plan to slash 30% from Medicare and other health-care programs.

The study concludes: “The most conservative lesson that we have drawn from these results is that investigators are ill-advised to interpret results of regressions based on aggregate variables as if they were based on micro-level variables. But the framework that we have presented can be used to guide thinking about the likely direction of bias in such estimates. In situations where important variation exists in the relevant independent variables within aggregate units, the use of aggregate proxies will tend to yield underestimates of the effect of the micro variable, while inadequately controlling for confounding effects. But in cases where the aggregate variable might represent a broader construct than the micro-level construct, estimates based on the aggregate data are likely to exaggerate the effect of the micro-level counterpart on outcomes of interest. Since Robinson’s classic paper on the ‘ecological fallacy’, researchers have been wary of interpreting estimates based on aggregate data. The results reported here suggest that this should be a concern not only in the case where the unit of concern is an aggregate unit, but also in the case where the unit of analysis is a micro unit and aggregate variables are used to

proxy micro-level constructs.”

The issue of a broader level construct than the micro-level construct refers to the effect of others in the community on the index case: for example, being surrounded by poverty has an effect itself, in addition to one’s own income status. This could be due to a broad range of factors, such as the presence of contagious disease, or peer pressure to drop out of school or use illegal substances. This consideration serves to point out the complexity of the problems involved in using aggregate proxies.

Studies Contradict Wennberg Conclusion

Let us review now some implications of the Krieger and Geronimus papers. First, the Geronimus study concludes from its own empirical data, and from its statistical framework, that the finding of Krieger of “highly comparable estimates” between individual, block group aggregates, and census tract aggregates, is the exception, not the rule.

Second, Krieger points out, “while census tract level parameters may demonstrate an effect, the effect is probably underestimated when compared to individual level data.” That is to say, in reviewing the two references given by the Fisher 2000 article to document his assertion that “ecologic measures have been shown to provide valid estimates of individual attributes in studies based on census-tract level data,” one of the two references says that the aggregate data are probably an underestimate, and the other reference says that the findings of the first reference is the exception, not the rule. Thus, both references given by Fisher 2000 undercut his point, rather than support it.

These observations regarding these two references are particularly relevant, given the way Wennberg ultimately uses these findings. Wennberg does not utilize socioeconomic variables in the Atlas, and justifies this by claiming that they are not strongly enough cor-



related with Medicare expenses to explain the great majority of the expense variations. Thus, it is the lack of strength of effect that Wennberg uses for his argument that socioeconomic variables do not have to be taken into consideration in the Atlas. And in the Krieger 1992 paper, she says that the effect of using aggregates is to *underestimate* the effects of socioeconomic variables.

More Fraud from Zip Code Data

Now let us examine the two references given by Fisher 2000 for the second part of the quoted passage, that ecologic measures have been shown to provide “reasonable proxies in studies based on zip code level data.” The term “reasonable proxies” is in contrast to the term “valid estimates,” earlier in the sentence. Again, there are two references. The first is to a study by M.E. Gornick et al., titled, “Effects of Race and Income on Mortality and Use of Services Among Medicare Beneficiaries.”¹⁰ This study examined the relation of income and race to rates of utilization of Medicare services, such as hospitalization rates and physician visit rates; and the relation of income and race to mortality and other health indicators. The study used income data derived from census aggregates based on zip codes, and also compared these results with individual income data derived from a survey of 9,000 Medicare beneficiaries.

The direction of the findings was what would be expected: Using individual Medicare data for 1993, the year under consideration, the age-adjusted death rate for black men was 8.0 per 100, and for white men 6.7 per 100, a black-to-white ratio of 1.19. The corresponding rates for black versus white women were 5.2 and 4.5, a ratio of 1.16. In comparing the use of outpatient physician visits, blacks averaged 7.2 visits for the year 1993, whites 8.1, or 12.5% higher. Regarding hospitalizations, the racial difference was opposite to that of outpatient visits: Blacks averaged 376 hospital discharges per 1,000 Medicare beneficiaries, while whites averaged 329, a difference of 14%.

Annual income was grouped in four categories, less than \$13,100; \$13,101-16,300; \$16,301-20,500; and over \$20,500. Using the aggregate data by zip code,

among the least affluent whites, there were 369.6 discharges per 1,000 enrollees; among the most affluent there were 296.9 discharges, a difference of 24%. In contrast, using the individual income information derived from the Beneficiary Survey, and grouping people using the same income parameters, the hospitalization rate for the least affluent group of white enrollees was 55% higher than the most affluent group of white enrollees. That is, the percentage difference in hospitalization rates of lowest versus highest income categories more than doubled, when using individual income data versus zip code aggregate data!

Similarly, using zip code income data, the rate of mammography for low-income whites compared to high-income whites was 33% lower, while, using individual income from the Beneficiary Survey, the rate difference was 53% lower. Referring to the above two examples, the study states, “These effects of income in the Medicare Current Beneficiary Survey were in the same direction as those in the Zip Code analyses but were more pronounced, indicating that the effect of income on rates of hospitalization and mammography among white beneficiaries may be underestimated in analyses according to Zip Code median income. The one exception was for visits to physicians for ambulatory care; for that variable, the Medicare Current Beneficiary Survey showed no effect of income, whereas the analysis according to Zip Code income showed a moderate effect.”

The author goes on to state, “For the black beneficiaries, the income-related pattern in the Medicare Current Beneficiary Survey was more variable than they were for the white beneficiaries, as we found in the analyses according to Zip Code income. However, among the least affluent black women the mammography rate was 39% lower than it was among the most affluent black women, which was again a more pronounced difference than was found in the analyses according to Zip Code income.”

The second reference given by Fisher 2000 for the second part of the quoted assertion, is a study by T.P. Hofer et al., entitled “Use of Community Versus Individual Socioeconomic Data in Predicting Variation of Hospital Use.”¹¹ This study compared individual pa-

10. M.E. Gornick et al., “Effects of Race and Income on Mortality and Use of Services Among Medicare Beneficiaries,” *The New England Journal of Medicine*, 1996, vol. 335, no. 11; pp. 791-99.

11. T.P. Hofer et al., “Use of Community Versus Individual Socioeconomic Data in Predicting Variation of Hospital Use,” *Health Services Research*, 1998, vol. 33, no. 2, Part 1; pp. 243-59.

tient socioeconomic data derived from the National Health Interview Survey, and aggregate zip code socioeconomic data from the 1990 Census. An additional aggregate data source for employment was also used, the 1989 Area Resource File. The purpose of the study was to compare the association of socioeconomic variables with hospitalization rates, using the two types of socioeconomic data, in order to determine the validity of using the aggregate data as a proxy for individual data. The socioeconomic variables included income above or below the poverty line, employment versus unemployment, education as measured by whether the person graduated high school, and rural versus urban home setting. Age and gender were also included.

The results of the study were that the direction of the association of each variable on hospitalization rate was the same for both types of data, and the statistical significance of the relationship was also the same. There was no report on the quantification of effect, so a more detailed comparison of the use of the two types of data, individual versus census tract aggregate, could not be assessed from the publication.

Let us review now the implications of the cited Gornick and Hofer studies. Gornick studied the associations between socioeconomic variables, such as income and race, and utilization of medical care, such as hospitalizations and mammograms, and showed that there is, overall, a substantially stronger association using individual data compared to using zip code aggregate data. He points out that there are exceptions, and also discusses the confounding tendency for a group effect of socioeconomic variables on the individual, termed the ecological effect. Hofer demonstrates associations among a variety of socioeconomic variables and hospitalization rates, and shows that the same associations exist when zip code aggregate data are used compared to individual data, but he does not provide data quantifying the comparison, and only says that the statistical association is equally strong.

In statistics, the term “equally strong” is generally related to likelihood of association, but this may not be of the same degree of quantification of comparison as is discussed, for example, in the Gornick study, in which a percentage of effect on utilization rate is associated with the variable. Although Hofer actually uses the phrase “reasonable proxy” when comparing individual data with aggregate data, the question is, proxy for

what? If the purpose of the study is to confirm the existence of a significant association between a socioeconomic variable and the utilization of a health-care item such as hospitalization, then aggregate data may be a reasonable proxy. But if the purpose of the study is to quantitatively evaluate the effect of a socioeconomic variable on health-care expenditures, for the purpose of quantitatively comparing various regions of the country, as is done in great detail in the Wennberg Atlas, then this study does not appear to demonstrate that aggregate data are a “reasonable proxy.”

I would expect that if more robust numbers were available, they would have been presented in the Hofer paper. Thus, the two references for the second part of the Fisher 2000 assertion, that aggregate zip code socioeconomic data are a reasonable proxy for individual data, do not, in fact, support the assertion.

Thus, the Wennberg Atlas references studies that purport to justify not including socioeconomic variables in the comparison of HRR utilization rates. And these studies then refer back to the above four references footnoted in the Fisher 2000 paper; but these references do not actually support what Fisher and Wennberg contend; they do not support ignoring socioeconomic variables. They document, in fact, the weakness of using geographical area aggregate data regarding socioeconomic variables, particularly of the size of zip code aggregates.

Diagnosis vs. Disability: The Issue Is Frailty

Now let us look at an issue closely related to socioeconomic variables: the issue of severity of illness. Wennberg claims, in the introduction to his Dartmouth Atlas 2008, that he has studied the relationship of severity of illness to the cost of treatment, and found very little correlation. He states, “The most obvious place to look for the source of variation in care is how sick people are in different parts of the country. Indeed, most policy makers, physicians, and patients assume that differences across regions in the prevalence of disease among the chronically ill are the most important factor driving the variation in medical spending. Patients who are sicker naturally need more care, goes the thinking, and consequently Medicare spends more in regions where disease is more common. But while

there is some variation in the prevalence of disease in different parts of the country, it turns out that differences in the level of illness account for only a small fraction of the variation in the amount of medical care delivered.”¹²

To support this point, the Dartmouth Atlas gives the following reference. “One study, for example, looked at cohorts of patients with three different illnesses: solid tumors, congestive heart failure (CHF), and chronic obstructive pulmonary disease (COPD). The study matched patients within cohorts for age, sex, race, and severity of illness and then compared the care they received at 77 well-respected academic medical centers. Even among matched patients, there was wide variation in the amount of care delivered. At one academic medical center, for example, patients with COPD spent 13.1 days in the intensive care unit during the last six months of life, while, at another, COPD patients spent only 1.8 days in the ICU. Patients with CHF saw a physician 99.3 times in the last six months of life at the highest ranked hospital and 15.2 times at the lowest ranked. Yet all of these hospitals were caring for extremely ill patients.”¹³

The above quote references a study done by Wennberg in 2004, which comes to the above conclusions.¹⁴

The Wennberg 2004 study, in turn, makes reference to an earlier study to justify its statement that the patients were matched for severity of illness. This earlier study is by Lisa Iezzoni, “Chronic Conditions and Risk of In-Hospital Death.”¹⁵ This study examined the relationship of discharge diagnoses of patients who died in hospitals, to death rates in hospitalized patients, to determine the relative risk of death among the diagnoses,



U.S. Geological Survey

Living conditions along the U.S.-Mexican border, where McAllen, Texas is located, provide the perfect circumstances for proliferation of an extremely sick population, with multitudes of chronic and acute diseases. Despite exposure of this fact by researcher Daniel Gildea, the Dartmouth Atlas chooses to target doctors in this area for “overspending” on health care.

and focused on the effect of underlying chronic conditions, as well as the acute diagnosis associated with the admission. The chronic conditions used were the 13 following diagnosis groups: cancers with poor prognosis, metastatic cancer, AIDS, chronic pulmonary disease, coronary artery disease, congestive heart failure, peripheral vascular disease, severe chronic liver disease, diabetes with end organ damage, chronic renal failure, nutritional deficiencies, dementia, and functional impairment (such as paralysis, wheelchair dependence, or tracheotomy).

The primary causes of death were grouped into four categories by likelihood of mortality: rare, low mortality, moderate mortality, and high mortality. Rare mortality includes conditions such as bronchitis and angina; low mortality includes seizure and urinary tract infection; moderate mortality includes acute myocardial infarction (heart attack) and stroke; high mortality includes traumatic coma over one hour, and lung cancer. The study computed the effects of each chronic condition on the likelihood of death for patients within each mortality category by admission diagnosis, and showed that some chronic conditions, such as AIDS, metastatic cancer, congestive heart failure, severe chronic liver disease, and nutritional defi-

12. J. Wennberg et al., “Tracking the Care of Patients with Severe Chronic Illness, *The Dartmouth Atlas of Health Care 2008*, Dartmouth Institute for Health Policy and Clinical Practice, 2008, p. 3.

13. *Ibid* p. 9.

14. J. Wennberg et al., “Use of Medicare Claims Data to Monitor Provider-Specific Performance Among Patients with Severe Chronic Illness,” *Health Affairs* web exclusive, Oct. 7, 2004.

15. L. Iezzoni et al., “Chronic Conditions and Risk of In-Hospital Death,” 1994, *Health Services Research*, vol. 24, no. 4; pp. 435-60.

ciencies, have the greatest effect in increasing death rates across all of the mortality groups.

Although these correlations identify the odds of dying, are they predictive of end-of-life costs? The answer appears to be no. This is the key question. For example, a severe head injury with prolonged coma may be strongly associated with death, but because the death may occur quickly, the total end-of-life costs may be relatively low. Likewise, lung cancer has a high mortality measured in months, not years, and so the accumulation of health expenditures may be lower than those for a more slowly growing tumor. This is the lesson from McAllen.

Measuring Frailty

Poor people are frailer. A recent overview of the literature in this field was presented by S.L. Szanton, in a study entitled “Socioeconomic Status is Associated with Frailty: The Women’s Health and Aging Studies,” just published on Aug. 19, 2009.¹⁶ In the introduction to this study, Szanton writes: “The association between socioeconomic status (SES) and poor health has been well documented. A potentially important risk factor for many poor health outcomes among older adults is geriatric frailty. Defined as a state of increased vulnerability, geriatric frailty is associated with a higher risk of hospitalizations, nursing home placement, and death. Little research has investigated the relationship between low SES and frailty.

“Frailty is a clinically identifiable, prevalent, geriatric syndrome that [co-author Linda P.] Fried defines as a combination of weakness, exhaustion, lack of activity, weight loss/underweight and slow walking speed. There is considerable clinical, biological, epidemiological, and genetic research interest in the origins of this prevalent syndrome of frailty.

“While the genetic and biologic research into frailty is burgeoning, there has been a dearth of research on the possible etiologic relationship between sociologic factors and frailty. This is particularly important as the population of older adults with low education is increasing faster than those older adults who are more educated. Developing a better understanding of the sociologic factors is particularly relevant now

16. S.L. Szanton, “Socioeconomic Status is Associated with Frailty: The Women’s Health and Aging Studies,” *Journal of Epidemiology and Community Health*, published online, Aug. 19, 2009.

as health disparities research has advanced to investigate the ways in which low SES ‘gets under the skin’ and plays a role in health disparities.”

Szanton describes her own study as follows. “We conducted a cross-sectional analysis of the Women’s Health and Aging Studies using multivariable ordinal logistic regression modeling the estimate the relationship between SES measures with frailty status in 727 older women. Control variables included race, age, smoking status, and co-morbidities.

“Ten percent of the sample were frail, 46 percent were intermediately frail, and 44 percent were robust. In adjusted models, older women with less than a high school degree had a threefold greater odds of frailty compared to their more educated counterparts. Those with less than \$10,000 yearly income had two times greater odds of frailty than their wealthier counterparts. These findings are independent of age, race, health insurance status, co-morbidity, and smoking status. African-Americans were more likely to be frail than Caucasians. However, after adjusting for education, race was not associated with frailty. The effect of race was confounded by socioeconomic position.”

Let us now return to the case of McAllen, Texas, which was reviewed above, and look more closely at how Daniel Gildea used the concept of frailty in constructing his rebuttal of Wennberg’s Atlas. Gildea is the head of JEN Associates, Inc., a health-care consulting firm in Cambridge, Mass. JEN has developed methods to anticipate health-care needs for patients over the medium term, such as nine months, based on an analysis of the functional effects of medical conditions. This measure is termed the JEN Frailty Index (JFI).¹⁷ These estimations are used by JEN clients for planning programs and expenditures. JEN clients have included the Federal Department of Health and Human Services Centers for Medicare and Medicaid Services, the Department of Veteran Affairs, and the states of Massachusetts, Minnesota, California, Ohio, and Wisconsin.

