

## SITUATING HEALTH-CARE POLICY

# What Is Infrastructure?

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Perhaps the most dangerous kind of ignorance met today from among both today's leading U.S. policy-shapers and the breed of post-industrial businessmen, is their tendency to substitute the current, crudely mechanistic populist ideology of most of today's corporate financial accounting practice, for the practice of real, American System economics. *That mile of difference is the crooked sixpence in Wall Street's style today.*

Consequently, the severity of those blunders which have had cumulatively long-term effects on the U.S. economy since the late 1960s, has been increased greatly by the crudely reductionist philosophical trend in the thieving, wild-eyed, Enron-style mentality expressed in so much of today's corporate financial-accounting. Typical of this trend at its worst, has been the increasingly mad-dog quality of influence of Mont Pelerin Society varieties of monetarism.<sup>1</sup> The impact

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1. To understand the systemic roots of the criminality shown in cases akin to Enron, we must trace that trend in thievery largely to the growing, brutish kind of ideological influence of Friedrich von Hayek's leadership of hard-right-wing pace-setters such as the Mont Pelerin Society and American Enterprise Institute. The predatory ideology expressed by such institutions as those, had become increasingly fashionable over the course of the post-Franklin Roosevelt period in our history, especially since about the time of the election of President Richard M. Nixon. The essence of that Society's dogma, as emphasized by the late von Hayek himself, is Bernard Mandeville's doctrine that "public benefit" finds its origin in "private vice," as expressed by such lunacies as the gambling manias which motivated the predatory activities of the "Artful Dodgers" Michael Millken and Enron, of hedge-fund rackets generally, and, as Milton Friedman emphasized in an April 16, 1980 television interview with Phil Donahue, drug-trafficking. Many of the most predatory executives are parading to prison today because they practiced business according to the Mont Pelerin Society's Mandeville doctrine. This is the form of vice on which Alan Greenspan's career as Federal Reserve Chairman has been premised, from inception to present date.

of these contemporary cults of confusion, is shown most vividly in the impact of the widening discrepancy between financial and physical capitals. Under today's ideology of financial capital, we have promoted, or simply condoned the negligent, miserly, penny-wise, pound-foolish way in which today's largely misguided people and their governments have come to think about the subject of basic economic infrastructure.

Health care and sanitation, both as activities of government and private agencies, are functions of society which, by their nature, occupy a special place in that category of economy, a place defined as *basic economic infrastructure*. We must understand the former relative successes of the U.S. economy in this category prior to the 1971-1973 period of the shift toward today's cruelties and disasters, the shift which came boldly to the surface as the shift under President Richard Nixon. We must see the effect of the shift, as launched under Nixon, from the vantage-point of a contrasting, earlier system based on the highly successful, Hill-Burton (see **Figures 1.1-1.4**) standards for health care, a shift into what is now so clearly the presently manifestly catastrophic failures under HMO standards of practice. If we are to correct the presently catastrophic effects of that change under Nixon, policy-shapers must locate the interdependent roles of health care and sanitation in terms of the functional place and role of both of these functions, combined, not as the role of something off by itself; it must be understood as an integral part of the basic economic infrastructure within the larger economic system of the national economy as a whole.

To guide us in that urgently needed reform of our national policy, we must provide appropriate kinds of emphasis on the true meaning of our Federal Constitution's requirement that government be obedient to the implications of the obligation of promoting the general welfare. Therefore, as we are to be

FIGURE 1.1  
**1969: 14 States Had Federal Legislated  
Minimum Hospital Beds Per 1,000**



FIGURE 1.2  
**1980: 22 States Had Federal Legislated  
Minimum Hospital Beds Per 1,000**

