

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.



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*Panel 4 discussants, from left to right. Top row: Dennis Speed, Helga Zepp-LaRouche, Counselor Boris Meshchanov. Middle row: Dr. David Satcher, Maj. Gen. Peter Clegg (ret.), Rear Adm. Marc Pelaez (ret.). Bottom row: Dr. Walter Faggett.*

**Speed:** Counselor Meshchanov, let me go to you next, to get a reflection from you. I understand that you have a certain expertise in the economics and development of what is called the Third World—Africa, Asia, South America.

### **Principled International Law, Not the ‘Rules-Based Order’**

**Counselor Boris Meshchanov:** Yes, thank you. So, two things which I would like to comment on. First, what has been much spoken about today—medical infrastructure, and probably sustainable infrastructure as it is called sometimes in the United Nations, including all those things that you have been speaking about— medical, sanitation, access to clean water, transportation—all this is high on the agenda of the United Nations, and its Economic and Social Council specifically.

So, I think that this conference converges very much to the discussions and deliberations in the United Nations. And this voice is to be added to what we are discussing, what we are trying to approach as a part of the recovery now throughout the world, specifically in the developing countries, because the United Nations is

dealing mostly with assistance to the least-developed countries.

There are many other groups of countries, as you may be aware, that need specific attention. And in that sense, I would like to say that this conference is really important. I’ve heard so many familiar issues. It is very important that these questions are raised not only in the framework of specialized organizations, but also wider in the world, and with the experts throughout all the continents. So, this was very encouraging for me to hear about today—these sustainable infrastructure issues. We would like to give our voice of support to these deliberations.

And also, on what Mrs. Zepp-LaRouche said, that my intervention was dealing more with the future, with things of future discussion: I think that what I tried to start with, is the key and the core part of my intervention and presentation. Basically that today, we must learn lessons and speak about principles of international law.

In a very proper manner, Mrs. Zepp-LaRouche differentiated international law from the rules-based order which is something that we are struggling with in the United Nations. It is very much important that a

Western audience knows about these discussions. Because throughout the mainstream media, we have become used to hearing about the rules-based order, and there is a confusion of terms indeed, in this sphere. What our country and like-minded countries and your institute have been supporting is an international-law-based order. We must be very strict and precise in using these terms. Because indeed, the challenges and claims, that the natural shift to a multi-polar world is now this rules-based order, is something that we see as a clear threat. I think that is also threatening the Coincidence of Opposites, because this is a school of thought which excludes dialogue and excludes cooperation. It is very dangerous.

So, these are the two points that I would specifically like to comment on, and thanks for raising them in your discussions.

### **A Positive Role for the Military**

**Speed:** Well, we have an admiral and a general on from the United States; you are from Russia. I wanted to see particularly, because Marc made a very specific intervention in terms of how he posed what we showed of your discussion. I just wanted to see, Marc, if you have anything to say on how—because you referenced some things about this idea of the role of the military as a whole. I just wanted to see if there's anything you wanted to say at this point.

**Rear Adm. Marc Pelaez (ret.):** Well, I think the discipline, the lessons learned, the historical background that each of our military organizations, being the most sophisticated organizations in each of the developed countries, in terms of being able to deploy to deal with adverse circumstances, to deal in rapid response. Not in terms of war, but in terms of dealing with whatever the emergency or situation may be.

So, we have a great body of knowledge, and it seems to me that if you're trying to establish uniform health care and institutions, we should realize we're dealing with a lot of varied factors. A lot of prejudice in individual societies about how health care is handled, and a lot of frankly, a lack of experience in the sort of universal standards that need to be applied. Clearly, there are resource issues, and developed countries can come and bring resources to bear. I think the United Nations is always looking for that. But beyond that, I think we have an opportunity, collaboratively, to define the standards that must be in place to achieve what I think Mrs.

LaRouche was saying very eloquently, and what you would like to see across the globe.

