

What are these guys doing for a living when they get out? Pushups?"

Reports of Abuses at Other Camps

There have been reports of abuses at other camps. Last year, the state of North Carolina closed down a privately owned "About-Face Youth Boot Camp," taking 19 girls and 43 boys to be sheltered temporarily in a hospital. A social worker had substantiated that a camper had been handcuffed for three days. Parents from around the country had sent their kids there after the camp's founder made several appearances on the nationally televised "Jenny Jones" talk-show, on episodes of "out-of-control" kids. According to its website, the camp charges \$400 per week, with a two-week minimum. A weekend session is \$100. In the Winter, a two-week session costs \$1,000.

The Arizona boot camp, where Haynes died, is run by a strange group called the "America's Buffalo Soldiers Re-Enactors Association." Its members dress up and parade on horses in 19th-Century cavalry uniforms. Their program is called the "Summer Endurance Boot Camp." The founder of the camp, Col. Charles Long, advertises the camp on its website stating: "America's youth are running wild like undomesticated horses on the plains. Before wild horses can ever be of real service, you must corral and saddlebreak them or they will continue to run astray."

Financially Lucrative

From a business accounting standpoint, the camps appear to be very profitable. While parents pay thousands of dollars for the Summer, in return their children get, according to an AP report on the Maricopa County camp, "forced marches, black uniforms, and a diet consisting of an apple for breakfast, a carrot for lunch, and a bowl of beans for dinner." The children sleep "in sleeping bags on concrete slabs." The kids' "supervisors" were 17- and 18-year-olds, with no medical personnel at the camp.

The Arizona camp's owners had taken their lead from the methods that Sheriff Arpaio used in his Maricopa County jail. The model is the concentration camps of Nazi Germany. The concentration-camp victims were marched to work in nearby factories, but were fed only a few hundred calories a day. They worked for a few months until they dropped. Sheriff Arpaio makes inmates pay for their meals. Canines eat \$1.10 worth of food a day; the inmates, 90¢, Arpaio told a CNN reporter in a July 1999 story. "I'm very proud of that."

After Haynes' death, Sheriff Arpaio exclaimed, "There has [sic] been some serious allegations at that boot camp." It should have been of little surprise, however, that he has had a long-term relationship with the "Buffalo Soldiers," having often marched together with them in parades. Last year there was a Federal investigation of the boot camp, but no charges were filed.

We Lack Public Health For Bio-Terror Defense

by Carl Osgood

Over the last couple of years, a number of hearings, meetings, and exercises have been held to test the response capabilities of municipalities, states, and the Federal government, in case of a terrorist attack employing biological agents. As one result, there is a crescendo among elected and public health officials, in particular, around the lack of preparedness of the U.S. public health system to deal with such an incident.

The most dramatic of these events was a "senior level wargame," dubbed Dark Winter, conducted at Andrews Air Force base in Maryland on June 22-23. It was described to the Subcommittee on National Security, Veterans Affairs, and International Relations of the House Government Reform Committee on July 23, by former Deputy Secretary of Defense John Hamre. Hamre is now president of the Center for Strategic and International Studies, which along with several non-governmental organizations, helped to develop the scenario for the war game. Hamre described a frightening scenario involving the release of smallpox in a major American city, and the inability of officials across the spectrum, from local emergency personnel up to the National Command Authorities, to respond adequately to the developing crisis.

'Dark Winter'

The Dark Winter scenario involved the release of smallpox in three different locations — Oklahoma City, Pennsylvania, and Georgia — at the same time as crises were developing in the Taiwan Strait and Southwest Asia. The Pennsylvania and Georgia releases were botched, but the Oklahoma City release resulted in an epidemic, and was not reported until some 25 cases had been counted. Smallpox is especially feared as a biological agent because it can only be controlled by vaccination and containment, is 30% fatal, and hasn't been seen in the United States since 1949. Vaccination was stopped in the United States in 1972, and in the rest of the world by 1980. Hamre told the subcommittee that one of the problems in dealing with an outbreak is the limited supply — 12 million doses — of vaccine in the United States. The immediate question that arises, is, how does the government allocate such a supply when there's only enough for one out of every 23 Americans?

Hamre described a frightening series of events during the 12 days of the scenario, an unfolding crisis complete with fake news broadcasts. Problems that rapidly became apparent, were the overwhelming of the public-health system and,

by the end of the exercise, a complete breakdown in public order. On Day 12, some 30,000 people were infected, with 10,000 dead, as the epidemic went into its second wave, and projections were that 30,000 would be dead within three weeks.