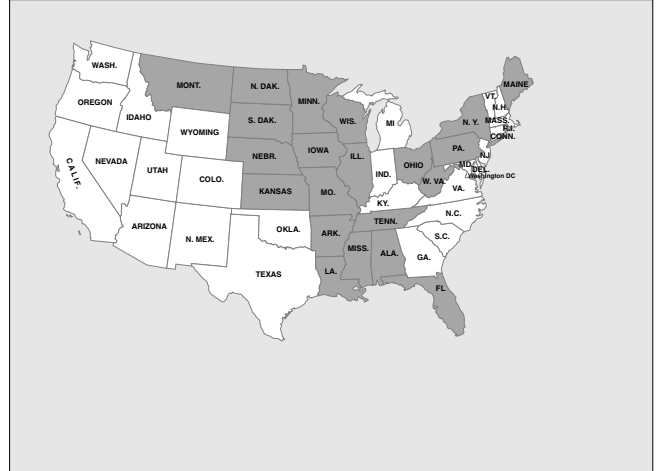


FIGURE 1.3  
**1990: 13 States Had Federal Legislated  
Minimum Hospital Beds Per 1,000**



FIGURE 1.4  
**2000: 5 States Had Federal Legislated  
Minimum Hospital Beds Per 1,000**



*The Federal Hill-Burton law of 1946, "The Hospital Survey and Construction Act," mandated a minimum standard of hospital beds per 1,000 people. The system has been dismantled.*

guided by that supreme intent of U.S. Constitutional law, we must locate the function and place of law governing health care and sanitation within the general ordering of development and maintenance of national basic economic infrastructure. Government is accountable, both formally and morally, both for what it does, and what it fails to do. Government is also accountable for the effect of the ruinous conditions which changes in government administrative functions and statutes have imposed upon private practice, as under the changes in Federal health-care law launched in 1973.

So, as a result of changes in national economic policy,

including those made since 1973, private pension and related systems are beginning to collapse around us, like bowling pins. We have entered a time, in which the performance of the U.S. private financial sector in managing pensions and health care has become a conspicuously catastrophic, systemic failure. "Private" pension accounts are no longer a sound investment for any among those of our people who can ill afford to lose their investments. While this onrushing collapse of the Wall Street system may have been the result of what might be described as light-mindedness, or moral flaws in the managing or crafting of the private retirement

schemes, the more general reason for the collapse lies in the top-down mismanagement of our economy in a way which reflects the presently failed ideology of the now crisis-stricken financial sector as a whole.

The fact of the matter is most plainly typified by the success of Franklin Roosevelt's launching of the Social Security system, as contrasted to present conditions of onrushing general financial collapse of today's poorly managed, private investment sector. Whereas Federally managed Social Security has become what President Franklin Roosevelt had intended, not only the best, most secure type of pension available; but, at the present moment of plunging economic catastrophe, *unmutilated Social Security, as long as it is left untouched by the private hands of man or monkey, is now becoming the only available resource for nearly everybody*, as private pension plans are either collapsing, or on the verge of doing so, during the very near future. *Government bound by law, unlike private pension schemes based on Wall Street's presently increasing impulses for wild-eyed prankishness, is not going to vanish mid-way on the way to the claimant's retirement.*

What is true for Social Security, is also implicitly true for health-care systems, in which performance by former Hill-Burton Law standards beats, by a far stretch, all notable rivals in terms of overhead charges and cost-benefit performance.

Given, especially, the presently onrushing international financial crises, what we now need, urgently, is a new Federal health-care law which does for health care what such misbegotten creations as HMO and related systems have so conspicuously ruined. We need a system which affords the population assured attention to the health of the patient as a whole person, including increased attention to professional assistance in arranging preventive health care, rather than accepting what are defined as authorized cures ticked off from a corporate accountant's laundry list of authorized diseases.

We also need a clear conception of the way in which the functions of a Federal health-care law fit into the framework of its important contribution as a factor of U.S. economic recovery and long-range growth, a factor which our government must now introduce as an urgently needed change from the mounting list of negligent and other failures among current U.S. policies. This is a factor which can be defined only from the vantage-point of the conception of the indispensable, overall, functional role of basic economic infrastructure, in a system of long-term growth of the economy and its per-capita productivity as a whole.