These are not academic exercises; enormous financial resources are allocated based on the documented predictive value of the JEN estimations. These estimations are made on living patients, and the health re-

17. The JEN Frailty Index (JFI) was developed under funding by the Robert Wood Johnson Foundation’s Medicare/Medicaid Integration Project, at the University of Maryland Center on Aging.

sources anticipated to be needed are to be spent during the ongoing lives of the patients.

The JEN Frailty Index is described by JEN as follows: “The initial work was done in support of predictive models for adverse clinical outcomes in elderly Medicare populations. The system emulates an activities-of-daily-living model of health and uses diagnoses that are: 1) statistically correlated with a future need for acute/post-acute care; and 2) have an impact on patient functioning. We have used the index for state, federal and privately funded analyses and it is a key modeling covariate in our evaluation work. The design of the index is outcome focused—not payment focused. The index only selects diagnoses based on empirical demonstrations of a high statistical correlation with future outcomes. A high score is achievable only through the reporting of morbidity that affects a number of different body systems.

“The score is based on 13 impairment categories of disease/signs found to be significantly related with a concurrent and future need for long term care services. The categories include: minor ambulatory limitations, severe ambulatory limitations, cognitive developmental disability, chronic mental illness, dementia, sensory disorders, self-care impairment, syncope, cancer, chronic medical disease, pneumonia, renal disorders and other systemic disorders (e.g. septicemia). For each category a score of 1 is assigned if a diagnosis associated with the condition is found on at least one Medicare claim during a specific calendar year of study. No frequency threshold, claim type, provider type or service type selection logic is used. The frailty individual impairment category scores are summed to produce an aggregate frailty risk score. The frailty risk score has been demonstrated to have a linear relationship with the probability of future acute care, post-acute care and death and is strongly predictive.”

Wennberg’s Lies Totally Exposed

The JEN definition of frailty is more sophisticated than that of Szanton, in that JEN includes more factors that are needed to reliably predict future health care-needs.

Gilden used his JEN Frailty Index analysis as summarized above, and found that when patients with equivalent levels of frailty are compared, the cost of end-of-life care is *nearly identical*, in all three towns, for all risk levels except the highest; at the highest end,

the cost is greater in McAllen by only 10% compared to Grand Junction. This is in contrast to the Wennberg statistics, which indicate a cost difference of 300%. What is most remarkable about the Gilden analysis is that it was done with publicly available data from Medicare. Gilden’s work with the JFI is well known in the field. Apparently, Wennberg chose not to utilize what was available.

And how did the Wennberg group respond to the Gilden study? Jonathan Skinner, a long-time collaborator of Wennberg, added comments to the Gilden blog, saying that the McAllen doctors were making up diagnoses; they were lying. Gilden, anticipating this line of criticism, also added a comment to the blog, noting that a made-up diagnosis would not result in the same total amount of billing care as a true diagnosis, but the statistics in McAllen do not show any such variance.

I would add that the doctors would have had to anticipate the kinds of risk categories used by Gilden, so that the billings for each risk level would match, an extremely unlikely occurrence. Furthermore, the El Paso doctors would also have to be lying, less than the McAllen doctors, but again, just the right amount for each risk level, because their billings also fall on nearly the exact same curve as the Grand Junction billings, as seen in the Gilden graphs.

Gilden demonstrates that it is possible to produce accurate and meaningful estimations of the medical needs of a population, in the above case, based on publicly available data. The Wennberg Atlas and associated publications consistently ignore and trivialize important regional differences in socioeconomic variables and associated health-care needs, and use a measure of disease severity that is incapable of predicting true health-care needs.

Wennberg-style headlines claim that one third of Medicare expenses could be saved if the “least efficient” geographical areas were forced to conform to the practices of the “most efficient.” To enforce this policy, President Obama is currently insisting that any consensus health plan must include an IMAC board that will make the necessary decisions to reduce the Medicare budget consistent with the Wennberg Atlas recommendations. If Obama is to be taken at his word, this will mean major cuts in necessary medical services for the poor, the elderly, and the frailest among us. And Heaven help those who fall into more than one of these three categories.

‘Recovery’ Hype Grows Shriller, As Fear and Paralysis Spread

by John Hoefle

Sept. 4—Often what is *not* said is more important than what is said, and this past week was a good example of that principle. When the economic reportage turns to pure propaganda, with some pabulum filler added, it usually reflects desperation behind the scenes.

The propaganda generally revolves around two related themes: first, that the U.S. bailout/stimulus process is working; and second, that a recovery is either already underway, or just around the corner. We have been told this, time and time again, especially over the past year, but recovery never comes. Instead, the economy accelerates its relentless collapse, hitting households, businesses, and governments at all levels.

What little “good news” there is, is usually bad news, when you take a thoughtful look. Just two examples: the claims of bank profits, and the claims of renewed activity in the securities markets—developments which actually reflect the effects of unprecedented government handouts to the very financial institutions that got us into this mess, and bankrupted themselves in the process.

When the fleas claim to be doing well, it is not a good sign for the dog.

Fragrante Delicto

The propaganda reached absurd new heights—or, perhaps better put, lows—this week, with claims that the bailout is turning a profit. At least three imperial rags—the *Financial Times*, the *New York Times*, and the *Wall Street Journal*—ran major stories on the subject.

In an Aug. 31 story headlined, “As Big Banks Repay Bailout Money, U.S. Sees a Profit,” the *New York Times* claimed that “taxpayers have begun seeing profits from the hundreds of billions of dollars in aid that many critics thought might never be seen again.”

The *Journal* upped the ante the next day, claiming, “Taxpayers are getting a reward for the trillions of their dollars U.S. authorities put at risk in a bid to save the financial system.” “The total is in the neighborhood of \$30 billion,” the Wall Street blab-sheet added.

Our first response when reading these outrageous fabrications was howls of laughter. We’re used to the financial press spinning tall tales, but a profit on the bailout?!! This was beyond the pale. We’re talking about the greatest swindle in human history, where tens of trillions of taxpayer dollars were stolen to rescue a bunch of parasites—institutions which, despite those trillions, remain beyond bankrupt.

The methodology here, counting as profits the few billions of dollars we get back in fees, out of the trillions we’ve thrown down the bailout rathole, is precisely the sort of idiotic thinking that got us into this mess in the first place. The banks made similar claims for the fees they got for their derivatives and securitization deals, reaping huge profits that proved to be completely fictitious when the bubble popped. Perhaps the best example is AIG, which booked huge fees on its credit default swaps, but then imploded as soon as payouts were required.

It’s not surprising, given the way the U.S. Treasury

and the Federal Reserve have committed themselves—and the rest of us—to restarting this insane process. But that doesn't make it any less nuts. Those who believe that the bailout is working, along with anyone who believes that it is turning a profit, should be promptly committed to the nearest still-open mental institution for their own good. And for ours.

The propaganda continues in other forms, such as the claims that Fed chairman Ben Bernanke's big challenge in his second term will be winding down all the bailout schemes, as they cease to be needed. This big wind-down is also said to be on the agenda of the G20 finance ministers meeting in London this weekend, and the G20 summit in Pittsburgh, later this month.

This, as the nations they are supposed to represent, are wracked by economic collapse and political paralysis, while nothing they do halts the breakdown. They are whistling past the graveyard of their dead system, their heads stuck deep in denial, as they march to their doom.

Frightened Fools

After the laughter over the "bailout profit" subsided, we began to reflect on the state of mind of people who would make such outrageous claims. The sudden appearance of this flock of similar stories suggests orders from on high; even the authors may not believe what they write, judging by the fine print beyond the headlines and initial assertions. When it becomes too much for even the jaded hacks of the press, you know something big is up.

The "recovery" talk is a classic example of the Big Lie, the Venetian technique notably practiced by Adolf Hitler and his Propaganda Minister, Joseph Goebbels. The essence of the method, is to tell a lie so outrageous, that no one would believe you'd have the nerve to make it up, and then, to repeat it, over and over, until it becomes accepted as truth.

It is not necessary that people believe the Big Lie; all that is necessary is that they act like they do. Until recently, that technique has worked, but it has its limitations, as President Obama and Congress found out.

Abraham Lincoln observed that, "You can fool all the people some of the time, and some of the people all the time, but you cannot fool all the people all the time." The recent U.S. mass strike is a testimony to Honest Abe's wisdom.

A majority of the U.S. population has stopped believing the lies, stopped believing the politicians, and

stopped believing the media. They have been pushed too far, for too long, and they are now pushing back, demanding that the government do its job.

The politicians and the media, slow on the uptake, have, thus far, treated We The People as naughty children. Not realizing that the population has changed, they are playing the same old manipulative game, denying the truth that underlies the discontent. It is their big mistake.

In part, they do it because they have become a bunch of self-serving jackasses, who place their own careers ahead of the welfare of the nation. But they also do it because they are frightened, caught in a situation beyond their comprehension and control. They dare not defy the voters, but they are too spineless to defy the money, so they just babble.

There is also a sadistic streak in the propaganda, a sadism characteristic of an oligarchy which believes that it can lie to us with impunity, because there's not a damn thing we can do about it. They know they're lying, they know we know they're lying, and they get a kick out of rubbing our noses in it.

However, the oligarchy has learned the hard way that the U.S. people can, when aroused, rise up and defeat the empire. They know it can happen again, and they fear that the mass strike represents the awakening of the formerly sleeping giant. That, is their worst fear.

This fear is the remaining element of the "recovery" talk, and the "bailout profit" claims. The empire is blustering, talking tough to hide its fear. Faced with an angry and determined citizenry, the tyrants are afraid. If they lose control in the U.S., they lose control everywhere.

Organize!

It is the imperial monetary system which has died, not the American Economic System. It is *they* who have blown up the world, and it is *we* who have the necessary tools to correct the problem and put the world back on track. Let us cast off the delusions that led us astray, and return to the America of the Founding Fathers, Abraham Lincoln, and Franklin Roosevelt. Let us give the imperial monetary system the burial it deserves, and lead the world into a new Renaissance. It is within our power to do this, and it is necessary that we do. The walls of the temple of money are shaking, its collapse imminent. We need not collapse with it.

The tyrants are afraid. If we can overcome our fears, victory is ours.

johnhoeftle@larouchepub.com

A Dialogue with Helga Zepp-LaRouche

Following her webcast speech on Aug. 21, Helga Zepp-LaRouche, candidate for Chancellor of Germany,¹ answered many questions. Here is a selection.

We Need the Energy Flux-Density of Nuclear Power

A labor leader from a nuclear power plant: We are in a tough situation at the nuclear plants. On the one hand, because of the general opposition to nuclear energy, we are constantly being exposed to hostility and our work is attacked; but on the other hand, we are expected to keep our plants operating safely. We would do this anyway, based on our own self-conception. But the slightest tiny mistake is hyped up into an election campaign controversy, and our very concept of our daily work, namely, to ensure the reliability of our plants, is questioned by our political opponents. We are having to dismantle our life's work prematurely, because of the anti-nuclear consensus. We don't think this is Germany's way to a promising future. Our doubts are all the more justified because of the worldwide economic crisis. Is there any reason to hope that nuclear power plants will ever be built in Germany again? What can we do?

Zepp-LaRouche: Looking at the so-called catastrophic accidents, one finds that the vast majority have absolutely nothing to do with nuclear energy, and are incredibly exaggerated, precisely to promote such negative propaganda. Of course, one has to realize that individual operating companies may sometimes economize at the expense of safety, since they exist in our current world.

Our answer to that is: We have to move as quickly as possible to inherently safe reactors. The high-temperature reactor, the Pebble Bed reactor, the "fourth generation" reactor, which is inherently safe, where nothing bad can happen, and which is the absolutely necessary

step toward nuclear fusion power. We certainly can't go back to the energy flux-density of solar energy and imagine that we could make the leap to fusion power from there. We need the energy-flux density of fission power to get to fusion power.

Just look at the maps on the Internet that show the distribution of nuclear power plants: You see that many countries are now massively investing in nuclear power: Russia has, I believe, 40 or 50 nuclear plants in the planning stage; India wants to develop the thorium cycle; Japan, the U.S.A.—all the countries around us are gearing up massive nuclear power programs. And Germany has to be clear: If we want to remain an industrial nation, with a relatively high standard of living, then [we cannot accept] the "greening" that exists at the moment—because the Greens are right, when they say that their "property rights have been stolen," since now everybody is green.

[Economics Minister Karl-Theodor zu] Guttenberg already has a black-green coalition² in mind, which naturally would mean that the CDU-CSU would have to distance itself from its somewhat pro-nuclear position. As for the SPD's new Steinmeier Program, the good thing is that [SPD Chancellor candidate Frank-Walter] Steinmeier has the idea of creating millions of jobs, but this program—and I read it very carefully—includes only green jobs.

Thus, it really goes in the opposite direction from what I have just discussed: that we have to raise productivity, that we have to raise energy flux-density. So, the Greens are green, the Left is green, the SPD is green, the CDU is green, and the FDP, which is a little

1. She represents the Civil Rights Movement Solidarity (BüSo). Her opening remarks were published in *EIR*, Sept. 4, 2009. The elections are on Sept. 27.

2. The Christian Democratic Union (CDU) and Christian Social Union (CSU) are allied parties, designated "black"; the Social Democratic Party (SPD) is designated "red," and the Free Democratic Party (FDP) is designated "yellow." The Greens, of course, are green.

bit in favor of nuclear power, is unfortunately monetarist, which is also a problem.

Thus, there is no party in Germany, except for the BüSo, that really stands for safe nuclear energy that would ensure a promising future.

But I really think that in the coming storms, it will become clear that everything went wrong; that the green paradigm, the green, neoliberal paradigm of the last 40 years, was a failure. That will become as clear as the light of day.

We have no right to lose our machine-building capacities.

A Technological Revolution

Q from the audience: I am very happy about that, but I do have a slight impression that we're going to the other extreme. I mean, great projects can also be ineffective, if you look at a small region. And now, alternative technology is being treated somewhat negatively: I don't think that's a good idea; it would be better to combine the two, so that we would have the high technology—like nuclear technology—but a limited amount of solar energy or wind energy should not be disparaged, and they could complement one another. And the same is true for food or transportation, because we have the world's big highways, but we also have local traffic. And then there's the little electric car, which I would hook up to a train station, and which is still justified and should not be set aside.

Zepp-LaRouche: Okay, that is clear. But I didn't say anything about getting rid of little electric cars; I only said that freight transport should be taken off the roads and shifted onto these other systems. Of course, individual transportation is justified. But I would rather drive an electric car over a highway where the traffic is actually moving, than over one that is so congested that it takes two hours to make a round trip, every day.

But naturally we have to see: In an economy, the question is always, how can a process be maximized? If you look, for example, at how much taxpayers' money has flowed into subsidies for windmills and solar energy—naturally that is money that can no longer be spent for nuclear fission or fusion research.

What we are really proposing is that we launch a



EIRNS/Helene Möller

Chancellor candidate Helga Zepp-LaRouche is interviewed on the campaign trail in Frankfurt on Aug. 17.

crash program, to really make a technological revolution—i.e., to achieve a breakthrough. In other words, for the last 40 years, we have had a false paradigm, with many aspects, such as the sex-drugs-rock counterculture, the destruction of the cognitive potential of several generations that goes along with that; and the shift toward speculation in the economy, the orientation away from production. Thus, there are many factors involved.

All the factors that generated this paradigm, which contributed to the crisis that we are now in, have led to the fact that, from the standpoint of the physical economy, the industrial and agricultural capacities required to adequately feed the world's current population, no longer exist. If this were not so, we would not have a billion hungry people, and another billion who are poor. We don't have overproduction, but rather an enormous dearth of the goods that these people require. And we also have a collapse of the real economy—a collapse of 50% in some sectors. That is utter madness! I provided documentation of this in my last webcast, and the situation has gotten worse.

The only way we can reverse or overcome this, is with technological innovation. We've got to raise productivity in the production process. That is Germany's only chance, because we have a demographic problem: Our population is aging. There are many reasons for



Kurchatov Institute

A test facility in Moscow for study of the high-temperature gas-cooled reactor of the Pebble Bed type. This is the “inherently safe” design that should come on line immediately throughout the world.

that, but the fact is that it is so. There is no problem, if we have a high rate of technological innovation, so that productivity will increase in the production process. Growth has to be at least 3%, and should be even more, to mean real growth, in the sense of increased productivity. Then we would be able to afford a hospital system for an aging population, a good educational system, and all these things.