Perhaps where we should be starting is to develop some standardized documents, perhaps some way of describing some common principles that then we could jointly work to apply. I think that's a non-confrontational thing, and it's a very doable thing. I'm certainly not a health care expert. I was a nuclear submariner, so for my Russian friend there, back during the Cold War. But that's not the issue. And I think all military people actually are fighting for peace, so you find a willingness to share lessons learned. We have a lot of military-to-military joint exercises, cooperative discussions that are very fruitful in that context.

Now, if we were to take some of that knowledge that we have and develop those standards and promulgate them and all work towards those as key points, I think we can make progress. It'll be slow, but I think we can do it. So, that's my first reaction.

**Speed:** Thank you, Marc. Dr. Satcher, I want to come to you, because of course, you are a military man; you were a Surgeon General. You spoke before quite a bit about what you think about public health. Also, I know you may have some time constraints, so I just wanted to get any response you have to anything you've heard, or anything you think should be raised at this point.

### **The World Health Organization**

**Dr. David Satcher:** Well, I think the World Health Organization [WHO] should be raised, because that is the body that attempts to pull all the nations together when it comes to health care, health research, etc. I served as a delegate to the World Health Organization for more than eight years, representing the United States. What I observed was that things were sometimes more related to resources; I believe 25% of the WHO budget was at that time being paid by the United States. So, the question is, to what extent do we allow our differences in the availability of resources to influence how we cooperate with each other?

I think the United States has basically a good reputation for working with others, but in recent years, it's become more and more difficult. And I think certainly with our last President, it led to the suggestion that we pull out of the World Health Organization. I think that would be very unfortunate, and hopefully it's not going to happen. But I think it is understanding, if you will,

the extent to which we all have common concerns and common needs, and certainly the opportunity to work together with our neighbors in building a better world. So, it's a challenge, but I think it is an example of these common commitments that we have, even though they may not seem to be common at first. So, I think it's quite relevant to this discussion that we're having here today.

**Speed:** Walter, let me just come to you, because you are there as a substitute for Dr. Elders. We'll see how well you do that job. The main idea is that earlier—Dr. Satcher is laughing because you can't really do that. But earlier we referenced D.C. General Hospital in the context of this broader statement on public sanitation. But also, since you're doing that work right there in the city of Washington, the nation's capital, do you have anything you'd like to say at this point.

### **Opportunities for Collaboration**

**Dr. Walter Faggett:** I just want to make the comment that it sounds like we have a consensus on building back better. I think that could result in us having a D.C. General capacity.

I just want to support what Admiral Pelaez was saying, because the security and logistics afforded by the military helped us in Ebola, and I'd like to hear from Dr. Satcher in terms of how he sees the military as helping us with the pandemic as well. I don't think we could have been as successful with the Ebola epidemic without the military. In fact, we're still benefitting from that, because of the public health infrastructure that was put in place so that the public health measures that they're using are doing a better job than we are in the U.S.

I just want to thank Helga and Dr. Satcher and Dr. Elders for all they do for humanity. You've been the inspiration to all of us. Here in D.C., Dr. Satcher, we use your 1997 interest and support for faith-based agencies in combatting HIV and other problems. That resource, combined with the youth focus community health workers, have really helped us here in D.C. As of today, we have 13 new cases and 0 deaths. For the past week, we've only had from 0 to 1 deaths per day. I think that reflects what can be done with that kind of collaboration.

My question for Dr. Satcher though is, how can we take what we've learned, and turn the collaboration to really make this a worldwide reality. We know it can be

done. It's so good to hear now that Russia has vaccines, and there's so much opportunity here now for us to do some collaboration. We've been in contact with some of the youth organizations in India and places around, so we do see some possibilities. So, my question to Dr. Satcher is, going forth, how can we utilize lessons learned to replicate the success we've had here, worldwide? It's so good to see you again.