Now that my recent, previously published reports, as in my report on the subject titled "Cauchy's Infamous Fraud," have documented the principled nature of the broad, underlying issues of today's immediate crisis of economic policy, I am situated in a position with greatly increased moral and intellectual authority, and, therefore, also responsibility, for narrowing the focus of our attention to health care, by focusing my efforts here upon those specific, interdependent sub-

jects of health-care and sanitation policies in which my leading qualifications as an economist are crucial. To bring the matter properly into focus, I must prepare for that, by, first, situating the issues of health care and immediately related subjects within the larger framework of the concept of basic economic infrastructure generally, as I do now.

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## 1. Infrastructure and Health Care

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A common electric toaster, or similar kitchen appliance, is not, in and of itself, infrastructure. Usually, the utility into which the toaster is plugged for its power, belongs to the category of basic economic infrastructure. The argument for that point was already clear to the initial colonists of the Massachusetts Bay Colony and Virginia, in their own terms of reference at that time, as they struggled to create the preconditions required for the continued economic existence of their original settlements. It was clear to Pennsylvania, up through the time that Treasury Secretary Alexander Hamilton wrote his 1791 Report to the U.S. Congress *On the Subject of Manufactures*.

However, today's more poorly informed people are often duped into thinking of man's looting, or not looting nature's streams, forests, etc., as something to be measured in terms of private ownership of existing such deregulated resources. Contrary to widespread popular illusions today, the reality of the progress and continuance of man's existence on this planet, per capita and per square kilometer, is both the improvement of nature by man, or the repair of the damage to both original conditions, and, also, those kinds of man-made improvements of that environment which raise the potential of areas above the levels found in what might be naively assumed to be the pristine state of nature.

The needed improvements fall into two broad classes. In the first classification, we have maintenance and improvement which have the form of helping nature to do as good or better than could have happened without man's intervention. The portion of infrastructure which fits into apparent agreement with that definition, corresponds to the form of what scientist V.I. Vernadsky classed as the *Biosphere*. The other things which are needed to complete the picture for infrastructure, are things which are an artificial, but integral part of the essential environment for a certain human standard of living and progress, such as mass-transportation by rail,<sup>2</sup> electrical-

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2. Highways are necessary, but the combination of negligence and take-down of our nation's former national railway grid, has been one of the greatest, most costly cases of stupidity mixed with financial greed expressed by corporations which we have permitted to be inflicted on our nation. The use of the high-technology development and production capacities of the automotive sector for developing a modern national rail-system grid, to reduce dependency upon highways, would be one the most beneficial, and crucial shifts in allocation of productive resources in any well-conceived national recovery program today. Many factors, including the soaring cost of petroleum, make this an urgent, as well as extremely beneficial, change in economic priorities.

power systems, and so on. These other things belong clearly within the category which Vernadsky defined as the *Noösphere*. These two, combined, man-managed features of the general environment, constitute the national and world economies' *basic economic infrastructure*.

Implicitly, on principle, *basic economic infrastructure* corresponds to a physical cost to society which must be met even before a single turn of the wheel could occur for parts of the economy other than *basic economic infrastructure* itself. That is to say, that the quality of development of economic infrastructure, such as non-highway-based mass transit, defines the potential of the economy into which privately managed activities are inserted. The raising of the level of potential through augmentation or other improvement of infrastructure, will prompt an increase in the expressed productive powers of labor, even without any other technological enhancement of productivity within the private sector. Lowering the potential represented by the infrastructure, would lower the net productivity of the private sector of the economy as a whole.