We have boundary conditions that we have to consider, when we’re talking about the physical economy. Every country has such boundary conditions, and they are different in each country. For example, China has the boundary condition that its population equals fully one-sixth of the entire human population, so every sixth person is Chinese. But only 7% of China’s territory is arable land. This is a geographic boundary condition. China has, for example, fantastic mountains. You can look at these wonderful wall drawings, with fantastic mountains—a gorgeous landscape. But these moun-

tains cannot be used for agriculture; they are simply too steep and impassable.

So China has to consider what to do. China has the same demographic problem as Germany, only on a much larger scale, because of its disastrous one-child policy. When China introduced that policy, we totally opposed it, saying that China would at some point become a country of 1.4 billion old people. Because, of course, if only one child is allowed per couple, and many couples have none, it is natural that the population pyramid at some point will shift, so that there are more elderly people than youth. And that is a catastrophe, since China’s population already consists of just a bit more than 20% urban, skilled people, while 80% is still living at the level of the Stone Age, farming, in part, without any equipment, without animals, working the rice paddies with just their hands.

And since a catastrophe is now looming, there is only one way out: China has to urgently raise the technological level of its production process, so as to produce more and be able to feed more people. It is really very, very important, that we take responsibility for the world population as a whole. Of course we have to protect our own population first, but it would be shortsighted not to deal with the entire world population.

And it is obvious that the world’s ability to develop depends, among other things, on what industrial capacities there are. Imagine that you’re looking at a map: Where are the machine-building capacities? Not very many countries have them. Germany is at the top, along with Japan and Korea; the U.S.A. has a little, mostly for the military; then there is also Switzerland—these are the ones that have a “full-set economy”—i.e., an economy that has all the necessary components.

In any case, if we now lose half of our machine-building capacities, this will have enormous consequences for the world economy. It is not only our problem. Such capacities are also not something that one can pull out of a hat overnight, as the magician pulls out the rabbit. An enormous amount of knowledge goes into it, as well as training, teamwork on the part of engineers, coordinated groups—and if you destroy that, you have to realize that this means a reduction of the population potential of the world economy. Therefore, we have no right to lose our machine-building capacities. That would be a crime against humanity.

One has to completely rethink what the real economy is all about, and I can only advise you to study my husband’s writings, since he is the best economist alive

today. Every day he writes pages and pages of important concepts, and I can only recommend: Whoever really wants to deal with the inherent flaws of this system, and master the fundamentals of how a competent system of physical economy must be approached, should take on his holiday a suitcase packed full of my husband's books, and study them as quickly as possible. That is, by the way, what many people in Russia are doing, as well as in China, in India, in other countries; the interest in these ideas is really very widespread. And, if anyone thinks they don't apply to Germany, then I can only say: Stupidity and arrogance go hand in hand.



EIRNS/James Rea

Organizers for the Civil Rights Movement Solidarity (BüSo) in Potsdam, Aug. 20. They are famous for singing Classical music and political canons, on street corners throughout the country. The slogan reads: "Chancellor candidate Helga Zepp-LaRouche: I have the solution. Bankruptcy proceedings for the banks, state credits for production."

Hartz-4 Is a Derivative of the Monetary System

Moderator: We come now to a gloomy subject here in Germany, known as Hartz-4,³ and we have several questions about it. I will quote extensively from one of them, since it vividly portrays the horrible conditions that exist.

One introductory remark: There is growing poverty in Germany, and it doesn't help at all when politicians say, "Keep quiet, you're still better off than in Bangladesh." That may be true, but poverty is growing. Poverty is relative; i.e., from the point of view of a child who wants to grow up, there are many quite obvious requirements that cannot at all be taken for granted, and that naturally affect the child's development.

Many of these children are growing up in households with single mothers, and Berlin, our national cap-

ital, is on the way to becoming the capital city of poverty. The latest statistic was that, of those lucky enough to find part-time jobs or mini-jobs, or other such overwhelmingly service-sector employment, 116,000 people in Berlin alone are not making enough to feed themselves, but have to rely on assistance from the State. That is the first thing.

Now we have Hartz-4. Someone writes to us: "I am a student of public administration and I also work as a security guard." Security guards are poorly paid; they might be working in the supermarket, for a maximum of EU5 per hour, to make sure that nobody takes canned goods home with them without paying, and whatnot. This student, participating in the election campaign's discussion of unemployment, sent questions to the various parties about the minimum wage, which, he said, should be at least EU10, and about Hartz-4, which should be raised to EU500. The CDU, he reports, didn't answer; the SPD wants to raise the minimum wage only to EU7.50, and the Left Party, of course, agreed.

The real question is whether raising the Hartz-4 payments and the minimum wage is not also a measure to stabilize the economic crisis and to stimulate domestic demand, which in turn would lead to greater tax rev-

3. Hartz-4, which took effect on Jan. 1, 2005, during a Social Democratic-led government, is part of a series of "labor market reforms" that became part of the government's Agenda 2010. Hartz-4 significantly lowered benefits for those unemployed more than 12 months; it specified that *any* job offered through state and public job agencies must be accepted, regardless of the qualifications of the applicant or the pay scale. For Helga Zepp-LaRouche's leaflet against it, issued Aug. 4, 2004, see *EIR*, Aug. 13, 2004. The leaflet was titled "Get Rid of Hartz-4! Germany Needs 8 Million New Jobs."

enues and makes it possible to finance the health-care system again.

That was the first question. The other describes the horrible conditions that the Hartz-4 recipient confronts, if he gets retrained by one of these privately managed work associations—under the threat that if this retraining doesn't satisfy somebody, the recipient can be stuck into a low-wage job.

The questioner is a model-maker, and had also worked as a painter in his father's business for a year, up to and including management of construction jobs: "I taught myself everything: project costing, measurement, mass data collection, project analysis, etc. One would certainly think that I had learned a thing or two in my father's business." The idea being, that he could be hired in one of these areas. But that didn't happen, and here's what did.

In this work association, he had to agree to take a three-month course, in which, for example, he had to paint pictures on boards with poster paint, 30 by 30 cm, with motifs such as hares, cats, flowers in an Andy Warhol style, but for children up to three years of age. In another multi-week course, grown men, 20 in number, had to toss tennis balls around in a circle for three or four hours. Afterwards there was a discussion of why this person or that person was unable to catch the ball. "It was explained to us that they wanted us to get into more of a community spirit. From riddles to the game of 'City, Country, River,' nothing was left out, even 'walking training'—walking, because many of the subjects had to be gotten into shape for the one- to two-hour tours of factories, which some of them can't even manage." The participants in such seminars complained, and were threatened: "Shut up, we can place you in a low-wage job, too."

Zepp-LaRouche: Of course, Hartz-4 is an absolute catastrophe, which must be abolished immediately. [applause] The whole Hartz-4/Agenda 2010 program is inhuman treatment of human beings.

When it was first introduced, we organized the Monday Demonstrations against it; we were the initia-



EIRNS/Helene Möller

Berlin's industrial collapse. The city is on the way to becoming "the capital city of poverty." Since the reunification of Germany in 1990, the city's industry was dismantled by free-market fanatics, and unemployment has risen sharply.

tors, but due to all sorts of infiltration and takeovers, the demonstrations were deliberately stopped. But anyway, at the high point in September 2004, over 100,000 people took part, coming right off the street, and that was also highly important.

But we also know what kind of pressure there was against [then-Chancellor Gerhard] Schröder. The currency was under speculative attack—it was practically a war. And at the time, certain financial experts in London and elsewhere said that if more than a million people were out on the streets, they still would not be able to stop the reform.

I am now no admirer of [Finance Minister Peer] Steinbrück, because I don't think he dealt with the matter well, but even so, he and Steinmeier understood where the problem lay: in the City of London. Mr. Steinbrück recently had an election campaign event in Wiesbaden, where people intervened and asked why all the financial toxic waste is not simply written off, and he replied: "If I were to propose that, they would declare me insane in London and Washington." And he said again, later on, that London is the problem. Steinmeier has said the same thing. And I think that is really an important point.

One aspect of this whole debate is naturally that as long as we in Europe accept living inside an empire—the empire is not the British Empire of Great Britain



EIRNS/Wolfgang Lillge

The BüSo initiated the Monday Demonstrations against the Hartz-4 austerity program. Shown is one in Berlin on Oct. 2, 2004. Among the slogans are: “The BüSo is the solvent against a hardened [verhartzte] future,” “Peace through development,” and “We are still the people!” The last is a reference to the slogan, “We are the people,” used in the 1989 East German demonstrations that led to the collapse of communism.

itself or the City of London, but the monetary system. The City of London is the dominant location, but the empire is this monetary system, which is based on maximization of profit, on this whole scale of values of “creative financial instruments.”

And as long as we subject ourselves to this system, the politicians are simply impotent—I mean, politically impotent, in that they simply do as they are told. And Hartz-4 is a derivative of this policy. Therefore I think, if we grasp the fact that we have to do away with this empire, with globalization, with the monetary system, and replace it with a credit system, then such things as Hartz-4, which are absolutely inhumane, will just disappear.

Because a State that is rational and has an idea of how to run the economy, understands that the sole source of social wealth is the creativity of its citizens. And it would do everything so that all citizens, from children to youth, students, middle-aged people, and the elderly, can become better and better qualified, to have better jobs.

What this unemployment costs us! I once calculated it. I don’t have the exact current figures, but if we had 5

million unemployed, that alone would cost EU100 billion in unemployment benefits. That is money that could just as well be invested in productive job-creation.

And all this junk about re-training, which this last question described—or, there are cases in which people have to take a six-week course to learn how to fill out a job application; but there’s a quota, so that 32 applicants apply for just one job, or, in the East, as many as 110 people apply; in other words, you study for six weeks, only for 110 people to be rejected: That is insane!

Whoever came up with that idea really had a screw loose! Not only was he clueless about economics, but he is also an in-human bureaucrat. And these bureaucratic underlings are also a problem, and always

have been, since under Depression conditions, they quickly become fascists. You’ve also got to keep that in mind. There are people who derive all their authority from their office, and forget what it means to be human.

So what we need is a population that says, “This has got to stop!” Hartz-4 is inhuman, and we should get rid of it. And of course, in the transition period, before we have reorganized the economy in the way that we are proposing, the minimum wage should be increased, it can’t function the way it is. These cynics, such as the former Financial Senator [Thilo Sarrazin of Berlin] who now works at the Bundesbank, can calculate how a person can live perfectly well on EU2 per day—I would not like to know how many rolls with caviar this man has already consumed! It certainly must be a large number. And that is simply cynicism.

And I think we really need a civil rights movement, to make sure that things change. That is the only chance. And therefore, I really entreat you to give your full support to the BüSo’s election campaign in the next few weeks, as if your life depended upon it—because it does.

Crazy Arnie's 2009 'Great California Fire Sale'

by Harley Schlanger

Sept. 1—In case you missed it on eBay and craigslist, the “Great California Garage Sale” moved to a warehouse in Sacramento last weekend, as California’s fascist Gov. Arnold Schwarzenegger unveiled another one of his crazy plans to allegedly address the continuing budget crisis in the state.

In a combined auction and flea market, now frequently referred to as the “Great Fire Sale,” the state offered for auction part of its transportation fleet, office furniture and supplies, computers, cameras, and jewelry and other odds-and-ends seized by state police. To promote the sale, Schwarzenegger autographed visors on the cars, and issued a public service announcement that received wide circulation: “By posting items online,” he barked, “Californians and people from other states and around the world can participate in the Great California Garage Sale. This is a win-win for the state and shoppers. Together we are eliminating waste and providing great deals in this tough economy. I encourage everyone to log on or attend this great event.”

The results fell far short of expectations, as only approximately \$1 million was reported from online orders and the first day of the “garage” sale. This will not do much to cover the still-growing deficit, which may hit an additional \$10 billion before this fiscal year ends next June 30.

A Method to His Madness

While pundits had a field day, asking questions like, “What’s next—marketing autographed Governor

bobble-head dolls produced in the state prisons?” what Schwarzenegger has done to the state is no laughing matter. More than \$60 billion in spending has been cut from the 2009-10 budget, as revenues have continued to plummet, and the latest spending cuts are just beginning to wreak deadly havoc. Unless a last-minute deal can be reached by legislators to save the Healthy Families public health insurance program, more than 900,000 children from low-income families will lose state-funded insurance and access to health care.

The round of cuts in the July budget deal was already life-threatening to poor children, the elderly, the adult poor, and the disabled. Funds were slashed from Medi-Cal, from welfare-to-work programs—which benefit primarily children in single-parent families—and dental care; many hospitals, clinics, and special care programs will be closed, as a result of Schwarzenegger’s brutal austerity. Doctors and health-care officials have said, repeatedly, that lives will be shortened because of these cuts.

But then, Schwarzenegger gleefully added to their misery, using his power of line-item veto, to make nearly \$500 million in additional cuts. Besides another chunk gouged out of the Healthy Families program, he removed \$50 million from services for developmentally delayed children under 3; cut \$52.2 million from the Office of AIDS Prevention, which went for treatment of newly diagnosed cases; slashed funding for home-based services to those gravely ill with HIV; and cut funds for programs such as the Alzheimer’s Day

Care Resource Centers, meaning that 57 sites will no longer be able to aid more than 3,200 seniors and their families.

When asked by a reporter from the *New York Times Magazine* if he is wracked by guilt from the effects of the “tough choices” he said he had to make, Schwarzenegger reverted to his clownish side, bragging with a smirk, “I will sit down in my Jacuzzi tonight. I’m going to lay back with a stogie.”

‘Slaying the Beast’

Beyond the nasty, mocking tone of that comment is a deeper truth: Schwarzenegger was put in office by George Shultz and Wall Street, precisely because he would act with complete disregard for the devastation wrought by his actions. When running for governor, he repeatedly declared government to be the enemy, calling it the “beast” which he had to slay. Whether he was threatening to “blow up the boxes” of government agencies, or ridiculing those who opposed his cuts on humanitarian grounds as “girlie men,” he made it clear that his intention was to dismantle government, to clear the way for unlimited profits for the corporate cartels which have funded his campaigns so generously.

Though he often presents this buffoonish side, to deflect from that intent—for example, when he uses Hollywood imagery to make his point, as when he recently described the battle over the budget as “like a suspense movie”—the results of his actions prove that he is fully committed to laying waste to this once-productive state.

This is nowhere more evident than in the long-term effects of the manipulations to achieve a “balanced” budget. For example, the state “borrowed” (read, snatched) \$4 billion from county and city governments, which is scheduled to be repaid in 2013. The local governments are suing the state, as they are already in emergency mode, having cut their own budgets to the bone.

The looting of local treasuries is now threatening the public safety, as can be seen in the role local fire stations play in the battle against the wildfires that are threatening major urban areas, particularly Los Angeles. Half the fire engines, and 1,400 local firefighters, who have joined the state firefighters in a desperate effort to contain the fires, are from local stations. They



When asked by a reporter if it bothers him that his budget cuts were threatening the lives of California’s families, including 900,000 children, Schwarzenegger smirked, “I will sit down in my Jacuzzi tonight. I’m going to lay back with a stogie.”

are deployed under the California Emergency Management Agency Master Mutual Aid Agreement. This agreement is threatened by Schwarzenegger’s decision to confiscate local funds. An official in the firefighters union said that half the firehouses may have to withdraw from the Mutual Aid agreement, due to lack of funds. Already, numerous fire stations are shut down certain days of the week, due to funding shortfalls.

Another area targeted by Schwarzenegger is pension funds. He wants to set up a two-tier system, in which the pension benefits of currently employed workers would be maintained, but pensions would be lower for those hired in the future. He dismisses opposition to this with a wave of his hand, saying that the state can no longer afford to pay so much for retired workers. This, from the man who has reduced the pay of state workers by 15%, through his mandatory furlough policy, of three days a month of unpaid days off. Union leaders point out that it will be increasingly difficult to recruit qualified people to take jobs with the state, which is precisely Arnie’s intent, as he proceeds with his plan to destroy representative government.

The Governor Must Go

From the beginning, when Arnie was first installed in office, by a coup run by the old corporate fascist George Shultz and the washed-up former Republican Gov. Pete Wilson, Lyndon LaRouche has been rallying California Democrats, and sane Republicans and Independents, to recognize that a simple two-step process is necessary to save the state. First, Schwarzenegger must go, and the fascist policies pushed by Shultz et al. must be rejected. Even at this late date in the Governor's tenure, this first step is indispensable.