**Satcher:** Thank you. Same here. I think it's an excellent example, because it was actually President George W. Bush who I served under my last year in government. Even though he was not the one who originally pushed supporting the treatment of AIDS in Africa, he took it as a cause. He made funds available to make sure that people in Africa would not be burdened with a disease that they could not afford to treat. So, it was really under George W. Bush that the funds were made available to make sure that the treatment of AIDS occurred throughout Africa without variables based on the availability of funds. He deserves probably more credit for that than he gets, because it's made a big difference in AIDS in the world, in terms of the availability of therapies for the treatment of HIV-AIDS that has prevented the continuing spread. And especially in Africa, prevented many deaths.

I think AIDS is good example; a good example of working together. There are some other examples. Smallpox we've talked about. The CDC up until recently has been viewed as the most important agency globally for dealing with pandemics. Certainly that was true with smallpox and several others. But I think we've just got to get back to that sense of working together.

**Speed:** We now want to draw this part of our discussion to a close. We're going to go to you first, Mr. Meshchanov. I want to make sure we hear from General Clegg, and then Helga's got her hand up.

### **Transfer of Technologies**

**Meshchanov:** What I'd like to draw your attention to is something that is also now high on the agenda in international organizations, which is complementary, basically, to the deployment of medical and social infrastructure, and that is transfer of technologies. Our country may be one of the first countries to deploy production of vaccines elsewhere. I think that this is part of a big discussion that this conference could also contribute to. So, it would be interesting to hear from distin-

guished experts whether you see feasible this task of rapid transfer of technology to the developing world. It seems that we are not moving at the right pace to withstand this scale of this disease. So, probably, new innovative efforts are needed. Thank you.

**Speed:** General Clegg, you haven't had a chance to say anything yet. Anything you have to offer at the moment?

**Maj. Gen. Peter Clegg (ret.):** As to the feasibility of doing these things, I think a good example is the way the world reacts to major disasters. We have lots of examples; in fact, every time there is a major disaster, many nations come together and provide resources to deal with the problem. Just think back to the typhoon in Aceh in Indonesia, which killed so many people. I know we had at least an aircraft carrier over there, and other nations contributed. It's not as if this is something new that has not been done before. We have done it before; we do it all the time.

It's just when you put it in the medical arena alone, it becomes an infrastructural problem and a problem of sustainability. Because when you respond to a disaster, that's generally a one-time event. Everybody contributes something, we ameliorate the problem, and everybody goes home.

What we need here is a sustained effort to develop those parts of the world which don't have the infrastructure necessary, essentially, to solve their own problems. What's necessary are solutions that enable those areas to obtain the infrastructure necessary for them to deal with these problems when they occur.

**Zepp-LaRouche:** I don't have a ready-made answer, but I have a question. Admiral Pelaez talked about the need to set up some document defining some doable approach. What if after the summit between President Biden and President Putin, there was an establishment of an agreement that subjects would be discussed like strategic stability, various other things? Yesterday at our conference, we discussed that because of the history of the last 30 years between the United States and Russia, a lot of trust has been lost. Various people on both sides have said that the historic relation has never been at such a low point, I think it was Foreign Minister Lavrov who said that repeatedly.

So, is there, either in the United Nations or on a bi-

lateral level between the United States and Russia, or a group of countries including Russia and the United States, some mechanism, either in the United Nations or in the WHO, where one could say, we put together various military forces that have the expertise, deploying to provide help in response to a typhoon or similar disaster, but this time, doing so not just as a one-time rescue-oriented event, but with the idea of building up serious permanent medical infrastructure and the like.

Building modern hospitals requires clean water, electricity, basic infrastructure. You have to start the mechanization of agriculture; you have to start a certain amount of industry. And, let's say, as a measure of good will between the United States and Russia and other countries who would want to join, one would start these kinds of pilot projects both to address the pandemic, but also as a way to rebuild international relations, to build trust.

If it cannot be done on a bilateral level because there is too much bad history, burdens, and that sort of baggage, then perhaps if both were to say we join our efforts to help those countries that are really in need, that will not make it without the large countries coming together, then we could make that the beginning of building a completely new paradigm of international relations.