In the American System of political-economy of our republic's founders, the national economy is divided into two large categories of economic function: basic economic infrastructure, which is primarily, if not exclusively a general responsibility of government, and what is usually distinguished as an area of private enterprise. Treasury Secretary Hamilton's 1791 *On the Subject of Manufactures*, is the most convenient starting-point for a classroom or comparable discussion of this division within the bounds of the best features, and best intentions of our rather distinct American System, in our economic history to date.

From the standpoint of Riemannian mathematical physics, as I have emphasized the relevant connections in my "Cauchy's Infamous Fraud,"<sup>3</sup> and stated this point again, here, it is the state of development of a society's basic economic infrastructure which defines a level of potential which pre-determines the *potential* quantity and quality of the standard of living and output which might be achieved in the development of the physical economy of the society as a whole. In other words, we must dispense with, and supersede the misleading notion of "value added," as used in U.S. national income and product accounting of the post-World War II period. We must shift from *local value added*, to *increment of national potential*, the latter a concept of *Leibnizian potential* coherent with what mathematical physicist Bernhard Riemann defined as "Dirichlet's Principle."<sup>4</sup>

Thus, it is an essential obligation of government, to assess how well an economy is performing. This means that we must

3. *EIR*, April 1, 2005.

4. My use of the term "potential" throughout this report, is Leibniz's. The use of Leibniz's term in this location, signifies Riemann's refinement of Leibniz's concept, Riemann's notion of what he identifies as "Dirichlet's Principle." See "Cauchy's Infamous Fraud," *EIR*, April 1, 2005.

determine how high a level of physical output, per capita and per square kilometer, the nation will be able to sustain, under a continuation of present trends in infrastructure and other policy. Or, how a change in infrastructure policy might improve the economy's potential per capita and per square kilometer of its total territory. This must be assessed in respect to both infrastructure development and technological directions, not just this year and next, but as far as the useful life of capital investments in infrastructure one or two generations, and sometimes more, into the future.

To make competent assessments of performance of a national economy, for example, the basic, minimal unit of measure is a generation. This must be measured as the span of development of a new-born generation, from its birth to reaching adult economic maturity. For example, in today's U.S.A. or Europe, this standard corresponds to a young adult of perhaps twenty-five years, the typical age of the category among university graduates, or equivalent, who have developed professional capabilities of practice by relevant current standards. In the case of today's U.S.A. or western Europe, for example, pensions and health care are matters which must be managed with efficient foresight, over a span of the three generations or more, which is today's ordinary life-span of the individual.

The most critical factor in determining what that society's potential is, as weighed in terms of one to two generations ahead, is *the trend of growth in potential*, as associated with the factor of what is fairly identified for discussion as "technological progress." In our policy-making, we must answer the question: What is the degree of development, *using American System standards of reference*, of both basic economic infrastructure and the properly defined equivalent of the "private sector," which is required for the U.S.A., now, to meet the resulting requirements for our nation's foreseeable role in the world of one, two, and more generations ahead?

For example, the basic goals of the development of the nation of China today can not be less than the span of two generations, at a minimum. This is a critical factor in that nation's future history, since an intensive development of China's total territory, through infrastructure-building and technological transformations, must bridge the road to the beginning of the next generation to come to maturity, and a second generation to consolidate the benefits of the transformation accomplished during the first such generation. How does this apply to a proper choosing of standards of health-care organization and performance, in our nation, or theirs? Treaty agreements and related policies among nations who cooperate for the Westphalian goals of "the advantage of the other," demand this approach. So, we must look ahead within the bounds of our own requirements at home, in ways which are premised upon a competent assessment of such matters of the nations with which we must cooperate.

Look at a sample from the relevant historical record.

## ‘Primitive Accumulation’ Against Health Care

From known economic history, such as that of ancient Mesopotamia of the Sumerians, and also later, all known cultures prior to the appearance of the American System of political-economy so far, have turned out, in the end, to be premised on assumptions which included a major, catastrophic failure of their cultural design. The apparent cause of the collapse of economies, even entire cultures, was expressed most plainly, in each case, as a factor which is termed by modern economists of various ideological stripes as *primitive accumulation: a drawing down, as by depletion, of the physical potential on which a continuation of the present physical level of that society depends.*

*Primitive accumulation* is not measured in currency-values; it is measured, primarily, in terms of physical-economic values.