Secondly, the people of California must recognize that the state has been destroyed not just by the recent effects of the Shultz/Schwarzenegger coup, but by the imposition nationally, over the last four decades, of post-industrial, free-market policies. Under these policies of "globalization," the state, and the rest of the nation, have seen a net decline in physical production, per capita and per square mile, year after year. The physical economy of the nation has been looted, while favored corporations—including banks and financial institutions, insurance companies, pharmaceuticals, and the oil and grain cartels—have been given a license to steal. Industry and manufacturing have collapsed, the agricultural sector has been consolidated under corporate control, and infrastructure has been allowed to decay.

Productive activities have been replaced by financial speculation, resulting in a series of bubbles. When the housing bubble popped in the Summer of 2007, Lyndon LaRouche put forward an alternative, centered around the Homeowners and Bank Protection Act (HBPA), which had widespread support among local elected officials in California. When Speaker of the House Nancy Pelosi, moved in to prevent Congressional passage of the HBPA, threatening those House members who were responding to pressure from their constituents, supporters of the legislation in California did *not* fight for it. They capitulated to Pelosi, just as they have to Schwarzenegger, with deadly results.

And Crazy Arnie just sits back in his Jacuzzi, puffing on his victory stogie, musing about how his years in office would make a good sequel to "Conan the Barbarian."

It's the National Problem

While Schwarzenegger may be the governor with the most egregious attitude, he is joined by 48 others, in



www.governor.ca.gov

Arnie always enjoys himself, as here with his Hollywood pal Mickey Mouse, while condemning millions of Californians to penury. His cuts have even hampered the ability of firefighters to respond to the raging inferno now engulfing the Los Angeles area.

making devastating budget cuts, and defending their indefensible behavior.

For example, Maryland Gov. Martin O'Malley gave a speech at the end of August, in which he actually bragged that the \$650 million in drastic cuts which were put through in his state, weren't so bad, because other states were worse.

As quoted in the *Washington Post*, O'Malley told a group, "We will not be proposing the release of violent prisoners early, as they have in California. . . . We won't be taking away health care from tens of thousands . . . as they are in Minnesota. We will not be selling off our House and Senate office buildings, as Arizona is considering. And we will not be cutting hundreds of children off from Head Start, as they are in Rhode Island. Nor will we be jacking up college tuition by double digits every year for the foreseeable future, as they are in many other states, including Florida." O'Malley, who is facing re-election next year, concluded, "There's no stronger ship in the nation than the good ship Maryland!"

All of which was too much for local Assembly Delegate Murray Levy, who quipped, "Maryland saying we're not as bad off as other states is kind of like saying we have the best room on the *Titanic*!"

LaRouche: Fed Crimes Cannot Be Buried

Sept. 3—Lyndon LaRouche today forcefully warned that any effort to cover up the crimes committed by the Federal Reserve Bank, during the Bush and Obama administrations, will be “tantamount to treason.”

LaRouche was responding to reports from reliable sources close to the Obama White House, that the top leadership of the Democratic Party is “desperate” to block any disclosures of the Fed’s role in the preferential bailout of certain key American banks, during the period since the August 2007 blowout of the financial system. As reported in the *Washington Post* on Aug. 28, as the result of the actions of the Fed and the U.S. Treasury Department, under the Bush and Obama presidencies, four big U.S. banks—JP Morgan Chase, Citibank, Bank of America, and Wells Fargo—along with Goldman Sachs, have consolidated almost total control over the entire U.S. banking system, managing one-third of all deposits, one-half of all mortgages, and two-thirds of all credit card debt.

In Senate testimony in July, the Special Inspector General of the Troubled Asset Relief Program (TARP), Neil Barofsky, had warned that the total cost of the bailout, to date, was a staggering \$23.7 trillion—counting funds already spent and funds already allocated. Yet, a record number of regional banks have been allowed to go bankrupt, and the most recent report by the Federal Deposit Insurance Corporation (FDIC) cited more than 400 additional banks on the verge of collapse.

Who Will Audit the Fed?

In particular, the top Wall Street-allied Democrats are reportedly frantic to sabotage Congressional passage of H.R. 1207, the Federal Reserve Transparency Act of 2009, which would mandate a Government Accountability Office (GAO) audit of the Fed’s lending practices, and its relations with foreign central banks and other foreign financial institutions. H.R. 1207, introduced by Rep. Ron Paul (R-Tex.), has been co-sponsored by more than 300 members of the House of Representatives, thus assuring its passage, and mandating

that it be brought to a floor vote. A parallel Senate bill, the Federal Reserve Sunshine Act of 2009, has been introduced by Sen. Bernie Sanders (I-Vt.) and has 23 co-sponsors, so far.

Given the overwhelming support, the Fed Audit bill is currently unstoppable in the House. Enter Rep. Barney Frank (D-Mass.), who chairs the Financial Service Committee, where the bill sits. Frank has professed to support the Paul measure, but there are indications that he will try to fold it into a broader bank reregulation bill, rather than leave it free-standing. This would in-



Creative Commons/R. DeYoung
Rep. Ron Paul (R-Tex.)

crease the likelihood that the bill will be weakened or defeated.

There is also panic at the White House, the Fed, and on Wall Street, over the Aug. 24 ruling by Chief Judge Loretta Preska, of the Federal District Court for the Southern District of New York, ordering the Fed to disclose documentation of its expanded lending and other interventions in 2007 and 2008, particularly around the sale of Bear

Stearns to JP Morgan Chase. The order came in a Freedom of Information Act lawsuit, brought by Bloomberg LP against the board of governors of the Federal Reserve System, after two Bloomberg News reporters were denied access to Fed documents on the government-subsidized takeover.

LaRouche minced no words in warning about the consequences of a successful coverup, including the sabotage of the Fed audit bills now before Congress. “The issue is: The system will be blown out if this information is concealed. You cannot sweep this under the rug. The American people have both the right, and the urgent need, to know what has been done with their tax dollars. Only by un-burying the evidence can you save the U.S.A.”

LaRouche continued, “You cannot conceal the truth. Whatever the price, the full disclosure must be brought to the public. The American people must know the full extent of the folly of the Bush and Obama presidencies. If they kill the Paul and Sanders bills behind closed doors, such suppression of the information will be tantamount to treason.”

Mass Strike Process Continues To Expand

Special to *EIR*

Sept. 6—Starting at the end of July, a new phenomenon broke out in the United States, which can only be accurately identified as a mass strike, a popular upheaval spreading inchoately throughout the country, and bringing hundreds of thousands of former couch-potatoes out of their living rooms, and into town meetings, to express their anxiety and rage: “We’ve had enough!” First ascribed to a handful of right-wing Republicans, this movement soon began to be understood as an expression of the rage that a majority of Americans currently feel against a government that is leading them into a disaster-land of unemployment, collapse, and hopelessness, while feeding trillions of dollars to the financial predators who have destroyed our country.

Yes, there are some die-hard supporters of the Obama Nazi health “reform,” who continue to insist that the popular uproar has been exaggerated by the press, and is not so dramatic a rejection of the President as it seems. They are out of touch with reality, or lying. For, in fact, as *EIR*’s monitoring shows, the numbers of Americans getting up off their couches to attend political events, perhaps for the first time, and mostly on the hated health-care plan, is actually increasing.

Our tracking shows that most days, over the last week of August, saw upwards of 10,000 Americans attending town meetings. Some were huge, with 3,000, or, in one case, 4,200, attending. One Congressman cancelled a meeting because over 1,000 constituents registered to attend. Another, from the Gulf Coast area, was so shocked by the fact that 1,300 persons attended (as compared to 300-400 in the aftermath of Katrina), that aides scoured the attendance sheet to make sure that everyone was from the district—and they were!

EIR has the advantage of reportage on these town meetings from hundreds of LaRouche PAC organizers. We can attest to the fact that the meetings are anything but controlled, or unified around one political theme. But the mood of distrust of government, and angry insistence on finding an alternative to the horrors of the present, are virtually universal. Particularly notable has

been the broad positive response to LaRouche PAC’s own interventions, especially with the “Obamastache” poster.

A Report from Illinois

Among the other notable characteristics of the mass strike, is the fact that many individuals have been motivated to become active organizers. The following report, written by such an individual, not a full time organizer, gives a useful picture of the process underway. The events occurred Aug 31.

“In the morning I deployed with LaRouche PAC organizers at the Skokie, Ill. post office. My 11-month-old son was with us. I was able to prompt people with the question, ‘How can we create a future for our children with a collapsed economy, lack of industry, and genocidal health-care policy shaping our nation?’ We spoke to many Skokie residents who are ignorant supporters of the proposed reform, all under impression that health care will be universal. By using the parallels to Hitler’s policies and actions, compared to this reform, we were able to initiate a thought process and response similar to my own, after reading Lyndon LaRouche’s more recent publications. I challenged the reform supporters and indifferent individuals to read the literature and consider the validity of LaRouche’s proposed solution—fix the economy first!

“Most of the citizens we spoke to were open-minded, some were aware of LPAC (some members already), and were many opposed to the bill. We also ran across blind Obama supporters backing his policies literally ‘to the grave.’ A few took pamphlets, but most of them cursed and yelled. One woman ripped down the Obama moustache poster and screamed at me, ‘You should be ashamed of yourself! What are you teaching that child?!’ My response was, ‘Ashamed? I am ashamed in your action and your ignorance! I am ashamed in our government and their policies, and our people for not standing up sooner!’

“Maybe we won’t get through to that fraction of the population—not until they experience first-hand the effects of our country’s current legislation—or hey, too late, untimely death due to the policies you supported!

“On a more positive note, we organized a few doctors opposed to the bill, but too scared of retaliation to speak up; however, they did leave donations. I assume more organizing would be beneficial among doctors and nurses. . . .

“Later, Monday evening, LPAC organizers and I at-



EIRNS/Tiffany Wamsley

The mass strike spreading across the country, while lacking a single focus, as can be seen in this photo of a town hall meeting in Bloomfield, Mich. Sept. 1, reflects the underlying anger and fear of the American people, over just about every policy of the Obama Administration.

tended Jan Schakowsky's (D-Ill.) town hall meeting at Niles West H.S. in Skokie. 1,200 people were let inside the meeting, with speculation that she let in mostly supporters. Only supporters were allowed to ask questions. At one point, 500-plus people fought, divided over the issue, outside of the school. No LPAC members were able to get inside; we organized outside with signs and leaflets.

"Most of the reform supporters were holding printed 'Health Care Now' signs, leading many to believe they were paid to attend and cause conflict, crushing the opportunity to have constructive organizing and dialogues. Among these supporters, there were a small percent of liberal families with universal health care in mind. I believe these individuals may be open and interested in hearing the issues behind the reform. To organize these people, it is important to outline our current crisis and explain that for health care to be 'universal,' we need to reconstruct our economy first and then take care of health care under a bill like HR 676 (single payer).

"On the other end of the street, were those opposing the reform. I noticed that many of these opposers were against the bill because they want limited government involvement. Although these people were fighting on

our side, they still need to be organized around the current crisis and actual reasons we cannot let this reform pass.

"Jan's 'town hall riot' was less productive than I had hoped because of the relentless, instigating, reform supporters. One elderly man was screaming at me and ripping the Nazi comparison sign from me; other opposers rushed to my aid, and we ripped the sign from his grasp as he shook with rage.

"It was this incident, along with others, that showed me how divided American citizens are internally. This is a problem because, not only are we fighting most of our government officials, but other citizens as well. I realized after both of my experiences orga-

nizing Monday what a difference the venue makes in the public response. These blind supporters are much more willing and less confrontational in a public setting not usually associated with the issue(s) at hand. With that said, I think at town halls or other rallies, it is more beneficial to organize the people on our side, because even if they are opposed [to the reform], they may not know what's at stake. There LPAC comes in and provides the necessary leadership we need to push our Congressmen to a real economic solution.

"Well, America is speaking up! Young and old, more citizens are becoming political; we are revolting. The time is now to organize people around LaRouche's policies so we can reconstruct this unique nation to benefit humanity, support, nurture, and help develop the minds of our growing population. We must unite our citizens. I worry that divided, we will fall. Our power lies in basic moral principles and our constitutional rights. I know we will not back down!

"I thank Lyndon LaRouche for his dedication to humanity and our future. I extend my thanks and appreciation to all the individuals that make up this organization. The most thanks for fighting, thanks for opening my eyes, and thanks helping me develop my intelligence, creativity, and purpose. We can do this!"

AFGHANISTAN

London Pushes U.S. into New Vietnam: Is Obama Paralyzed?

by Ramtanu Maitra

Sept. 3—U.S. President Barack Obama is under massive pressure from the American population not only on his two domestic issues—the health-care reform and the cap-and-trade bill—but also on the increasingly dangerous Afghan War. On the Afghan War front, London has become more and more outspoken, advising the U.S. President to commit more troops, using arguments heard over and over again during the failed Vietnam War, which lasted about ten years and took over 58,000 American lives, and more than 1 million Vietnamese.

Weakened by his own follies, such as pushing a domestic agenda demanded by imperial financial circles, President Obama has already made himself vulnerable to the British drive for war. On Aug. 17, just before he headed off on vacation, Obama addressed the Veterans of Foreign Wars (VFW) convention in Phoenix, Ariz., and referred to the ongoing war in Afghanistan. He said, echoing the former Administration on the Iraq War: “We must never forget: *This is not a war of choice. . . . This is a war of necessity.* Those who attacked America on 9/11 are plotting to do so again” (emphasis added). He staunchly defended his “new” war strategy for Afghanistan, saying American troops have adopted new tactics that include protecting the Afghan people and improving their lives. “The insurgency in Afghanistan didn’t just happen overnight. And we won’t defeat it overnight. This will not be quick. This will not be easy,”

Obama warned the VFW.

Emphasizing the importance of the Afghan War, he said: “This is not only a war worth fighting,” but, “this is fundamental to the defense of our people.” Referring to his “new, comprehensive strategy,” unveiled last March, he said: “This strategy acknowledges that military power alone will not win this war—that we also need diplomacy and development and good governance. And our new strategy has a clear mission and defined goals: to disrupt, dismantle, and defeat al-Qaeda and its extremist allies.”

Britain Endorses McChrystal Strategy

Subsequently, the U.S. and NATO Commander in Afghanistan, Gen. Stanley McChrystal, submitted his assessment of the Afghan situation, and the figures of American casualties in the month of August were posted. In this almost eight-year-long war, the U.S. lost the most soldiers in Afghanistan in August, followed by July and June. Already, in 2009, more U.S. soldiers were killed there, than in all of 2008, which was itself a very bad year.

McChrystal’s assessment has not been made public, but the general has said to the media, “The situation in Afghanistan is serious, but success is achievable and demands a revised implementation strategy, commitment and resolve and increased unity of effort.” In his report, which was prepared for military leaders, media



White House/Pete Souza

President Obama and his commander of U.S. forces in Afghanistan, Gen. Stanley McChrystal (right), have been drawn into a no-win land-war in Asia, by the same London circles who brought us the Vietnam War.

reports indicate McChrystal did not specifically recommend a troop increase, instead spelling out plans to intensify development of Afghan security forces, improve the country's government, and refocus economic development initiatives, according to a description by NATO officials. But among military officials, McChrystal is widely expected to seek extra troops; and observers claim that his assessment would almost certainly lead to such a request in coming months.

How many more troops does McChrystal need? The *Washington Post* Sept. 3 cited a senior military officer, who said recently that the U.S. would need a force of 100,000 to carry out a new strategy. Some observers point out that even 100,000 troops are not necessarily enough. The surge strategy in Iraq required 160,000 U.S. military personnel—in a country with fewer people and a third less land area than Afghanistan. Remember Vietnam? No amount of troops was ever enough.

But the British don't care about that—their objective is to use this war to destroy the United States.

So, on Sept. 2, the City of London's *Financial Times*, in its lead editorial, "Obama's dilemma over Afghanistan," wrote, "Barack Obama will almost certainly have to decide in the next few weeks whether to send more US troops in order to defeat the Taliban. The decision is set to be one of the most difficult he has faced since becoming president."

The British establishment mouthpiece endorsed McChrystal's statement that "success is achievable," adding, "Mr. Obama, for now, would be right to heed his demands. . . . In part, the president has no choice, since he only recently put the man in the job. But Gen. McChrystal is also forging a sensible strategy. He has framed the mission in the right terms, emphasizing the need to team up the Afghan National Army in bigger numbers. He has stressed the need for allied troops to get among the people, rather than just killing Taliban insurgents in large numbers."