I think this would solve several problems at the same time. It would start to build trust between the United States and Russia, and other countries who would join. It would bring in the competence of the military, because as was said, they are the most efficient organization. You could put together a Corps of Engineers from many countries who would say, we take two countries on each continent. Two on Africa, two in Latin America, two in Asia, or maybe four in Africa because they are in most need. And we start to seriously go about it as if we would reconstruct the United States. We would take the same approach.

Is there any way this could come out of this discussion? Because I think that would send a signal to the world which would create hope that we really can change things.

### **The Importance of Access to Clean, Safe Water**

**Pelaez:** Helga, you mentioned one thing. And again, not being a health expert, but one thing that was mentioned was technology. I certainly have a background in that.

It seems to me that fundamental to having effective

health systems, is access to clean water. If you want to look at the first step, I don't know how you put in place—I'm sure General Clegg knows this very well. In the Army, clean water is probably right at the forefront of what you have to have to have a system that works and an army that moves. And to have an effective health care system, access to clean water.

On the technology side: bilateral, trilateral, whatever, we have technologies. The distribution, the access to clean water as a priority, to me, might be a very effective first step. We've got a lot of health care professionals here that have a lot to say about that, I'm sure. But that's what I'm struck with, and I think Russia, the United States, a number of other countries have unique access to technologies. This is not an issue that should divide us; it's one that could actually bring us together.

So, access to clean water would be my first priority, because how do you put a hospital in place if you don't have clean water? How do you stop disease if they don't have access to clean water? That's my thought.

**Speed:** We're going to see if we can connect Dr. Elders. We can't get her up on video; we're going to try audio. She's been listening for quite a while, but she's at another location where we're having a problem. We'll try that right now, because this has been—

**Dr. Joycelyn Elders:** Don't let me hold everything up. Go ahead.

**Speed:** Well, we heard that much. She always talks about clean water, that's exactly why we were trying to get her in. What you were just saying, Marc, that vaccines are one thing, but if you don't have clean water and food, then this doesn't mean anything. In fact, Dr. Satcher, since you're the other Surgeon General who's present, I think it falls to you in this case to try to speak for Dr. Elders. Walter tried it; he did OK, but now it's your turn.

**Dr. Satcher:** I think it's important to be genuine in this discussion. We say clean water, by which I hope we mean safe water. Because we have a problem even with our own citizenry. I guess we are the wealthiest, but in some of our cities in our country right now, we have a problem making sure that people have access to safe water. So, we might as well put the problems all on the table if we're going to solve them.

I think it gets back to the whole purpose of this com-

mission. Until people see the common elements of these problems. You might not live in a community where there's lead in the water, but it's all of our problem until we get it taken care of. We have that problem in some of our communities. Lead is very dangerous; especially for children. And so, we have to make sure that we have two things going here. This commitment to safe water has to be a global commitment. And we all have to agree that it's our problem whether it's in our community or in somebody else's community. It certainly has been an issue for our country.

**Speed:** Lyndon LaRouche back in 1984 [wrote](#) a “Draft Memorandum of Agreement Between the U.S. and the U.S.S.R.” It had a spelled-out set of principles, of policies, of ideas. Clearly, we were in the middle of the Cold War; Ronald Reagan was President; Lyndon LaRouche had just proposed the Strategic Defense Initiative. But it was a draft memorandum, and it outlined a set of principles. Perhaps something like that, not necessarily even that long, could be done, and could be proposed by some of the persons on this panel.

## A Venue to Begin Discussions

**Zepp-LaRouche:** Since the admiral was talking earlier about writing up some standardized document which would define this, then maybe the other panelists could somehow endorse it, and we would start to discuss it. I would like to ask Mr. Meshchanov if he could be tasked to explore what would be the right venue. Would it be in the United Nations, some sub-group there, to put together such an effort? Or would it be the WHO? Or what would be the right kind of framework in which one could actually start such a thing, with commitments from both countries, and hopefully more countries. Would you accept such a task? [She asked smiling, and he smiling, answered. —ed.]

