

global stability and calm. We look forward to resuming interdepartmental consultations on a wide range of issues under the aegis of the U.S. Department of State and the Foreign Ministry of Russia to coordinate rules of conduct in all the spheres mentioned in this presentation: strategic stability, cyber security, Arctic, trade, and the settlement of regional conflicts. The U.S.-Russia Presidential Joint Statement on Strategic Stability and Strategic Stability Dialogue [signed by U.S. President Joseph Biden and Russian Federation President Vladimir Putin] will be an important pillar of it.

What we need to do is discard all conspiracy theories, sit down at the expert level and start working in the interests of our States. As President Putin puts it, “There cannot be family trust in this situation, but we think we

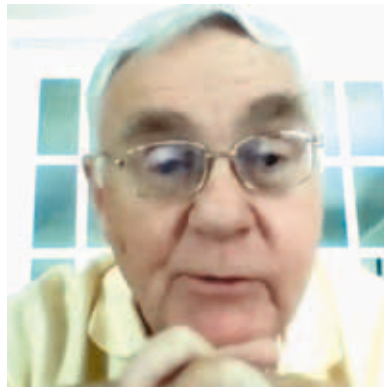
have seen flashes of it.” If I may, the logic of the historic process imposes our closer cooperation notwithstanding many stereotypes, prejudices and myths. It was a positive signal from the American side, too, to announce a future summit with China.

Referring to the title of this panel, *Coincidence of Opposites*, is something we are engaged with on a day-to-day basis, meaning the alchemy of diplomacy and personal contacts. It is our strong conviction that the post-pandemic world, however new, digital, and sustainable it may be, will not be able to do without personal engagements both at the high level of politics and with ordinary people.

I thank you, distinguished audience, and wish this panel to hold an open and constructive debate.

Public Sanitation as National Defense

This is an edited transcript of the presentations by Maj. Gen. Peter Clegg (USA ret.) and Rear Adm. Marc Pelaez (USN ret.), with an introduction by Dennis Speed featuring an extended quote from Lyndon LaRouche, to the fourth panel, “The Coincidence of Opposites: The Only Truly Human Thought Process,” of the Schiller Institute’s June 26-27 conference, “For the Common Good of All People, Not Rules Benefiting the Few.” Subheads have been added.



Schiller Institute

Maj. Gen. Peter Clegg



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Rear Adm. Marc Pelaez

Dennis Speed (moderator): To introduce our next two speakers, we have a few words we’d like to extend as a preface.

We have to join the world together in an effort considerably larger than that of the Second World War to create a new health platform. But you can’t do it with the mentality of war; you have to do it with the mentality of peace. On our earlier panel this morning, we discussed that the world needs as many as 1.5 billion industrial, agricultural, manufacturing, and infrastructure jobs to ultimately create the conditions for human life on the planet to be as productive as possible and as healthy as possible.

Back 20 years ago, at the time of the anthrax attack, which you will remember during the fall of 2001, Lyndon LaRouche wrote a document from which I’m going to read a section, about the idea of

public sanitation as a policy against germ warfare. Our next two speakers are responding to a portion of that [document](#). The portion I’m going to cite is called “National Defense as Sanitation.” Mr. LaRouche said:

The most important principles of national defense against bacteriological and related forms of warfare, were consolidated as knowledge in the experience of World War II and the war in Korea. Those lessons were featured in the adoption and implementation of the Hill-Burton legislation adopted shortly after the close of World War II....

We must situate the role of the medical profession, both in care for the sick and in other

ways, as an essential, subsumed feature of public sanitation.

I explain this extremely important distinction to be made at this point of our national defense requirements. It is to the degree that we have taken down much of the national-defense protection provided by public and related measures of sanitation, during the recent three decades, that our nation's vulnerabilities to the presently ongoing germ-warfare attacks were created....

National biological defense means, chiefly, those measures of sanitation which are essential to improving and defending the life-expectancies and well-being of the population as a whole. This includes those measures and institutionalized practices which modern society has come to consider public sanitation. This includes not only safe water, but also improved supplies of energy, per capita and per square kilometer; this, at declining relative costs to communities, industries, and the general public. It includes improved public transportation.

It also includes the practice of the medical professions generally. The pivotal feature of the medical profession's role, is the general hospital, provided as a public institution which is not only a teaching institution, but which serves those sections of the population which are relatively indigent, and are therefore the most likely radiators of infectious diseases. The public teaching hospital of this type, which is also integrated with the teaching and research functions of a university, is among the most valuable such facilities....

[W]ithout lessening emphasis on the importance of medical counter-intelligence practice, it is public sanitation which remains the first line of defense of the population against both normal epidemic disease, and also biological warfare attacks. We require a coordinated, "crash program" sort of attack on both fronts, combined.