On Aug. 30, in his column in the *Financial Times*, entitled "Afghanistan is now Obama's war," columnist Clive Crook pointed out that public opinion in the United

States has already gone against the war. This is indicated by a recent Washington Post-ABC News poll showing that 51% now say the war is not worth fighting. Among Democrats, it's seven out of ten. Crook also pointed at a recent *Economist*/YouGov poll which found that only 32% agree with sending more troops—something the Army is expected to request immi-

nently. Endorsing induction of more troops, Crook added: "I think, Mr Obama is right not to quit just yet—but to improve his chances of success he must bring his ends and means into closer alignment. . . . A rule of thumb for counter-insurgency operations is that you need one soldier for every 50 inhabitants. For Afghanistan, this gets you to well over 500,000 troops even before you start taking account of the terrain. That number is unthinkable. Counter-insurgency is never quick even when it succeeds, and the US is impatient."

Vietnam, CORDS, and Afghanistan

General McChrystal has not yet demanded more troops, although the word is going around in Washington's power corridors that he will be seeking 20-25,000 more. He now has about 103,000 Western troops under his command, due to increase to about 110,000 by the end of the year. About two-thirds of them are American. At least on one occasion, U.S. Defense Secretary Robert

Gates noted that the Soviets had about 120,000 troops in Afghanistan in the 1980s, and said he was concerned that too big a force could alienate the Afghani people.

In addition to the anticipated induction of more troops, McChrystal is planning to send home 14,000 support staff and underutilized soldiers, and replace them with combat-ready infantry units. Forces that could be swapped out include units assigned to non-combat duty, such as guards or lookouts, or those on clerical and support squads. "It makes sense to get rid of the clerks and replace them with trigger-pullers," said one Pentagon official, speaking to the media on condition of anonymity, because the plans have not been announced. It is evident that whatever the general may say, these "trigger-pullers" will not be brought into Afghanistan to "win the hearts and minds" of the Afghan population.

On the other hand, McChrystal has often spoken about the need to change the focus, from hunting insurgents to protecting the population, the main tenet of the counter-insurgency approach developed for Iraq by Gen. David Petraeus, now McChrystal's boss at Central Command. McChrystal also emphasizes non-military objectives, and his review is likely to call for a beefed-up and more coherent civilian-military effort to improve how Afghanistan is run, with extra Western civilians deployed into the provinces. This would probably involve greater effort to direct international aid through Afghan government channels at the central and regional level, and more support for measures to fight corruption.

Instead of remaining wholly tuned to his White House staff and London, if President Obama were to read about the build-up of troops to the level of 500,000 in Vietnam, at the later stage of Lyndon Johnson's Presidency, he might begin to wake up to where he is being led. That those 500,000 troops in Vietnam could not achieve, what "experts and advisors" coaxed the late-President for years to believe, is not a conjecture. It is a fact. Now, London and its co-thinkers in Washington are back again to advise President Obama on why it is necessary to escalate troop-presence to "win" the war in Afghanistan.

During the Vietnam War, the U.S. set out, not only to win a military victory, but also to "win the hearts and minds" of the Vietnamese. This was the second part of the Vietnam campaign, and it was ostensibly designed to bolster popular support for the South Vietnamese government against the Viet Cong. According to Marc

Leepson, writing in the April 2000 *American Foreign Service Journal*, the program "centered on assistance and development programs worth billions of dollars to the war-ravaged Vietnam."

So, the powers-that-be at the time decided that there must be a unified structure that combined military and civilian pacification efforts in Vietnam; an organization called Civil Operations and Rural Development Support (CORDS) was launched in 1967 with much fanfare. It took charge of the then-claimed "disjointed and ineffective civilian pacification programs" (not much different from how Washington now describes Afghan President Hamid Karzai's Administration in Kabul) under the military. CORDS gave the pacification effort access to military money and personnel, allowing programs to expand dramatically. In 1967, there were about 1,000 advisors involved in pacification, and the annual budget was \$582 million; by 1969, that had risen to 7,600 advisors, and almost \$1.5 billion. This rapid expansion was possible only because CORDS was a streamlined system under Defense Department control.

In 1967, much of USAID's work was also integrated into the CORDS program, which became the most well-known component of its presence in Vietnam. The CORDS program was the brainchild of Robert ("Blowtorch") Komer, President Johnson's special assistant for pacification in Vietnam. Komer was responsible for the government's non-military efforts to "pacify" Viet Cong-controlled areas and return them to South Vietnamese government control. Included in the CORDS was the controversial Phoenix program, which was designed to eliminate the rural Viet Cong infrastructure. Under Phoenix, which began in July 1968, South Vietnamese and American pacification intelligence operatives gathered information on suspected guerrillas, and then worked to capture, and convert or kill them.

That program ended in 1972. Among those USAID people was Richard Holbrooke, one of the provincial advisors in those days in Vietnam, and now, President Obama's Special envoy to Afghanistan-Pakistan (Af-Pak). How did the CORDS program do in Vietnam? It depends on whom you ask. Although almost all would admit that it did not achieve anything significant, and that it led to a lot of "unnecessary killing" of Vietnamese people, many would try to justify its potential with the proverbial "ifs": "If that had not happened"; "if we had done that"; "if someone else but "Blowtorch" Komer, had been in-charge"... It goes on.



DoD/Lance Cpl. Philip Elgie, USMC

Despite McChrystal's pie-eyed assessment that "success is achievable," already, in 2009, more U.S. soldiers were killed in Afghanistan, than in all of 2008. Shown, U.S. Marines in Helmand province, Aug. 29, 2009.

But Obama must note that the bottom line is, that with 500,000 troops, a stay of ten years, and CORDS, the U.S. did not prevent the Viet Cong and the North Vietnamese from taking over the country.

Afghan Policy: Clear as Mud

Those in Washington who, today, do not want to accept the adverse outcome of the ten-year-long Vietnam War, which divided the U.S. population, and partly destroyed a generation of Americans, are in league with the British campaign to lead the United States into a quagmire. The Vietnam War was fought to prevent the "domino-effect" which would allegedly allow the Communists to sweep through Southeast Asia. That did not happen, because the Vietnamese were fighting a war, not on behalf of the Communists to spread Commu-

nism everywhere, but to reunify their country. And, that is precisely what they did when the last American soldier left Vietnam.

On the other hand, the Afghan War was launched in the Winter of 2001 to eliminate al-Qaeda, the alleged mastermind behind the 9/11 attack on the United States, and to rout the Taliban because they had provided al-Qaeda a home in Afghanistan. The Taliban was routed spectacularly within a few weeks, and al-Qaeda, along with the Taliban, fled into Pakistan. Eight years later, Washington no longer talks about the presence of al-Qaeda in Afghanistan. But much of Afghanistan is now under control of Afghan Taliban—at least that is how the Afghan insurgents are labeled in the mainstream media.

Now the question one may ask is: Would the United States have invaded Afghanistan if al-Qaeda had not been there? According to what the Americans were told at the time to justify the invasion, the answer is no. Then, why are the U.S. and NATO in Afghanistan at a time when it is being taken over by the Afghan Taliban, and al-Qaeda is no longer there?

Some point out that the fight in Afghanistan is not about nation-building, or turning a tribal state into a fully functional parliamentary system. The goal is to provide enough stability and Afghan support to prevent the country from, once again, becoming a sanctuary for terrorists who could attack the U.S. In short, this is a fight in the United States' strategic interests, they claim. In reality, however, during these eight years of war in Afghanistan, and six years of the Iraq War, there have been many countries around the world which have been willing to shelter al-Qaeda. Somalia, Yemen, and Nigeria, to name a few, have already accommodated al-Qaeda members and leaders, and they have many other homes now. Then, why is it so important to sacrifice young lives and oodles of money to cleanse Afghanistan, and further undermine America's credibility among the nations of the world?

President Obama must also take time to note that Afghanistan is not Vietnam. Those Vietnamese who fought against the U.S. troops did so to unify the country. They saw that the United States was trying to create two Vietnams, the way two Koreas emerged. In Afghanistan, they just want the foreigners off their land. Sooner or later, all Afghans will unify on this. Already some non-Pashtun warlords, who were formerly "friends" of the United States, have switched sides to fight the foreign occupiers.

Are Europeans the World's Dumbest People?

by Lyndon H. LaRouche, Jr.

Aug. 31, 2009—Reading samplings of the European press, and also taking into account statements from prominent figures there, excepting some people in Italy, it appears from here, that Europeans are, speaking politically, the part of the world which is most nearly completely out of touch with reality. The greatest revolutionary upheaval in world history since World War II, a true mass strike like that described by Rosa Luxemburg, and as expressed in the cries, “*Wir sind das Volk*,” in toppling the Honecker regime of the D.D.R., has broken out inside the U.S.A.; but, despite that fact, the leading European press and man-in-the-street opinions detected by me from here, suggest that the people of Europe have, by and large, joined what was once identified in parts of the former D.D.R. as “the Valley of the Clueless.”

The “clueless,” in this case includes the press and leading political figures of one of my favorite nations, Germany.

To the extent that I might suspect Europeans of sincere feelings and intentions in such misguided behavior as that, I admit that most of what leading press and leading politicians express as opinions are apparently copies of what we used to identify as Soviet “masked opinion”; they appear to believe what they are terrified into saying by their fears of, most immediately, London, and, secondly, the line of the “official,” astonishingly vacuous, leading press of the U.S.A.

The most dangerous expression of these follies of currently expressed European opinion, comes from Russia, where a leading element of opinion has adopted the wishful, but also actually suicidal folly of asserting the absolutely silly presumption, that the collapse of the U.S.A. dollar would not bring down the entire world system, Russia among the first of the victims of such a calamity.

The most relevant factor in causing this astonishingly deluded state of European current opinion gen-

erally, has been the effect of the mass-brainwashing of European leading circles which occurred through the terrorizing of Helmut Kohl's Germany by the combined, essentially British imperialist interests represented by Prime Minister Margaret Thatcher, France's President François Mitterrand, and British lapdog and then President of the U.S.A. George H.W. Bush. Under the ruinous reign of the “Euro,” set into motion by an implied threat of warfare against Germany, all of western and central Europe became, emotionally, a collection of satrapies of the wicked war-monger Tony Blair's “post-Westphalian” British imperialism.

Now, despite the leading press of Western and Central Europe, and also leading official opinion expressed from Russia, the entire planet has entered the jaws of a rapidly accelerating phase of a general physical-economic breakdown-crisis, through a chain-reaction financial-monetary collapse process, of every nook and cranny of this entire planet.

The entire world market today, depends upon the crucial margin of a debt-ridden mass of nominally U.S.-dollar-denominated, largely worthless debt, the debt of a hopelessly bankrupt, entire world monetary-financial, IMF system, for which Joseph Stiglitz has reported the remedy to be turning the International Monetary Fund (IMF) into a world-wide “bad bank.”

In other words, a collapse of the U.S. dollar within the present setting of a virtual “Tower of Babel”-style spread of the cancer of “globalization,” in which each nation depends for its physical subsistence, on what is produced by other nations, and all controlled, top-down, by international financial markets which have been in a stage of accelerating collapse since September 2007, means that a drop of the market-value of the U.S. dollar to virtually zero, can happen at almost any time before, or after October 12, 2009. That means, in turn, a chain-reaction collapse of the entire world into a new dark age, which would immediately set the population of the world as a whole, careening downwards from, presently, an estimated 6.7 billions, headed toward about 2 billions, or less, over a couple of generations.

Meanwhile, the governments of nations are pretending to live in the peaceful dream of an Alice-in-Wonderland children's fantasy, saying of the crisis in the U.S.A., “Surely, it will not happen to us! Please, Your Majesty, may we share another cup of tea? What in Hell ever happened, ultimately, to Dick Whittington's cat?”

Libya's Qaddafi Is Brought Back Into the British Royal Family

by Dean Andromidas and Hussein Askary

Libyan leader Muammar Qaddafi is being brought back into the bosom of Her Majesty's Britannic Empire. This is the fact behind the hoked up controversy over the British government's release of Abdel Baset Ali al-Megrahi, the Libyan who was falsely convicted for the 1988 bombing of Pan Am Flight 103 over Lockerbie, Scotland. While there may be good reason for the current tension between Great Britain and the United States, it should have nothing to do with "broken promises" over the release of an innocent man who is now on his deathbed. The tension should be over the fact that the British are moving to consolidate their control over Libya, so as to further their geostrategic designs against Europe, Africa, and the United States. This is not to ignore the fact that the British government continues to refuse to conduct a competent investigation of the bombing of an American airliner, one of the worst in history.

The ongoing collapse of the Anglo-Dutch monetary system is the driving force behind the British empire's determination to gain control of international reserves of oil and other natural resources. The African continent, in particular, has been slated for war and genocide for centuries, for exactly this purpose, by the British, including in the post-"independence" period. Libya has become central to this policy. It has the largest known oil reserves in Africa, and a tiny population of 6 million, compared to Nigeria, with the second-largest reserve, and 131 million people. Libya's massive foreign exchange earnings can be conveniently recycled through the City of London, the power center of the global empire. The fact that the major consumers of Libya's oil are the continental Europeans, including Italy (35%) Germany (14%), France (9%), and Spain (8%), creates an ideal pressure point against the continent.

Libya is the keystone of North Africa and the Sahel, and all its neighbors are important sources of hydrocar-

bons and other resources—especially Algeria, Niger, Chad, and Sudan, all of which have been targeted by separatist and terrorist groups. Libya, in some cases, has supplied financial and logistical support for this British-controlled terrorism.

The Anglo-Libyan rapprochement is rapidly taking the form of an alliance, with Libya lending support to British designs against Africa, especially the breakup of Sudan. Already Qaddafi, while hosting the African Union summit in Tripoli on Aug. 31, met with Khalil Ibrahim, the leader of the British-backed separatist Darfur Justice and Equality Movement. At the end of the meeting, Qaddafi declared, "The secession of South Sudan from the North might be a logical choice," and added that he "will support the secession of the Southern Sudanese if the people choose that. But the new state will be a small and weak one that will be targeted by major powers." The statement stunned African leaders, who were assembled to discuss Africa's security and independence. The Libyan Foreign Ministry had to issue statements claiming Qaddafi was misunderstood, and that Libya had not changed its policy toward Sudan.

According to the Arabic television channel al-Jazeera, the leader of the Southern Sudanese Federal state and Vice President of Sudan, Silva Kerr, had said earlier that he has been given assurances by Qaddafi in support of the south Sudanese if they choose "independence."

Tony Blair's Role

Britain's Tony Blair has served as a point-man for Her Majesty, in a decade-long policy of using the Lockerbie case to bring Libya back into the imperial fold. Megrahi and another Libyan were indicted by both U.S. and Scottish prosecutors in 1991, which led to economic sanctions being imposed against Libya by the UN, the United States, and the European Union.



U.S. Navy/Spc. 2nd Class Jesse B. Awalt

Libya's Muammar Qaddafi has prostrated himself before the British, privatizing his country's state-sector industry, toeing the British line on the breakup of Sudan, and signing multimillion-dollar arms deals.



UN Photo/Cia Pak

It was Britain's Tony Blair who, as Prime Minister, orchestrated the 2004 deal with Libya to lift economic sanctions against that country.

It was not until 1999, while Blair was Prime Minister, that Libya was convinced to surrender the two suspects, leading to the immediate suspension of EU and UN sanctions. Despite the conviction of Megrahi, U.S. sanctions continued. It was not until 2004, when Blair flew to Tripoli and signed the final agreements, that all sanctions were lifted. The deal required Libya to “end” a phony nuclear program and hand over billions of dollars to victims of terrorism. In May 2007, a follow-up visit consolidated the British hold over Libya.

Blair was serving two pillars of British policy—oil and weapons—the former represented by BP and Royal Dutch Shell, and the latter by BAE Systems. This is the same combination that the British have used to consolidate their hold over Saudi Arabia, through the multibillion-dollar oil-for-weapons deal known as “al-Yamamah,” headed by London’s chief agent, Saudi Prince Bandar bin-Sultan, and operating through BAE Systems.

Indeed, in addition to Blair, the other key behind-the-scenes player in the Anglo-Libyan deal was Prince Bandar, the former ambassador to the United States and Bush family intimate, who brokered the original al-Yamamah deal. It was Bandar, dating back to 1999, who brokered Libya’s “voluntary disarmament,” opening the door to all the deals that have followed. Bandar received a lucrative payoff from Qaddafi, according to a senior U.S. intelligence source, who noted that Bandar’s involvement with Qaddafi coincided with a foiled Libyan-financed assassination plot against then-Saudi Crown Prince Abdullah, the current King.

