

LaRouche: 'We Need A Crash Program. . .'

On Oct. 6, following the previous day's announcement by British-based Chiron Corporation that it had cancelled its intended supplies of 48 million flu shots to the United States for the 2004 season, Lyndon LaRouche gave a pre-scheduled international webcast in Washington, D.C. A group of medical students, participating from the University of Maryland Medical School in Baltimore, asked for his comment.

Q: Mr. LaRouche, going into yesterday, we were already very concerned about the impending flu epidemic, and there were questions as to how we could most efficiently vaccinate the population. Yesterday, a story broke indicating that

almost instantaneously, 50% of the supply of serum was wiped out, because of a manufacturing problem. It does seem to us that the other shoe suddenly dropped. Our question is, can this be considered a problem of healthcare, or is it a problem of infrastructure? Either way, what do you do about it, when the flu season is immediately upon us?

LaRouche: The question is two. First of all, what should you do? And secondly, how effective can you be?

What you should do, you're going to have to do anyway. This constitutes the basis for defining an international health emergency. This means that we have to have a crash program approach to deal with this problem. This also means a restructuring of the implementation of our healthcare policy.

What are our problems? First of all, we don't have hospitals. Why don't we have them? Because we destroyed them. Take the D.C. General Hospital, for example. It was destroyed. The best resource for the defense of the citizens of this area against infectious disease and other problems, *was*

destroyed—in a swindle, a financial swindle. A rip-off, which my “friends” at the *Washington Post* had something to do with. And if somebody dies in your family, you should get *them* to pay for it. Because that’s what happened.

We have gone away from a policy of having reserves. We used to have all kinds of reserves, medical reserves. It was something which we insisted upon, from the experience of World War II, for example. We learned a lot of lessons from World War II about this kind of problem.

We destroyed it! So, therefore, we have to say, “First of all, this was a mistake. To put the human race at risk in this way, was a mistake! We have to adopt a policy of correcting that mistake, by reversing the policies which led to that mistake.”

Now, that means, on another level, you treat it like a military emergency. You have all the relevant institutions tasked to come up with an approach to this and, whatever it takes, do the job. Whatever it takes. I don’t know what the full

resources are; but obviously, it has to be treated as an emergency, and we can not accept, in order to balance the budget, etc., etc.: “We have a problem, it’s going to take more time.” It’s not acceptable. Whatever we have to do, is what is acceptable. And if we can’t do it, at least let’s kill ourselves, in a sense, trying to do what should be done. And let’s minimize the damage, if we can’t absolutely prevent it. But we have to be considerate. We have to take it on.

Look what we’ve destroyed, look what we’ve done! Look what we’ve done since 1973, since the HMO law was put in. We have *destroyed* essential parts of the medical defense system of the United States. And we’re killing people by that! What we’re doing with HMO policy; the way they regulate physicians. A physician can’t spend too much time talking to a patient. How else is a physician going to practice preventive healthcare, if he can’t talk to a patient in order to diagnose what the patient’s problems may be, as opposed to what a specific, authorized-category disease is?