For example, today, national product is usually measured in money-terms. For many categories of policy-shaping, this choice of measurement is often a serious mistake. Thus, whereas the monetary-financial system’s reports may insist that the U.S. economy has been growing, on the average, since the 1970s, when we look at the physical realities of the state of physical infrastructure and the physical standard of living of the lower eighty percentile of our population’s families, the U.S. economy has been in a long wave of decline. Since the sweeping changes in policy during 1970s, decades of decadence have swept our nation toward the brink of the collapse which has overtaken us under President George W. Bush, Jr. If this trend continues, the fate of Belshazzar’s ancient Babylon will have already overtaken us, thus, soon.

This recurrence of the problem of primitive accumulation has not only been extended from the ancient past into modern times. The rate of such attrition was greatly accelerated, since the 1964-1982 shift, from the growth policies which had been formerly associated with Franklin Roosevelt and his continued influence, into promotion of the radically monetarist policies which were institutionalized under the current, 1971-2005 floating-exchange-rate IMF system. Unless we now dump that latter, 1971-2004 system for something equivalent to the original Bretton Woods system, *and also make corrections to eliminate primitive accumulation*, the fate of Babylon, or worse, awaits both U.S. and global civilization today.

As part of this picture, the collapse of the interdependent U.S. systems of health care and public sanitation, through effects of primitive accumulation, over the recent period of more than three decades,<sup>5</sup> has brought us to the point that we will continue to face a mounting general public-health catastrophe for the general population of the U.S.A., unless a reversal of the thinking associated with the 1973 change in

5. Such as the change in health-care policy under Nixon, and the 1975 “Big MAC” operation, launched through the influence of Felix Rohatyn, in New York City.

health-care policy is set into motion now.

The change must be, in essence, a change from the HMO direction, a direction which was a trend toward limiting treatment to a corporate accountant’s select, current day’s price-listing of authorized individual diseases, a trend toward a role which may be seen as the medical equivalent of automobile-repair mechanics, to turn back to the mission of defending and promoting the health of the human being, whether in that person’s role as a patient, or simply part of the general population which includes those receiving or not receiving current medical professional assistance.<sup>6</sup>

This threatened national catastrophe in health care and sanitation, must be understood as a special feature of a broader issue, the general breakdown, through mismanagement and neglect, of national basic economic infrastructure as a whole. Only then, after situating the choice of mission of health care within the mission of basic economic infrastructure for the development of the economy as a whole, could we reach competent judgments on the required internal features of a competent choice of health-care system, as such. That connection is the specific point of emphasis in this relatively brief report summarizing the argument.

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## 2. Forests, Streams, Power, and People

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There are two distinct, but inseparable aspects in a competent national health-care policy. It is more easily recognized, that the well-being of the individual is essential; but, it must also be recognized that the *morally determined* performance-capability of the individual should be the primary concern of society for that individual. The latter concern is, as I shall point out now, an integral feature of the role of health care and sanitation within the functions of basic economic infrastructure.

It must be recognized, as the effect of the sheer terror of “death with dignity” shows, that the effect on folks brow-beaten into “living wills,” for example, should have been obvious from the start. The ability of the citizen to perform for his or her society, is conditioned to a very large degree by the way the citizen sees the practiced attitude of his or her

6. The current practice of corporate health-care management follows the pattern of outsourcing of products for the U.S. market to the places where successively cheaper labor can be found, moving production, thus, from cheap, to cheaper, to cheapest markets abroad. We should be reminded of the way in which Mexico’s economy has been ruined, to the effect of providing the U.S. ever-cheaper labor from desperately unemployed poor smuggled illegally into the U.S. market today. We are destroying the medical profession, and health-care system, inch by inch, or more rapidly, by such corporate cost-consciousness today. We are not cheapening costs of health care; we are eliminating the existence of deliverable health care at the source. By such cost-conscious methods, we are accelerating the elimination of what some, such as Colorado’s former Gov. Richard Lamm, might consider “useless eaters” from his Wellsian “Brave New World’s” list of voters.