This means that we must move quickly, not only to restore the indispensable Washington, D.C. General Hospital, but to restore those medical and infrastructural defenses which were taken down, piece by piece, during the approximate quarter-century since the enactment of the original HMO (Health Maintenance Organization) legislation. If we do not do that, whatever might happen to you and your family as a result

of biological warfare attacks should be considered now as virtually "a done deal."

We read this in part because, of course, in the recent days and months even, people have asked, "Where did the coronavirus come from? Who did it, and why?" and this and that. Well, the point that was made by Mr. LaRouche 20 years ago is that unless you proceeded worldwide from the standpoint of *public sanitation* and all of the necessary requirements—water, energy, transportation, and so on that that entails, no matter what it might be—a new disease which is completely unknown to mankind, or an attack, you would not be prepared unless you made that investment in public sanitation and public health.

In response in part to this statement, and with their own ideas about it, we are now going to hear jointly from Maj. Gen. Peter Clegg (USA ret.), and Rear Adm. Marc Pelaez (USN ret.).

National Defense Against Germ Warfare: The Military and Health Care

Maj. Gen. Peter Clegg (USA ret.)

It did not take an understanding of germs in causing disease—a relatively recent development—for the threat of what today we call "biological warfare" to be recognized. Even in ancient times, and certainly in the Middle Ages, people became its victims when enemies catapulted diseased carcasses over the walls of defending cities. We've all heard of the reported attempts in colonial America to infect Indians with smallpox-contaminated blankets. Even in the 21st Century, we have witnessed the use of anthrax-contaminated letters sent to prominent politicians. So, clearly, the use of biological agents in both peace and war can be expected to proliferate, as science expands the horrific possibilities of their use, and at the same time, of concealing its origin.

The controversy over the cause of the coronavirus pandemic highlights the threat as well as the importance of measures to defend against it. We cannot exclude the possibility that it was man-made, or even that it was intentional, however unlikely it may seem to some.

Counter Medical Threats in Six Arenas

Now, what to do about it? We know from the lessons learned by the Army in the Spanish-American War and during the building of the Panama Canal, as well as

during World Wars I and II, what must be done to counter the threat. I will focus on six key areas; by no means an exhaustive listing. The importance of every one of these areas has been highlighted by our recent coronavirus experience.

1. First of all, under the rubric of cleanliness. Large numbers of people in small, confined areas is a recipe for disaster, as the Army has learned in every conflict we've been involved in. This is why the Army places such an emphasis on cleanliness. Safe, clean water supplies, strict field sanitation, ventilation of indoor facilities, rapid quarantining of sick personnel, frequent washing, changing of hospital bedding, frequent inspections of living and dining areas, and related actions are really the first line of defense. During the First World War, [such measures] resulted in reducing the severe impact that the Spanish flu had on military operations.

2. Development and use of antibiotics and vaccines, going back to the smallpox vaccinations and the [American] Revolution, and the development and use of vaccines against typhoid fever and typhus in the Spanish-American War and during the building of the Panama Canal, are examples. But most significantly, during World War II, for the first time, infectious disease was not the number-one killer any longer.

3. The third area is medical infrastructure development. In both world wars this was significant. Design and rapid construction of hospitals and clinics on a massive scale, as well as the development of a medical logistics system to get medicines, medical supplies, and new machinery distributed quickly around the country and in Europe during World War I, and around the world during the Second World War, had a significant impact in reducing the death rate as a result of the war.

4. Recruitment, as well as the draft, and rapid training of large numbers of medical personnel on a scale never seen before or since, enabled the medical branches of the Army to build themselves up, pretty much contemporaneously with the build-up of forces both in Europe and the Pacific, and was a significant factor in enabling us to emerge from both conflicts victoriously.

5. Conduct of research, development, and distribution of protective equipment. From simple things like screens and insect repellents in Panama, to the sophisticated diagnostic equipment which is available today, is the fifth area that I will highlight.

6. And finally, of critical importance, as we've seen with the coronavirus vaccine issues, the discipline to

get the troops to adopt the protective measures and not evade them. A good public relations program to educate, persuade, dispel rumors, and deal with mis-information is certainly as important as all these other things we've seen.

When I was in Vietnam, I happened to be in an area which was significantly affected by the most virulent form of malaria, which is the *falciparum* malaria. We had to take both the great big orange chloroquine pills as well as the little dapson tablets. It was always a problem. You'd think, who would want to get malaria? But surprisingly enough, it was difficult to get the troops to take their malaria pills! So, we wound up having to have them take them in formations where the NCOs and the officers could watch and make sure that it got done.