Blair’s 2004 visit resulted in Shell Oil winning a contract worth up to \$1 billion and BAE Systems winning a civil aviation contract to renovate Libya’s fleet of passenger aircraft. In his visit in 2007, he was accompanied by Guy Griffiths, former chief executive of the arms manufacturer MBDA, which is partly owned by BAE. But the big winner was BP, which has its roots in the notorious Anglo-Persian Oil Company. It signed a deal, potentially worth billions, giving it offshore exploration rights over an area the size of Belgium, in the potentially oil-rich Sirt basin, and an area in the North Ghadames block, the size of Kuwait.

As the result of Blair’s 2004 visit, the Libyan-British Business Council was formed. Its board is filled with former British diplomats and spooks, with decades of experience in the Arab and Muslim world, including former ambassadors to Libya and Iran. Its membership includes major British companies, such as Barclay’s bank, British Gas, BP, and British American Tobacco. Since the United States has no comparative

group, American companies are also members, including JP Morgan and Exxon Mobil.

Its chairman is Lord Trefgarne, whose name is well known to those familiar with the British-orchestrated arming of both sides during the Iran-Iraq War of the 1980s. From 1983 to 1989, he served as a Ministry of Defence junior minister in the government of Margaret Thatcher. From 1989 to 1990, he was a minister in the Department of Trade and Industry. He was part of the cabal of government officials who orchestrated these sales, including the al-Yamamah deal. According to British media, it was Trefgarne who played a key behind-the-scenes role in securing the release of Megrahi.

Now that the arms embargo has been lifted, British defense industry sources report that BAE is preparing to cash in on the potential \$730 million Libyan arms market, as Libya moves to replace its aging Soviet-made equipment.

Qaddafi Sells Country to Britain

Any welcome into Her Majesty's family of satrapies requires that a nation give up its state-sector industry. In September 2008, in a speech commemorating the 39th anniversary of his revolution, Qaddafi announced that he would carry out "massive reforms" in the economy, which was dominated by the state sector. On the pretext of eliminating corruption, Qaddafi called for "canceling the public sector, because this sector needs competent people and people with a high level of efficiency, patriotism, and morals." This would include the oil industry which should be owned by Libyan citizens, not the state, he said, because the oil wealth is "the property of the Libyan citizens and not the state." He emphasized that these companies "should not necessarily be run by Libyans, but they could hire any expert from foreign countries to run these companies, to develop the industry and increase exports."

For the last two years, the privatization process has included the telecoms, electricity, and water resources. The process is run by the Qaddafi's son Saif al-Islam Muammar al-Qaddafi, educated at the London School of Economics, who heads the Qaddafi International Charity and Development Foundation. While his father prefers the simple life, represented by his air-conditioned tent, Saif has just purchased a £10 million mansion in fashionable Hampstead, North London. Among his British friends, he counts Prince Andrew, who recently led a British business delegation to Libya. Of

course, he has been invited on occasion to Buckingham Palace and Windsor Castle to meet Her Majesty Queen Elizabeth II and her Consort, Prince Philip. Also among his friends is the son of Lord Rothschild. It was Saif who is said to have represented Libya in securing the release of Megrahi, and who accompanied the latter on his return to Tripoli.

Megrahi Was Framed

Megrahi was released from a Scottish prison on Aug. 20, on orders Scottish Justice Secretary Kenny MacAskill, on grounds of "compassion," because he was dying from prostate cancer. A phony scandal erupted: Who was responsible? Was this the right thing to do? Was Britain blackmailed under threat of terrorism if Magrahi were to die in prison? Hundreds of articles, editorials, and parliamentary debates have simply covered up the real intent of British policy, the policy carried out by Tony Blair.

First, it must be said that Megrahi was innocent of any involvement in the downing of Pan Am 103, a fact that would have come out as a result of an appeal that Megrahi had brought before a Scottish appeals court. The fact that he dropped that appeal has been almost blacked out of the media.

Dr. Hans Koechler, head of the International Progress Organization (IPO), and a renowned international jurist who had monitored Megrahi's 2001 trial on behalf of the UN Secretary General, asserted that Megrahi's withdrawal of his appeal may have been "made under duress" as a form of "emotional blackmail," to attain a "compassionate release." In a series of interviews and statements released by the IPO, Dr. Koechler pointed out that under Scottish law, there should be no link between a prisoner's release on compassionate grounds and the withdrawal of appeals. Although the Scottish authorities refused to admit this, Dr. Koechler pointed out that Megrahi withdrew his appeal on Aug. 12, only eight days before his release on Aug. 20, and at a time when he knew he had only a few months to live.

More important is Dr. Koechler's assertion that Megrahi would have most likely *won* an appeal. He pointed out that, after the 2001 trial and the failure of Megrahi's first appeal, a four-year investigation was conducted by the Scottish Criminal Cases Review Commission, which was completed in June 2007. It pointed to a possible miscarriage of justice, and called for referring the case back to the appeals court. The report concluded

that the prosecution had not proven a connection between Megrahi and articles of clothing bought at a Malta shop that were purportedly linked to the bomb. Since this alleged connection was the only material link between Megrahi and the prosecution's bomb-plot theory, without it, the case would collapse.

Koehler said that discovering the truth of who was responsible for a bombing that cost 270 lives "is in the supreme public interest of any polity that is built on the rule of law." He called on the British House of Commons to mandate a public inquiry, or on the UN General Assembly to consider establishing an international commission of inquiry. If such an inquiry were to be held, it would put pressure on Great Britain to reopen the case. Since the bomb that blew up Pan Am Flight 103 was put on the aircraft in Great Britain, it is Her Majesty's government's responsibility to investigate the case.

Open the Lockerbie Files!

On Sept. 4, *The Scotsman* reported that Alex Salmond, Scotland's First Minister, was considering an attempt to secure the public release of the Scottish Criminal Case Review Commission's official judgment, which comprises some 800 pages of text and 13 volumes of appendices. Although a 14-page summary has been made public, the rest is being withheld on the pretext that Megrahi has withdrawn his appeal. If Salmond secures the release of the documentation, the entire Pan Am Flight 103 case could be reopened. This is precisely what the British government has been doing everything possible to prevent.

On Dec. 21, 1988, Pan Am Flight 103, a Boeing 747, disappeared from the radar screens, over Lockerbie, Scotland. No terrorist group took responsibility, but suspicions, which were not based on any hard evidence, centered on Libya and Ahmed Jibril's Popular Front for the Liberation of Palestine, which would have allegedly done the bombing for Iran, as revenge for the shooting down of an Iranian airliner earlier that year, by an American warship that suspected it was an attacking jet fighter. While there has been endless speculation and thousands of articles and investigative reports on these two theories, there are some simple facts to discredit them.

For example, one has to ask whether it is reasonable to expect Libya to have conducted an act of war against the United States, only two years after it was bombed by the U.S. Air Force, in 1986, in retaliation for an

Berlin discotheque bombing which killed several Americans. As for Iran, in 1988, it was in the midst of UN-mediated peace talks to end the almost decade-long Iran-Iraq War. It does not make sense that Iran would commit an act of war against the United States, at a time when it was trying to end a war in which it had suffered hundreds of thousands of casualties.

Furthermore, these scenarios assume that the bomb was checked in as unaccompanied luggage, and was sent on its way to the cargo hold of the plane. If this were the case, the terrorists had extraordinary luck, since even according to the official accident report, the bomb found its way to the forward luggage compartment and the bulkhead separating it from the compartment under the flight deck. According to aircraft experts, this is the most vulnerable part of the plane; the rear area is less vulnerable. Because the bomb was placed at that particular location, its detonation assured the detachment of the flight deck and the rest of the fuselage, ripping the aircraft apart within seconds.

In the history of modern passenger jet aviation, up to the time of the Pan Am bombing, there were only three other cases in which the aircraft broke apart in mid-air. In all three cases, the bomb was in the forward cargo hold, and the perpetrators were never positively identified. The most interesting of those cases was that of Air India Flight 182, which was downed on June 23, 1985, en route from Montreal to New Delhi, via London. It disappeared over the the Atlantic Ocean, just south of Ireland. It also was a Boeing 747, and it was bombed in precisely the same way as the Pan Am flight. The bomb was again said to have been placed in luggage checked in at the counter, and managed to end up in almost the exact same location as the Pan Am flight. An extraordinary coincidence and an extraordinary piece of luck for the alleged terrorists. No one claimed responsibility. It was not until almost 20 years later, that a case was brought against a Sikh terrorist group called Babbar Khalsa, only to collapse when the jury acquitted all the suspects. The only conviction was the alleged bombmaker, who turned state's evidence and pleaded guilty.

The point is, that such attacks are far more sophisticated than the scenarios presented so far would allow. Since the bomb was put on the aircraft in London, all of these theories serve to deflect from the responsibility of the British government to come up with answers. U.S. security officials should ask: What are the British hiding?

1.5 Million People Suffering in Gaza

Sept. 4—Leo Kramer, a traditional religious American Jew, has been a strong advocate for the rights of the Palestinians, and has worked in both the United States and the Middle East to improve the lives of the Palestinians in Gaza. Not satisfied with the response from “official Washington,” Kramer organized a forum in January 2009, at the Woodrow Wilson International Center, entitled, “Gaza and the Future of Peace in the Middle East.”

Kramer is a graduate of Harvard University in economics, an associate of the John F. Kennedy School of Government, a Fulbright Scholar, and was a U.S. Navy officer in World War II.

In 1994, President Clinton appointed Kramer to attend the signing in Cairo of the Gaza-Jericho Treaty between Israeli Prime Minister Yitzhak Rabin and Palestinian President Yasser Arafat. For the last year and a half, he has been working to establish a Trauma Center in the West Bank.

Kramer emphasizes the need to address the immediate issues of poverty, jobs, education, and public health. His approach parallels that of Lyndon LaRouche, who, in response to the Oslo Accords, called for immediately bringing in heavy construction equipment, and the like, to begin producing the requirements for better conditions of life. LaRouche had warned that if these concrete steps were not taken immediately, the Palestinian people would see no benefits from the papers signed by their leaders. In fact, that is what happened.

Lawrence Freeman interviewed Kramer on Aug. 20.



EIR: Mr. Kramer, you’ve had a long history in the Middle East region. Can you tell us about your involvement in the Israeli-Palestinian conflict over these many years?

Kramer: Well, lots of life happens by accident, and various events happen. At one point, the Israeli government officials asked me to help out with the export of Palestinian agriculture to Europe; and I indicated I did not have that capability. But that was followed with an invitation to come to Jordan, which I had never done before; and I found the Egyptians had brought together some Gaza agricultural producers to ask me to do the same thing. And therefore, with this accident of life, rather than having planned it, I saw an opportunity to be helpful. I shipped the first strawberries out of Gaza to Europe, and the first grapes out of the West Bank to England. And I stayed with it, in the hope that economic development would give the people a better life, and more likelihood of reaching political decisions.

‘A Deplorable Situation’

EIR: What kind of progress, or lack of progress, have you seen in this region?

Kramer: Obviously I don’t forget that I’m just a worker in the vineyard, and I’m very proud of that. So, I’ve stayed with the effort to bring these two to a conclusion, first because I found that people of all religions believed in decent treatment, and decent treatment would lead to a peace process.

Unfortunately, that has not happened. But it is worth the effort. Increasingly, people were looking for those who had lines of communication to both, did not use them for their own benefit, but to help people see a better way of life. I developed a joint committee of Israeli and Palestinian doctors to work together. I found the doctors very non-political, very committed to their profession. We started to expand on that. And we’re trying to develop some projects in the medical field. I crossed the line into Gaza. I saw no reason to separate Gaza from the West Bank. The people in Gaza were a million and a half civilians, and they’re suffering. There will not be a solution until they’re helped.

EIR: Can you give us a view of the conditions in Gaza?

Kramer: The situation in Gaza is deplorable. For reasons I’ve not understood, it has not been publicly

shown. People have difficulty earning a living. Medical care is limited. If they have emergency matters of crossing the border, that's another limit. They've got a long way to go to have a decent, modern life. There's no question about that.

Yes, there are people willing to help, but the general impact is that they cannot earn a living, the children don't get to school properly, and the families are suffering.

EIR: You are of the Jewish faith, yet, you have been critical of Israel, and critical of certain Jewish lobby organizations in the United States, in their attitude and policies toward the West Bank and Gaza. Could you tell us something about what you think is wrong with their attitude?

Kramer: I think that there's nothing wrong with anyone being critical, if you have a proper base. A sermon I gave 11 years ago, said to a Jewish environment, that the answer to peace was carrying out the mandate of the Bible, which they call in their place, the Torah. That tells you exactly how you must treat others, as well as how Muslims should treat others. No question there.

My view has been that, if you treat them as your religion requires, there'll be peace. And if you don't treat people well, and they feel abused, don't expect them to love you, and be at peace. What I'm suggesting is, we deliver what our religion teaches us. It's not new. It's not conservative or liberal; it's what the Bible teaches. I still believe that there are such people, but it hasn't yet happened. And as long as it doesn't happen, there will be no comfort, no security, no peace.

EIR: Conditions in Gaza have worsened since Hamas was elected, mainly by the way the United States and the West and Israel have treated Hamas. What do you think should be the policy of the United States and Israel toward Gaza, and toward Hamas?

Kramer: I think you've got to look at each area in turn. My country, our country, the United States—it's beyond me that I would ever see my country, with its wonderful history, belief in democracy. . . . If you [Gaza] then go elect a party we don't like, the next morning we help cut off your power, cut off your food, etc. It's not part of the history of our country. I don't understand how we could have done that politically, and expect other than hatred to evolve from it. Or despair.

When that election took place, the first thing we

should have done, is nothing. Then, see if we can talk and negotiate with these people. But instead, we took an unbelievable position: We cut off their facilities, and refused to talk to them. What good can possibly come of that? And the result has been no progress. These people in Gaza, if you disagree with them, fine. But they don't have the ability to invade Israel; they don't have the ability to bomb the United States; they don't have military power. They are a million and a half civilians suffering—and I'm sure they think their suffering is because of us.

Now, that's separate from what Israel has a right to do; that's a different matter. But as an American citizen, and really proud of my country, in this situation, somehow, politically, it's gone wrong. And we should never have been in such a position. We should have made the effort to deal with these people. And we haven't done that.

Mitchell Should Focus on Israel-Palestine

EIR: The Obama Administration has chosen former Sen. George Mitchell as special envoy to the Middle East. What do you think about his approach to solving the conflict?

Kramer: First, I think he's a first-class professional, and I think he's genuinely committed. It was good to bring someone new into the picture, because we've had 50 years of failures. We've had the endless process of someone appointed, someone letting word out to the press that they're making progress, and then at the end, it collapses, and they go away. So, I think George has a chance to make a new effort.

The problem we have in evaluating this, is that we don't know everything that's going on. In some ways, that's wise, because if you were to announce too many things, then it would be a public debate, before he makes progress. And I think the Administration would be best to let him stick to the Israeli-Palestinian conflict, but they seem to be having him run around to all the other countries. And increasingly, there's this talk of getting the support from other countries. My instinct is, that's a mistake. That's too much involvement of the grand picture.

What has to be settled is the Israeli-Palestinian matter. These are the people who suffer every day. These are the people who have no confidence in tomorrow morning. Without any lack of respect—I just wrote the Saudis—the problem is directly between Israel and Palestine.

Peru to Soros: No More Drugging Us

by Luis Vásquez Medina

Lima, Sept. 3—In early August, in one of his first statements as Peru's Interior Minister, retired police Gen. Octavio Salazar announced that he will submit a bill to the appropriate authorities, eliminating existing criminal statutes that permit possession of small amounts of drugs. The current law constitutes “implicit acceptance of micro-sales of drugs in society,” declared General Salazar, a police officer with a long history of battling drugs and organized crime, and therefore, “even the possession of drugs for personal consumption should be prohibited.”

And so, Peru, 15 years after accepting the decriminalization of drug consumption, wants to do an about-face on the path to legalization, something which unfortunately—due to the pressures of the international drug mob and its leading spokesman, George Soros—Argentina and Mexico have just embraced.

The results of such policies could not be more eloquent: According to the Center of Information and Education for the Prevention of Drug Abuse (Cedro), today there are a quarter of a million Peruvian families who have at least one drug addict among them. And of these, 100,000 are addicted to cocaine, a statistic which does not include the more than 1 million farmers who feed their addiction by chewing coca leaf.