*Alternating strips of alfalfa with corn on the contour, to protect this crop field in Iowa from soil erosion, is a means by which man helps nature do better than it could have without man's intervention.*

society to that individual and family which is threatened by the prospect of avoidable death or simply serious illness. The standard for putting an animal out of its misery, if applied to human beings, puts the human target of that ideological standard of practice into the same category as a mere animal, and also imposes a loss of the sense of humanity in the persons who do that targeting of their fellow human being. Both the victim, and the persecutor are dehumanized. Our society, our nation, has been dehumanized over the recent two generations in that manner and degree which the malthusian ideology of the "living will" expresses.

As I have often emphasized in other published locations, a mere mathematician can observe the movement of the planet; only a mind like Kepler's could recognize the power which moves that planet. The essential importance of the role of, and care for the individual member of society, lies in that which motivates the individual's distinctly human powers to act in ways which are to the benefit of his society. This power of motivation is therefore an essential feature of the proper role of health care and sanitation within society's basic economic infrastructure.



*Mass-transportation by rail, as shown in this picture of the Dulles rail corridor outside Washington, D.C., exemplifies the second class of infrastructural improvements which man creates.*

Thus, the moral, or immoral effect of economic policy, as in the recent thirty years of U.S.A. health-care and sanitation policies, may be seen as a politically crucial psychological factor, but it is a psychological factor with a relatively strong, and, often, early economic consequence for the society as a whole. It is the shared moral sense, throughout each and all of the ranks of the individual members of our society, of the need to rise again, for yet one more fight against even seemingly impossible odds, which sparks that one more reactivation of the creative mental powers which makes the margin of difference between a good and a decadent nation. The presence, or lack of that spark of the will to fight, is the factor on which an efficient national sense of purpose in progress, or, in war, depends. It is those creative mental powers of the human individual, combined with the related, accumulated intellectual resources of that individual, which is the driving force, the motivation of the potential for progress within a population as a whole.

The malthusian attitude expressed by the doctrine of euthanasia is not merely a psychological factor. It is an opinion with a very strong, efficient, and early physical consequence for society as a whole. It is an attitude whose practical result is a trend toward treating one's neighbor, and also one's self, as virtually a mere beast.

Thus, the first principle of healthy basic economic infrastructure of any economy, is this moral factor of a type specific only to the human individual. It is the cultivation, the nourishment of those creative powers of the individual, on which creativity and related emotional force for creative initiatives depends. To dull those nobly creative passions within our people, as the idea of a "living will" implies this, is to lessen

their status, and the capabilities of our society, as to what human beings can truly be.<sup>7</sup>

## Education in the Role of Health Care

At the close of the U.S. Civil War, some influential liberals among those who had opposed chattel slavery, worked to prevent education of the children of slaves above the level required for the intended, menial forms of employment of their class. The tendency to limit the goals of public and higher education in analogous ways, as in the current Federal policy of “leave none behind,” is an echo of that same policy for “downsizing” the education of the descendants of former slaves. A very significant portion of our citizens of African descent (and also Spanish-speaking groups are suffering the different, but comparable effects of policies of peonage), typify the problem which is yet to be corrected today. The chains of servitude are removed from the wrists, and placed upon the habits intended to shackle the minds.