Hamre concluded that such an attack could cripple the United States, and that “substantial investments” will be required to change this situation.

Last May, President Bush directed Vice President Dick Cheney “to oversee the development of a coordinated national effort so that we may do the very best possible job of protecting our people from catastrophic harm.” At the same time, Bush asked Joseph Allbaugh, director of Federal Emergency Management Agency (FEMA), to create the Office of National Preparedness, which was to become the coordinator of all Federal programs dealing with weapons-of-mass-destruction “consequence management.” This office is also to coordinate closely with state and local governments “to ensure their planning, training, and equipment needs are addressed.”

After two months, where does the ONP stand? John Magaw, acting deputy director of FEMA, told a conference sponsored by the National Governors’ Association on July 11, that FEMA director Allbaugh is “committed to partnering with all state and local agencies.” During Magaw’s remarks, the undefined nature of ONP’s existence led to a number of questions regarding the National Domestic Preparedness Office, resident within the FBI, which state and local officials apparently see as a valuable resource. What will be the relationship between ONP and NDPO? Magaw was not able to provide clear answers to these questions.

Oklahoma Gov. Frank Keating (R), who participated in Dark Winter in the role of state governor, and former Sen. Sam Nunn (D-Ga.), who participated, acting as the President of the United States, both discussed the issue of Federal and state responsibility, at the House subcommittee hearing. Keating pointed out that his responsibility, as governor, required him to ask for enough vaccine for the entire population of the state. Nunn, on the other hand, had to decide how to ration the limited supply of vaccine, how much to reserve for the military, and so forth.

Another conflict was over when and how to use Federal resources, such as military assets. Keating told the subcommittee that “what the state needed were the assets, assistance, and intelligence, not for the Federal government to step in and take charge.” This issue was particularly sharp over employment of the National Guard. “President” Nunn was advised to nationalize the Guard, but in the end, he decided it would be better not to, to make it easier to gain the cooperation of state governors.

What About Public Health?

The public health system will be the frontline of defense in the event of an attack against the United States involving biological agents. There is inherent conflict between a policy

designed to protect the public health, and one designed to maximize the profits of the insurance industry. Gen. Dennis Reimer (U.S. Army, ret.), the director of the Oklahoma City National Memorial Institute for the Prevention of Terrorism, which worked with the CSIS in developing the scenario, told the NGA conference that the medical system is “overworked right now,” and this problem “has to be dealt with.”

Reimer later told *EIR*, “Hospitals don’t have a lot of extra capacity, extra people. If you have any type of disaster with mass casualties, you put a tremendous burden on your medical system at that location.” He said that hospitals can surge for a short time, but a biological terrorism attack is an event that is expected to play out over many days and weeks; you can’t work medical personnel on 36-hour shifts indefinitely.

At the July 23 hearing, Hamre told the subcommittee, “We’ve cut back on excess hospital capacity because we couldn’t afford it.” Senator Nunn pointed out that “market forces for health care are striving for efficiency,” and as a result “you have less excess capacity.” He warned, “You need the excess capacity, you need a stock of vaccines, but the market is not going to provide these.” He said the government has to take responsibility for this. He pointed out that “it will work against efficiency, but for the public health.”

Subcommittee chairman Shays had already pointed out, during his opening remarks, that strengthening the public health system as the first line of defense against a biological terrorist attack would also “better prepare us to deal with natural disease outbreaks.”

Rep. Saxby Chambliss (R-Ga.), in an address to the NGA conference, spoke of the need to strengthen public-health assets. When asked by *EIR* if “it makes sense to reverse the whole managed-care policy to increase the capacity to respond” to biological terrorism attacks, Chambliss called for educating the American public as to the likelihood of a terrorist attack on American soil, and thus putting pressure on local and state officials “to beef up the medical facilities . . . to make sure that we’ve got the beds available.” What Chambliss avoided is the fact that the 1973 Health Maintenance Organization (HMO) Act, which created the managed-care system, and the 1997 Balanced Budget Act, which looted the Medicare and Medicaid funds which hospitals depend on, are not “state and local” issues, but rather, national issues.

It isn’t just the Congress that is unwilling to face this policy problem, however. President Bush’s commitment to protecting the HMO system, which harbors such friends of his as Richard Rainwater of Columbia/HCA, makes a mockery of the measures that his administration has proposed, allegedly to address the threat of terrorism using weapons of mass destruction. These cost-cutting policies are national in scope; the public-health system is less and less able to handle even normal patient loads, much less an event involving mass casualties.