Another example of this, which doesn't relate so much to biological warfare was, during both the Korean War and the Second World War, officers and NCOs had to get troops out and make sure they changed their boots and socks because of the danger of trench foot in cold weather and wet weather combat.

Human nature is a funny thing. Why do people take drugs? Who would not want to take a measure to prevent yourself from getting a disease? Who wants to get malaria? Who wants to get all these other diseases? But people are strange, and they have to be led. Fortunately in the military, to some degree, we have the ability to force them to do it. But in the civilian world that doesn't work; the PR effort is even more important.

Rear Adm. Marc Pelaez (USN ret.)

Following General Clegg, I couldn't have said it any better from an historical context and the experiences in this country. I'm going to go a little bit off from that, take off from that, to say, "What then do we do in the rest of the world?" We do have a hard time even in the U.S. to get everybody to take those pills or take that vaccine. That is puzzling to me, but it is a fact of life. However, we'll make progress here.

Integrating the Military into the Effort to Promote the Wellbeing of All Peoples

The real issue then becomes that we can't deal with this in isolation in this country alone, or the developed world alone. It's a global issue. We've talked in the past about the role of the military. Yes, the military is a large, well-disciplined, organized entity. It's self-sufficient; it's deployable. It has, at its core, obviously a defensive pur-

pose, but it also has capabilities which extend far beyond any other organization or entity that I know of. So, how do you take the discipline, the knowledge, and transfer that and use that effectively to go into parts of the world that don't have that structure? It's a difficult thing.

You try to send the military into a country that's not used to seeing the U.S., or French, or whatever, military organizations, and there's a natural suspicion. So, the way that works effectively, in my opinion, is, you have to be invited, and you have to work with the local entities and give them the support, the structure, all the learning that we've developed over decades, and apply it to the situation, whether it's Mozambique or some other place; whether it's food distribution, whether it's disease prevention, access to clean water—all very critical items.

It probably takes and will take coordinated effort by many, many groups to effect that sort of cooperative approach. That's not something that one government can dictate. But, in general, it's in the best interests of gov-

ernments to do that sort of cooperation. It builds good will, and frankly, it takes many good steps toward peaceful coexistence in the world.

There are great opportunities, but it takes a concerted, international effort to make something like that happen. From the military standpoint, I think, as we've said in previous discussions, there's clearly an interest and desire to promote the wellbeing of all peoples. On the military side, when the opportunity presents itself, I think it's a very enthusiastic involvement that takes place. Whether it's sending a hospital ship, or an army field hospital, or other training resources.

The conference is right to talk about this in the context of an international cooperative approach. When it comes to access to clean water, or disease control, or starvation control, food distribution—those are areas that should be apolitical. And we should be able to find common ground. I look forward to the fact that this conference and others like it hopefully can promote that level of understanding. Thank you.

DISCUSSION SESSION

Schiller Institute Conference, June 26-27, 2021

Panel 4: 'The Coincidence of Opposites: The Only Truly Human Thought Process'

This is an edited transcript of the discussion following the first part of Panel 4, "The Coincidence of Opposites: The Only Truly Human Thought Process," of the Schiller Institute's June 26-27 conference, "For the Common Good of All People, Not Rules Benefiting the Few!" Participating were the panel moderator (Dennis Speed), Helga Zepp-LaRouche, Counselor Boris Meshchanov, Rear Adm. Marc Pelaez (ret.), Dr. David Satcher, Dr. Walter Faggett, and Maj. Gen. Peter Clegg (ret.). The video of the discussion session is available [here](#). Subheads have been added.

Dennis Speed (moderator): Dr. Faggett is standing in for Joycelyn Elders at the moment. She will be joining us later today. He has worked closely with her, and also served in the 82nd Airborne. He is the former head of the D.C. medical system, and he knows all about D.C. General Hospital, which was referenced before.

Let me at this point first ask Helga if there's any-

thing she would like to say, any reflections, or anyone she would like to address a question to at this point.

Helga Zepp-LaRouche: No, I think that what Mr. Meshchanov said is very future-oriented, and I also think that the recent two contributions by Major General Clegg and Rear Admiral Pelaez give me hope that we can maybe come out of this conference with a concrete call to promote this idea. Because I think that we need to have the Committee of Coincidence idea spread to many countries—it's working to a certain extent in the United States, and we have made contact with some Caribbean countries—to make it the fully realized idea of truly building a world health system, if we want to really come out of this experience having learned the most important lesson. This is now the moment to act, because as Dr. Elders said, the delta variant should underline how urgent it is, and there is no time to rest and think that the pandemic has been conquered.