According to the same source, the constant rise in drug consumption over recent years in Peru has primarily affected minors: Today, 12-year-olds are starting to drug themselves!

Soros Operative: ‘Measure Absolutely Absurd’

These results mean nothing, however, to George Soros's employees in Peru. Carlos Basombrío, analyst for the Institute of Legal Defense (IDL), one of the Peruvian NGOs which receives the most money from Soros and which was up to its ears in June's bloody conflict in Bagua, in Peru's Amazon region

(see last week's *EIR*) ranted against Salazar, charging that his re-criminalization proposal “is an absolutely absurd measure, and will give rise to a bigger problem, since the number of drug consumers will rise, and at increasingly earlier ages. Is he going to jail them all?” Basombrío didn't say whether he made these statements out of fear of being arrested himself.

These are the results of the path taken by Peru since 1994, under the cynical argument that “the drug addict is sick,” but instead of treating him, and repressing the origins of his illness, the perverse drug trade was de facto legalized. In 1994, an article was added to the Peruvian Penal Code establishing that *possession of certain quantities of drugs for personal consumption was not punishable*. The quantities permitted varied over time, to the point that today, in Peru you may freely possess five grams of PBC (basic cocaine paste), two grams of cocaine chloride, eight grams of marijuana, two grams of its derivatives, and one gram of opium gum.

Even Ecstasy Had Been Legal

In this sinister slide downward, the most scandalous decline came in July of 2007, when the Alan García Administration—apparently without anybody requesting it, and ironically using special powers granted to it by Congress to issue legislative decrees combatting the drug trade, terrorism, and organized crime—decreed that it is legal to possess up to 250 milligrams of Ecstasy, a highly-addictive synthetic drug that contains methylenedioxymphetamine (MDMA), methamphetamines, or similar substances.

The speed with which García leapt to do the mafia's bidding was incredible. Ecstasy, produced largely in Canada and Mexico, and whose consumption is growing faster than any other drug in Ibero-America, is heavily distributed at discotheques, a practice which has indirectly caused the mass deaths of youths at recent disco fires in Lima and in Buenos Aires.

As the new Interior Minister has charged, the existence of such laws decriminalizing drug consumption has made law enforcement's battle with the drug trade in the streets of Peru extremely difficult.

The results couldn't be more conclusive: if we want to have a future as sovereign and viable nations, we have to stop the likes of Soros and his drug-legalization agents once and for all.

The United States Deals a Blow To British Operations in Asia

by Mike Billington

Sept. 3—Sen. Jim Webb’s visit to Myanmar in August dealt a significant blow to British imperial designs in Asia. Webb (D-Va.), the first member of Congress to visit the country in more than ten years, not only met with Senior Gen. Than Shwe, the head of the military government, and other top officials, but also held a private meeting with Aung San Suu Kyi, the opposition leader who serves as a British asset in Myanmar and globally. Webb politely and diplomatically told Suu Kyi to stop functioning as a roadblock to Myanmar’s improved relations with the Western world, that her actions were undermining peace and development in the region.

Webb, as head of the Subcommittee on East Asian and Pacific Affairs of the Senate Foreign Relations Committee, officially traveled only as a U.S. Senator, but unofficially, his trip was part of a general offensive by a faction within the institution of the Presidency in the United States, a faction which does not include the President himself at this time. President Obama, under the domination of his financial team, is functioning as an asset of British imperial interests, implementing the disastrous bailout of the bankrupt Anglo-American financial institutions, frantically attempting to impose a British-modelled euthanasia policy under the guise of health reform, and taking the U.S. deeper and deeper into the insane imperial war in Afghanistan.

It was in this environment, that Secretary of State Hillary Clinton, former President Bill Clinton, National Security Advisor James Jones, and others in the military, intelligence, and foreign-policy institutions of leadership in the United States, have taken what measures are available to them, independent of the British-directed White House. Their efforts are aimed at forging strategic alliances, especially in Asia, for the purpose of increasing the potential to escape the British design for global imperial warfare, and establishing new posi-

tive relations between the U.S. and the nations of Eurasia.

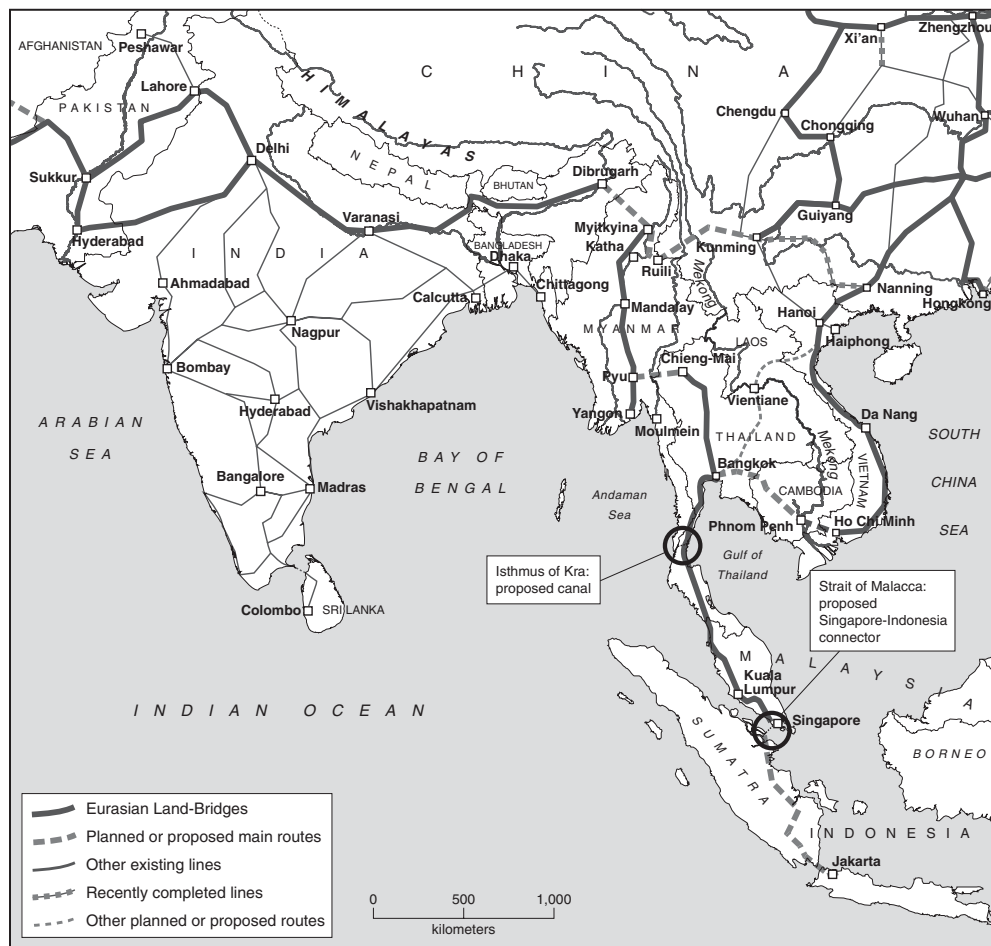
Breaking the Logjam

Webb is a veteran of the U.S. war in Indochina as well as a former Secretary of the Navy. He visited Myanmar as part of a tour of the nations that were involved in that brutal war—Vietnam, Laos, Cambodia, and Thailand. It followed by only ten days, the visit of Bill Clinton to North Korea, where the former President met for three and a half hours with North Korean Supreme Leader Kim Jong-il. This historic meeting has led rapidly to diplomatic openings between North Korea and the U.S., and also between North and South Korea, whose relations had been severely deteriorating over the past year.

More broadly, Webb and Clinton, in breaking the logjam in U.S. relations with North Korea and Myanmar, two nations played as “rogue nations” by British Empire assets in the West, have contributed to fostering the necessary cooperation between the U.S. and the three major powers of Eurasia—China, Russia, and India. Lyndon LaRouche has identified an alliance of these four powers as the necessary starting point for building a new global credit system, to replace the current bankrupt and disintegrating global monetary system, (See “Is the Democratic Party Already Dead?”, *EIR*, Sept. 4, 2009.)

Indeed, the diplomatic approaches of both Clinton and Webb were in keeping with LaRouche’s message to the Obama Administration on June 2, in regard to relations with North Korea. “The challenge is to get them to open up,” LaRouche said, “and for the U.S. to find out what the story is. A high-level Presidential emissary should go to Pyongyang and meet with their top leadership. Ask them: ‘What is your problem? Maybe we can help.’ In short, we need to engage in actual diplomacy.

FIGURE 1
The Eurasian Land-Bridge Through South Asia



West continue stringent sanctions against her nation, even though the sanctions have imposed great hardship on her countrymen. At the same time, the sanctions have failed miserably to achieve any benefits for either Myanmar or the West.

In March of this year, Webb wrote on his website, that it was clear that the “sanctions which the U.S. was invoking were counter-productive in terms of our ability to affect the difficulties faced by the Burmese people. The sanctions policy against Burma will never be effective as long as a major power on its border (China) declines to participate and in fact takes advantage of those sanctions in order to entrench its positions in that same country. I have said for several years that it is to the benefit of all involved that we speak directly with Bur-

ma’s leadership and work toward resolving our differences.”

Diplomacy is all about getting the other side to tell you what they want. This is especially important, when you have a relationship between a great power and a lesser power. Very often, aggressive behavior by a lesser power is aimed at getting help in solving a problem. So, the key to good diplomacy, under such circumstances, is to be generous. This will help you in the long-run. . . . Why not focus on the real enemy: unemployment and hunger? With that as a starting point, and with patient American diplomacy, we can solve this North Korea situation, relatively easily.”

Webb showed respect for the imprisoned opposition leader Suu Kyi, reminding Myanmar’s leaders that their treatment of her is watched closely by Western governments, as a measure of their policies. However, Webb is aware that Suu Kyi, at the advice of her British and American sponsors, has stubbornly insisted that the

ma’s leadership and work toward resolving our differences.”

According to Webb, he told Suu Kyi during their meeting that she should end her support for sanctions, and that he “had the clear impression from her that she is not opposed to lifting some sanctions.” Suu Kyi’s party, the National League for Democracy (NLD), also reported after Webb’s visit that they would lift their call for a boycott of tourism to Myanmar.

Even more important, Webb wrote in an Aug. 25 *New York Times* op-ed that Suu Kyi and the NLD should end their boycott of the Parliamentary elections set for 2010. “The Constitution approved last year in a plebiscite is flawed,” he wrote. “But there is room for engagement. Many Asian countries—China among them—do not even allow opposition parties. The National League for Democracy might consider the ad-

vantages of participation as part of a longer-term political strategy. And the United States could invigorate the debate with an offer to help assist the electoral process.”

Webb’s counterpart in the House, Rep. Eni Faleomavaega from American Samoa, chairman of the Subcommittee on Asia and the Pacific of the House Foreign Affairs Committee, is even more outspoken on Myanmar than is Webb. Faleomavaega, who is also planning to visit Myanmar, perhaps before the end of the year, asked the witnesses at a hearing of his Subcommittee last year, whether it were not understandable that the Myanmar government and population would be suspicious of Suu Kyi, given that her husband served as an agent of British intelligence, the former colonial master of their nation, which had kept them in bondage for more than a century.

Suu Kyi’s British Pedigree

The British, as expected, are having conniptions over the Webb trip. Suu Kyi, known in Myanmar as the “ax-handle,” for the British colonial ax being wielded against the sovereignty of its former colony, is the daughter of Aung San, who negotiated the independence of Burma (now Myanmar) with its British colonial masters, but was murdered by British assets in Burma before independence was achieved in 1947. His daughter Suu Kyi went to India with her diplomat mother in 1960, and then to Oxford University. In London, she lived with Lord Gore-Booth, former British Ambassador to Burma and High Commissioner in India, and his wife. She married Michael Aris, a student of Hugh Richardson, the top British agent responsible for operations in Tibet and the region. Suu Kyi subsequently assisted Aris in his work in Asia on behalf of the Empire.

Suu Kyi returned to Burma in 1988, just as a mass uprising of students and others broke out in Yangon against the dictatorship of Ne Win, who had driven Burma into isolation and economic decay since taking power in 1962.

Suu Kyi immediately assumed the leadership of a makeshift democracy movement in Burma, while a fac-



Embassy of the Union of Myanmar

A faction of the U.S. institution of the Presidency is moving to outflank the British imperialists in Asia. As part of the faction, Sen. Jim Webb (D-Va.) went to Myanmar in August. Here, he is welcomed by Myanmar Senior Gen. Than Shwe.

tion of young military officers suppressed the anarchy in the streets and deposed the failed and decrepit government of Ne Win. Over the following decades, the new military junta moved to unite the country, defeating, or making peace with the multiple ethnic armies and drug lords who had been continually supported by the British since independence. For the first time since the British occupation in the early 19th Century, Burma was united. The British-controlled drug traffic was largely crushed, and infrastructure development, both internal and regional, previously impossible because of the numerous ethnic insurgencies, began in earnest, with extensive support from Burma’s neighbors—China, India, and Thailand.

The primary obstacle to this dramatic leap forward was the British asset Aung San Suu Kyi, who, despite advice to the contrary from many of her fellow NLD leaders, followed British directions to support Western sanctions, promote a boycott of tourism, and for the NLD to boycott both the Constitutional Convention and the planned election in 2010.

Following the 1988 takeover by the young military officers in Myanmar, U.S. President George H.W. Bush joined with the British in opposition to the regime, and in support for the political movement of Suu Kyi. The U.S. Drug Enforcement Administration (DEA), how-

ever, had teams on the ground in Burma, and reported to Washington that the new junta was deadly serious about stopping the drug trade, which, at the time, was producing the majority of the world's opium and heroin. The DEA called on Bush to significantly increase U.S. aid to Myanmar's drug eradication programs, but Bush refused.

By 2004, as *EIR* documented in "Which is Really the Failed State?" (*EIR* Sept. 23, 2005), Myanmar had nearly eliminated opium production, while Afghanistan, under U.S. and NATO occupation, vastly expanded its opium crop and was producing 92% of the world supply!

Not until 2008 did the U.S. finally break with the British policy in Myanmar. Cyclone Nargis hit on May 3, 2008, killing more than 150,000 people, and destroying much of the rice-producing regions. The British demanded that Myanmar allow its former colonial masters to land warships in the country, and allow British military forces themselves to distribute the emergency aid, as a condition for providing any help to the devastated nation. They even threatened an invasion if Myanmar refused the terms—cynically calling it a "humanitarian invasion."

Yangon told the British to drop dead. This was subsequently turned into the lie that Myanmar refused to help its own people.

The U.S. hesitated at first, but within days Adm. Timothy Keating, head of the U.S. Pacific Command, flew into Yangon on a C-130 supercargo plane with a load of emergency supplies, shook hands with the head of Myanmar's Navy, and turned the entire shipment over to the military government for distribution. The U.S. followed up with dozens of C-130 shipments and overland convoys from Thailand over the following months.

British Geopolitics

The British Empire's demonization of North Korea and Myanmar (among others) is classic imperial geopolitics. The target is not these poor nations per se, but the imposition of divide-and-conquer techniques against Asia as a whole. North Korea is located at the intersection of China, Russia, and the Korean Peninsula, while Myanmar is the hub among China, India, and Southeast Asia. Keeping these two nations isolated and weak has served the interests of Empire, as a means of preventing the development of Great Projects among sovereign nation-states.

For example, a primary imperial target in the region has been the "Sunshine Policy" implemented by South Korean President Kim Dae-jung in the late 1990s, with President Bill Clinton's backing. The Sunshine Policy aimed at improving relations between North and South Korea through the development of the North, involving dramatic joint projects in North Korea by South Korea and the U.S., including a nuclear power plant and two rail projects intended to connect North and South Korea with China and Russia. President George W. Bush and Vice President Dick Cheney shut down U.S. support for this policy as one of their first actions upon taking office in 2001.

The rail projects linking the East Asian nations through North Korea would have completed the Eurasian Land-Bridge from Busan to Rotterdam—a project promoted by Lyndon and Helga Zepp LaRouche since the early 1990s—and fostered strategic cooperation between the Koreas and China and Russia, a crucial set of friendships for any future development of East Asia.