**Meshchanov:** No, no. I just want to give you my voice of support personally. That would be great if we could join our efforts. There is nothing better than joining efforts and doing good; that is obvious. If we could have more stable and predictable relations, which we're sort of trying to gain momentum on that in this period. Not at that fast speed which would be desirable for our side, at least.

I think we are at the very important phase. We could speak of many things. There are, of course, some priorities that our Presidents have discussed, and probably

we will need to see first how these priorities could be addressed in a bilateral manner. And of course, at some stage we could speak of joining efforts.

Because now we see and we observe so many projects of cooperation with Africa, for example, we have seen so many summits between France and Africa, China and Africa, Russia and Africa, Japan and Africa. All of them have to do also with infrastructure, and also medical infrastructure is part of them. But we haven't yet seen any joint effort at this level.

We have some mechanisms in the United Nations; they are called Groups of Friends, for example, which provide a scene for informal discussions. This could be discussed in Group of Friends of Africa, Group of Friends of least-developed countries, Group of Friends of health. I would find myself in a difficult position to speak for Geneva-based organizations, but certainly there is formal inter-ambassador dialogue there as well.

But when we come to Russia and the United States joint efforts elsewhere in the world, I think we already speak of joint efforts in the Arctic, for example. In some regions we have spoken much—Syria. But that is more about strategic stability.

I would like to speak more of course, and we all would love to speak more about economic and social infrastructure building, but I think we first need to succeed in these issues of priority. Strategic stability is the key now. Of course, depending on that, we could move further.

**Speed:** I don't think Marc is going to put up any kind of a fight, because he's going to drag General Clegg in there with him, so that's not going to be a problem.

### **Rebuild and Modernize American Cities**

Just so no one gets left out without any word, this is directed to Surgeon General Satcher. This comes from Bishop Jethro James, who is responding to your earlier statement. He's a pastor from Newark; he is a chaplain for the New Jersey State Police Department, and many other things.

He says this: "Given the lack of a modern health care and effective defense in germ warfare, many of America's formerly industrial cities, exemplified by the horrific situation of water contamination in Newark, New Jersey, Flint and Detroit, Michigan, and Jackson, Mississippi, and other locations, what are the thoughts of panelists on a crash program to fully rebuild and

modernize infrastructure in these cities, starting with their water systems? This should not be a piecemeal repair job, but a comprehensive reconstruction."

Then he goes on to answer his question: "Based on panelists' experience of military efforts to build infrastructure quickly, and the CDC experience of vaccinating 100 million people in India in one week," which we didn't actually get to, but that did happen, "what do they think lessons are for what could be done now in our collapsed urban centers? This could be an opportunity for young people to be gainfully employed in building this infrastructure, as well as to lower the shockingly high rate of infant mortality which is partially caused by unclean water."

**Dr. Satcher:** Well, it's obviously more of a statement than a question, but it's a very important one. I agree that we have to remain committed to the premise for which this organization was founded: That we're all in this battle together. We have to work together to solve problems. It's not their problem, it's our problem. That's the challenge that we face.

**Dr. Faggett:** You know, Mozambique may be a good project for us to look at, as really addressing some of these issues—water especially. Things are in motion, and I think Dr. Khadijah Lang would be very interested in how we could get this kind of support. As an honorary Liberian citizen, I know folks in Liberia would be very interested in having this kind of effort as well. As I mentioned before, the military was really instrumental in ensuring success in the fight against Ebola. So, I think there's something we can build on there.

**Speed:** So Helga, do you have anything else that you'd like to say at this point, now that you've put everybody to work?

**Zepp-LaRouche:** No, but I think some of the ideas are percolating. Clean water would be a project where the military could play a very important role. I would suggest that since we can't now discuss this out, that we organize another phone call in the next week to discuss more concretely what can be explored.

**Speed:** I want to thank Counselor Meshchanov, Dr. Walter Faggett, Admiral Pelaez, General Clegg, and of course, Surgeon General Satcher for this portion of the discussion.