On this account, health care as an institution has two prominent, distinct, if interrelated roles within the framework of the policies and practices of educational institutions. One is cultural, education itself; the second is defined as the important role of educational institutions because of their relationship to children, adolescents, and young adult populations of higher educational institutions. The institution of public education, both because of its immediate relationship to the portion of the population in schools, or about to enter them, is an obvious lesson from our national experience. This affects the young directly, but, therefore, also the families they represent. The relationship of the cultural side of education is located, essentially, in respect to the quality of intellectual and related development which the effect of health-care policies should support.

On the one count, it must be our efficient policy to ensure that educational institutions, especially public institutions, fulfil their potential role as vehicles for linking health care and sanitation to the population in general. The other count pertains not merely to the health of the individual and community, but pertains to the standard of intellectual and related development which health-care policy and practice must support in the population as a whole.

As society progresses, in technology and other ways, not only must we raise the target-level of increased life-span and ability to function. We must raise the cultural and economic potential of the average individual. We must, thus, deploy the capabilities of health care and sanitation to raise the effective level of investment in the individual’s ability to respond to, and practice the higher levels of technology of society. We

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7. I saw this fact reflected in the faces of veterans of the age of my generation, in a New Hampshire veterans’ hospital, during the 1970s. The decline in support for those hospitals was an inescapable fact written in the faces and tone of voice of a large ration of both patients and physicians with whom I met during that visit as a candidate.

must, in the second instance, promote and defend society’s “investment” in the rising levels of development of the individual, as we have done in good times, with public education, and with increased emphasis on higher education.

So, we see, among the relatively poorer parts of the world’s population, lower life-expectancies, higher birth-rate, and greater vulnerability to the effects of the spread of disease and pestilence than that to which we had become accustomed during a time prior to the recent decades’ cultural and economic collapse in Europe and the Americas.

With the down-shift in average quality of employment in the U.S., since the so-called “cultural paradigm-shift” of the mid- to late-1960s, and beyond, the actual productive potential of the U.S.A., and much of the European populations, has been on a long-term trajectory of decline. A similar trend is found through the Americas generally, as the physical qualities of average technological levels of work-skills and capital-intensity have declined to a degree which must be described, without fear of exaggeration, as catastrophic. The overall effect is fairly described as equivalent to reversal of cultural evolution, a cultural-evolutionary down-shift of the quality of net physical performance represented by the population and its means of production combined. The collapse of general economic infrastructure in the Americas and Europe, is a conspicuously included result of that trend. It is a result which must be not only reversed; but, that reversal must carry the cultural potential of the populations, per capita and per square kilometer, to higher levels of quality than had ever existed before.

This needed effect requires a quality and degree of motivation sufficient to bring the needed improvement about. The emphasis must now be on the quality of the individual we produce, and the quality of the circumstances in which that individual works and lives. The standards of health care and sanitation must be raised to meet that higher standard. To do this, it is not sufficient to chart the pathway we must travel; we must motivate that motion within the individuals.

The resistance to the shortfalls in society’s performance on these accounts, as that correlates with the challenges of health care and sanitation, requires a higher quality of development of populations, with better health, longer life-expectancies, and far greater ratios of physical capital investment per capita and per square kilometer as time passes. The result of that necessary trend throughout our planet, presents us with the mental image of the rising potential which must be represented by the typical individual member of society. Therefore, the included function of health-care and sanitation policies must be to promote that increase in motivated potential of the individual, using *potential* in the sense of Leibniz’s usage.

## Our Streams and Forests

We are faced presently with a threatened loss of access to safe fresh water at the faucet, at the same time the complex

system of water management, on which we depended for many purposes, is collapsing of neglect. "Globalization" has been associated with a process of increasing the risk to our food supply through reducing the number of varieties of a crop in order to concentrate reliance on a reduced number of types selected to fit the schemes for supranational corporate control of standardized products. At the same time, increasing percentiles of the total population are unable to meet the cost of a decent standard in their cost of living.