So with Myanmar, the strategic key to the development of all of South and Southeast Asia. Infrastructure development linking South, Southeast, and East Asia, has been held up by the insurgencies in the Myanmar border areas, run by British-sponsored drug lords and ethnic armies. Completing the southern route of the Eurasian Land-Bridge, linking East Asia with both Africa and Europe by rail, has, until recently, proceeded only up to the Myanmar border. Now, with a unified and pacified country, China is building a port on the Myanmar coast of the Bay of Bengal, and a pipeline through Myanmar to China's Yunnan Province. Road and rail connections from Myanmar through India's troubled Northeast are creating new trade capacities and cooperation on ending terrorism and insurgency on both sides of the border. Thailand is now building transportation routes and hydroelectric dams in regions once producing drugs and stricken by continual civil wars.

If Obama can be convinced, or coerced, to accept LaRouche's proposal to dump the economic behaviorists in his Administration, and proceed with bankruptcy reorganization of the world financial system, the diplomatic achievements of the patriotic forces within the institution of the Presidency will have helped to pave the way toward the necessary alliance of sovereign nations to rebuild the collapsing world economy.

mobeir@aol.com

Editorial

‘We Are the People’

Exactly 20 years ago, on Sept. 4, 1989, the first Leipzig Monday Rally took place, with several hundred citizens taking to the streets, in what was then communist East Germany, demanding the freedom to travel and freedom of speech. Even arrests by the special police of the State Security Agency, the Stasi, who deployed in great numbers, could not crush the protest rally, which was joined by a couple hundred more. The genie was out of the bottle.

Only three weeks later, on Sept. 25, 20,000 took to the streets of Leipzig, chanting the famous civil rights song “We Shall Overcome,” among others. By the end of September, their numbers had increased to 40,000. And, protest rallies began to spread to many other cities.

Then, from October on, the number of protesters exploded: In Leipzig alone, a quarter-million people joined for a mass rally, and another quarter-million protested in other East German cities. Already, during September, the famous “*Wir sind das Volk*” (“We Are the People”) became the rallying cry of the demonstrations. Despite threats, and plans for a violent crackdown, the East German government could not find the will to shoot. The escalation peaked on Nov. 9, when, to echo a Biblical phrase, the Berlin Wall came tumbling down.

The peaceful German Revolution of 1989 is perhaps the best example we have today, for understanding the mass-strike phenomenon that has now broken out in the United States, and promises to spread internationally. The East Germans had been an oppressed people for 56 (!) years, living, first, under the Hitler dictatorship, and then, under the East German communist dictatorship. They had feared to speak to their neighbors about any

complaint—indeed, subsequent records showed that every neighborhood, if not every family, contained an informant for the secret police.

But suddenly, within just weeks after the East German leader Erich Honecker proclaimed that socialism would last forever, that quiescent people exploded, demanding that their government give them freedoms which had been denied. They had the force of morality behind them, and they won.

The tragedy of the 1989 Revolution is that the only leadership which could have realized its promise, by throwing off the global usurious monetary system, and establishing a new community of sovereign nation-states collaborating for economic development, was not able to prevail. Instead, puppets of the British imperial monetarist system blackmailed Germany into submission to its demands—and aborted the process.

The mass strike process of today has some distinct parallels with that of 1989. There is a broad popular disenchantment and disbelief in the institutions of government, and a willingness to act against the constraints of “public opinion.” After many decades, American citizens are determined to assert their rights as citizens against those who would disregard, or threaten, their lives and their future. And the mood of revolt is growing.

Fortunately, one very significant difference between Germany 1989, and the U.S.A. 2009, is the potential for leadership. After 40 years of mass organizing in the United States, and a stunning record of success in forecasting the current crisis, Lyndon LaRouche and his movement are in a strong position to mobilize the mass ferment for a durable solution to the economic and political breakdown. This time, we will not miss the opportunity.

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INTERNET

- BCAT.TV/BCAT Click BCAT-2 Mon: 10 am (Eastern Time)
- LAROUCHEPUB.COM Click *LaRouche's Writings*. (Avail. 24/7)
- MNN.ORG Click *Watch Ch.57* Fri: 2:30 a.m. (Eastern Time)
- QUOTE-UNQUOTE.COM Click on *Ch.27*. Tue. 6 pm (Mtn.)
- SCAN-TV.ORG Click *Scan on the Web (Pacific Time)*. Ch.23: Wed. 7 am Ch.77: Mon. 11 am
- WUWF.ORG Click *Watch WUWF-TV*. Last Mon 4:30-5 pm (Eastern)

INTERNATIONAL

THE PHILIPPINES

- MANILA Ch.3: Tue 9:30 pm

ALABAMA

- UNIONTOWN GY Ch.2: Mon-Fri every 4 hours; Sun Afternoons

ALASKA

- ANCHORAGE GCI Ch.9: Thu 10 pm

CALIFORNIA

- CONTRA COSTA CC Ch.26: 2nd Tue 7 pm
- COSTA MESA TW Ch.35: Thu 5:30 pm
- LANCASTER/PALMDALE TW Ch.36: Sun 1 pm
- LONG BEACH CH Analog Ch.65/69 & Digital Ch.95: 4th Tue 1-1:30 pm
- ORANGE COUNTY (N) TW Ch.95/97/98: Fri 4 pm

COLORADO

- DENVER CC Ch.56 Sun 10 am

CONNECTICUT

- GROTON CC Ch.12: Mon 5 pm
- NEW HAVEN CC Ch.23: Sat 6 pm
- NEWTOWN CH Ch.21: Mon 12:30 pm; Fri 7 pm
- NORWICH CC Ch.14: Thu 7:30 pm
- SEYMOUR CC Ch.10: Tue 10 pm

DISTRICT OF COLUMBIA

- WASHINGTON CC Ch.95 & RCN Ch.10: Irregular

FLORIDA

- ESCAMBIA COUNTY CX Ch.4: Last Sat 4:30 pm

ILLINOIS

- CHICAGO CC./RCN/WOW Ch.21: Irregular
- PEORIA COUNTY IN Ch.22: Sun 7:30 pm
- QUAD CITIES MC Ch.19: Thu 11 pm
- ROCKFORD CC Ch.17 Wed 9 pm

IOWA

- QUAD CITIES MC Ch.19: Thu 11 pm

KENTUCKY

- BOONE/KENTON COUNTIES IN Ch.21: Sun 1 am; Fri Midnight
- JEFFERSON COUNTY IN Ch.98: Fri 2-2:30 pm

LOUISIANA

- ORLEANS PARISH CX Ch.78: Tue 4 am & 4 pm

MAINE

- PORTLAND TW Ch.2: Mon 1 & 11 am; 5 pm

MARYLAND

- ANN ARUNDEL CC Ch.99; FIOS Ch.42: Tue & Thu: 10 am; Fri & Sat: midnight
- P.G. COUNTY CC Ch.76 & FIOS Ch.42: Wed & Fri: 6 pm
- MONTGOMERY COUNTY CC/RCN/FIOS Ch.21: Tue 2 pm

MASSACHUSETTS

- BROOKLINE CV & RCN Ch.3: Mon 3:30 pm; Tue 3:30 am; Wed 9 am & 9 pm;
- CAMBRIDGE CC Ch.10: Tue 2:30 pm; Fri 10:30 am
- FRANKLIN COUNTY (NE) CC Ch.17: Sun 8 pm; Wed 9 pm; Sat 4 pm
- QUINCY CC Ch.8: Pop-ins.
- WALPOLE CC Ch.8: Tue 1 pm

MICHIGAN

- BYRON CENTER CC Ch.25: Mon 2 & 7 pm
- DETROIT CC Ch.68: Irregular
- GRAND RAPIDS CC Ch.25: Irreg.
- KALAMAZOO CH Ch.20: Tue 11 pm; Sat 10 am
- KENT COUNTY (North) CH Ch.22: Wed 3:30 & 11 pm
- KENT COUNTY (South) CC Ch.25: Wed 9:30 am
- LAKE ORION CC Ch.10: Mon/Tue 2 & 9 pm
- LANSING CC Ch.16: Fri Noon
- LIVONIA BH Ch.12: Thu 3 pm
- MT. PLEASANT CH Ch.3: Tue 5:30 pm; Wed 7 am
- SHELBY TOWNSHIP CC Ch.20 & WOW Ch.18: Mon/Wed 6:30 pm
- WAYNE COUNTY CC Ch.16/18: Mon 6-8 pm

MINNESOTA

- ALBANY AMTC Ch.13: Tue & Thu: 7:30 pm
- CAMBRIDGE US Ch.10: Wed 6 pm
- COLD SPRING US Ch. 10: Wed 6 pm
- COLUMBIA HEIGHTS CC Ch.15: Tue 9 pm
- DULUTH CH Ch.20: Mon 9 pm; Wed 12 pm, Fri 1 pm
- MARSHALL Prairie Wave & CH Ch.35/8: Sat. 9 am
- MINNEAPOLIS TW Ch.16: Tue 11 pm
- MINNEAPOLIS (N. Burbs) CC Ch.15: Thu 3 & 9 pm
- NEW ULM TW Ch. 14: Fri 5 pm
- PROCTOR MC Ch. 12: Tue 5 pm to 1 am
- ST. CLOUD CH Ch.12: Mon 6 pm
- ST. CROIX VALLEY CC Ch.14: Thu 1 & 7 pm; Fri 9 am
- ST. LOUIS PARK CC Ch.15: Sat/Sun Midnite, 8 am, 4 pm
- ST. PAUL CC Ch.15: Wed 9:30 pm
- ST. PAUL (S&W Burbs) CC Ch.15: Wed 10:30 am; Fri 7:30 pm
- SAULK CENTRE SCTV Ch.19: Sat 5 pm
- WASHINGTON COUNTY (South) CC Ch.14: Thu 8 pm

- WASHINGTON COUNTY (South) CC Ch.14: Thu 8 pm

NEVADA

- BOULDER CITY CH Ch.2: 2x/day: am & pm
- WASHOE COUNTY CH Ch.16: Thu 9 pm

NEW HAMPSHIRE

- CHESTERFIELD CC Ch.8: Wed 8 pm
- MANCHESTER CC Ch.23: Thu 4:30 pm

NEW JERSEY

- BERGEN CTY TW Ch.572: Mon & Thu 11 am; Wed & Fri 10:30 pm
- MERCER COUNTY CC Trenton Ch.26: 3rd & 4th Fri 6 pm Windsors Ch.27: Mon 5:30 pm
- MONTVALE/MAHWAH CV Ch.76: Mon 5 pm
- PISCATAWAY CV Ch.15: Thu 11:30 pm
- UNION CC Ch.26: Irregular

NEW MEXICO

- BERNALILLO COUNTY CC Ch.27: Tue 2 pm
- LOS ALAMOS CC Ch.8: Wed 10 pm
- SANTA FE CC Ch.16: Thu 9 pm; Sat 6:30 pm
- SILVER CITY CC Ch.17: Wed 8-10 pm
- TAOS CC Ch.2: Thu 7 pm

NEW YORK

- ALBANY TW Ch.18: Wed 5 pm.
- BETHLEHEM TW Ch.18: Thu 9:30 pm
- BRONX CV Ch.70: Wed 7:30 am
- BROOKLYN CV Ch.68: Mon 10 am TW Ch.35: Mon 10 am RCN Ch.83: Mon 10 am FIOS Ch.43: Mon 10 am
- BUFFALO TW Ch.20: Wed & Fri 10:30-11pm
- CHEMUNG/STUEBEN TW Ch.1/99: Tue 7:30 pm
- ERIE COUNTY TW Ch.20: Thu 10:35 pm
- IRONDEQUOIT TW Ch.15: Mon/Thu 7 pm
- JEFFERSON/LEWIS COUNTIES TW Ch.99: Irregular
- MANHATTAN TW & RCN Ch.57/85 Fri 2:30 am
- ONEIDA COUNTY TW Ch.99: Thu 8 or 9 pm
- PENFIELD TW Ch.15: Irregular
- QUEENS TW Ch.56: 4th Sat 2 pm RCN Ch.85: 4th Sat 2 pm
- QUEENSBURY TW Ch.71: Mon 7 pm
- ROCHESTER TW Ch.15: Sun 9 pm; Thu 8 pm
- ROCKLAND CV Ch.76: Tue 5 pm
- SCHENECTADY TW Ch.16: Fri 1 pm; Sat 1:30 am
- STATEN ISLAND TW Ch.35: Mon & Thu Midnite. TW Ch.34: Sat 8 am
- TOMPKINS COUNTY TW Ch.13: Sun 12:30 pm; Sat 6 pm

- TRI-LAKES TW Ch.2: Sun 7 am, 1 pm, 8 pm
- WEBSTER TW Ch.12: Wed 9 pm
- WEST SENECA TW Ch.20: Thu 10:35 pm

NORTH CAROLINA

- HICKORY CH Ch.6: Tue 10 pm
- MECKLENBURG COUNTY TW Ch.22: Sat/Sun 11 pm

OHIO

- AMHERST TW Ch.95: 3X Daily
- CUYAHOGA COUNTY TW Ch.21: Wed 3:30 pm
- OBERLIN Cable Co-Op Ch.9: Thu 8 pm

OKLAHOMA

- NORMAN CX Ch.20: Wed 9 pm

PENNSYLVANIA

- PITTSBURGH CC Ch.21: Thu 6 am

RHODE ISLAND

- BRISTOL, BARRINGTON, WARREN Full Channel Ch.49: Tue: 10 am
- EAST PROVIDENCE CX Ch.18; FIOS Ch.25: Tue: 6 pm
- STATEWIDE RI INTERCONNECT CX Ch.13; FIOS Ch.32 Tue 10 am

TEXAS

- HOUSTON CC Ch.17 & TV Max Ch.95: Wed 5:30 pm; Sat 9 am
- KINGWOOD CB Ch.98: Wed 5:30 pm; Sat 9 am

VERMONT

- BRATTLEBORO CC Ch.8: Mon 6 pm, Tue 4:30 pm, Wed 8 pm
- GREATER FALLS CC Ch.10: Mon/Wed/Fri 1 pm Tue 10 pm; Wed 3 am & 4 pm
- MONTPELIER CC Ch.15: Tue 10 pm; Wed 3 am & 4 pm

VIRGINIA

- ALBEMARLE COUNTY CC Ch.13: Sun 4 am; Fri 3 pm
- ARLINGTON CC Ch.69 & FIOS Ch.38: Tue 9 am
- CHESTERFIELD COUNTY CC Ch.17; FIOS Ch.28: Mon 1 pm
- FAIRFAX CX & FIOS Ch.10: 1st & 2nd Wed 1 pm; Sun 4 am. FIOS Ch.41: Wed 6 pm
- LOUDOUN COUNTY CC Ch.98 & FIOS Ch.41: Wed 6 pm
- ROANOKE COUNTY CX Ch.78: Tue 7 pm; Thu 2 pm

WASHINGTON

- KING COUNTY CC Ch.77: Mon 11 am, Wed 7 am BS Ch.23: Mon 11 am, Wed 7 am
- TRI CITIES CH Ch.13/99: Mon 7 pm; Thu 9 pm

WISCONSIN

- MARATHON CH Ch.10: Thu 9:30 pm; Fri 12 Noon
- MUSKEGO TW Ch.14: Sat 4 pm; Sun 7 am

WYOMING

- GILLETTE BR Ch.31: Tue 7

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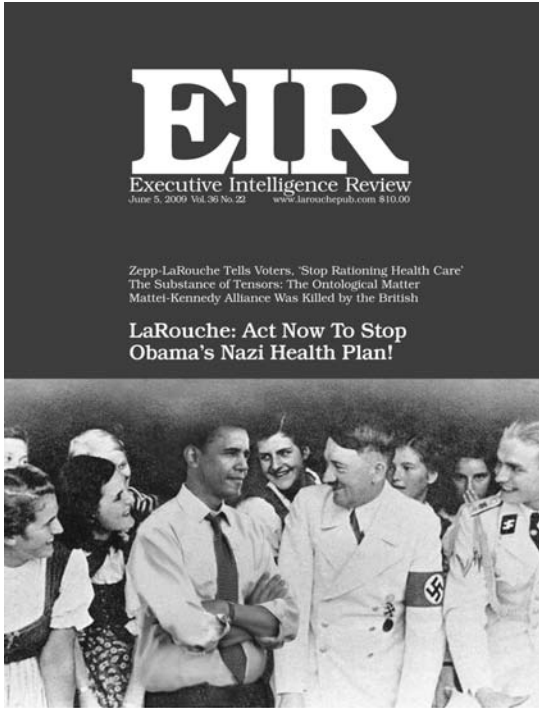
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