This is a circumstance which warns us that we must now reverse, significantly, the recent decades' faddish trend into "privatization." Effects, as in areas such as health care and sanitation (such as clean-water supplies) can not be left to blind faith in the infallibility of corporate arrogance. Under the Federal Constitution of the American System of political-economy, the privilege of private practice is bounded by the general requirement of promotion of the general welfare of the whole nation and of all of its people. What is required to meet that standard, must be done, and we must pay a reasonable price for what must be done.

There are two factors which must be taken into account when we prepare to estimate the required improvements in the condition of those aspects of our environment which we should associate with a man-improved Biosphere. We must start by studying the Biosphere as scientist V.I. Vernadsky's work implies. We must consider both the fossils produced by the living Biosphere, as also the living aspect. Generally, the accumulations of both those fossils and the living portion of the Biosphere must grow to fit mankind's changing quality and quantity of requirements. However, the rate and quality of changes must be changed to compensate for the requirements of the increase of the human population, and those increases and expansion of varieties of requirements of that population which are prompted by qualitative and quantitative technological factors of change. We are, or should be, in the process of changing our planet, chiefly through the combined effect of both quantitative and qualitative changes in the Biosphere and Noösphere.

In both factors, the society's and the individuals' motivation to accomplish those changes are crucial. To supply that motivation, we must support and develop the quality of informed and motivated individual which is required to cause those changes to be defined and put into effect for practice. Otherwise, as a large accumulation of necessary, but waiting, adopted designs for such maintenance and improvements will tend not to occur. "Yes, we could have prevented our society from collapsing as it did. We already knew what needed to be done; but, it was not on our list of priorities for implementation at that time."

We know, for example, that increase of the portion of the day required for commuting results in a lowering of our national productivity, and worsening of the conditions of life and physical-economic productivity of our labor

force. To correct that defect, we must situate sufficient choices of workplaces closer to places of residence of the labor-force's households. Schools, health-care facilities, shopping facilities, and other essential facilities and their related activities, must be either within reasonable walking distances, or, to virtually the same effect, accomplished through readily available modes of public transportation. We must organize our towns, cities, and the relationship of countryside, with its agriculture, to city, to similar effect. However, unless the motivation is present to bring such conditions into being, the kind of awful waste represented by keeping the citizenry on the highways or buses during a large part of the living day, will lower the standard of living of the population, and collapse the efficiency/productivity of the economy accordingly. Such is the kind of waste created by promotion of excessive dependency on highway transport, instead of modern forms of rail or equivalent. The needed changes to correct this wastefulness are knowable, and, to a large degree, known; the will to make the changes is lacking.

That needed will and the promotion of optimism about mankind which nourishes that will, are the precondition for success. The degree of optimism about human nature's potential, which we may promote through aid of insightful views on the subjects of education, health care, and sanitation, are an indispensable factor in promoting the needed motivation for causing what must be done to occur.

In the upward motion of the U.S.A. under the leadership of President Franklin Roosevelt, the tendency for "will do because we can do" was the happiest feature of the way we treated the problems of economy and war. Under the impact of what became known as that "cultural paradigm" down-shift typified by the post-World War II Congress for Cultural Freedom, our population lost much of that motivation on which our rise to the challenge of greatness during the course of the FDR years had depended. This kind of motivation must be built in, in effect, into our idea about human beings expressed in the way we care for the needs of health care and sanitation, as also in education. We must return to the founding principle of our Federal Constitution, to rejoice in the obligation to promote the general welfare.

We were really not very good then, although we managed, on the average, to do the job required of us as a nation. The difference today is, that, then, we were better.

To make that journey, we must find the motivation to take those steps. The source of that motivation lies in the way we, in practice, express an optimistic view of human life, as in a prescience of the immortal future which lies where we have lived, in our future.

We have a long way to go to reach the level of capabilities we could take for granted three or so decades ago. Don't sit complaining about that unpleasant and shameful reality of today; get up and start moving.