

# End Obama Cover-Up: Infrastructure Now!

by EIR Staff

June 12—The World Health Organization's June 11 declaration of a Level 6 global H1N1 pandemic threat—the highest alert possible—is a green light to mobilize to build up public health and medical infrastructure—vaccine and medication production capacity, ratios of hospital beds, medical staff, equipment and facilities. It goes completely against the British model of “Hitler health care,” involving denial of care in the name of “cost containment,” and degradation of the physical delivery system, which began most intensely under former Prime Minister Tony Blair, and is being demanded on a rush-basis right now in the U.S. by the Obama Administration, under the banner of health-care “reform.” In fact, there were blatant efforts from London over the past month, to delay and thwart the WHO from issuing a Stage 6 alert. They only succeeded in the delay.

One Briton especially disappointed with the WHO, is HMV—Her Majesty's Virus, Prince Philip. He wrote in 1988, “In the event that I am reincarnated, I would like to return as a deadly virus, in order to contribute something to solve overpopulation. . . .” (Deutsche Press Agentur, August 1988).

The WHO announcement is a special snag for the British agenda in the U.S. As Washington insiders have said, President Obama and his controllers—economic advisor Larry Summers, Budget Director Peter Orszag, et al., have been demanding whirlwind Congressional passage of “comprehensive reform” legislation by mid-Summer, so that the President could sign it into law no later than Oct. 1—the official beginning of the influenza season—after which time, it would be harder to keep up any pretense that Hitler-style medical cuts were anything but deadly, even if Obama had some last vestige of popularity to parlay.

Lyndon LaRouche said, of the intent of all this con-  
niving, “The Obama Administration is trying to cover  
up its problem. It's trying to suppress this information  
until October. The Obama Administration is engaged in

a cover-up because that's what they do—this is a cover-  
up Administration. They cover up more so than any Ad-  
ministration in modern times!”

Now, the reality of the pandemic is undeniable. The  
question posed is, how to mount defenses against the  
flu pandemic, and create the physical means to care for  
populations, not cut lives. In turn, this puts on the  
agenda the need to collaborate on rebuilding economic  
capacity at large—manufacturing, agriculture, infra-  
structure.

Discussion is breaking out among many govern-  
ments, most prominently France, over aspects of the  
physical economic mobilization required to protect the  
national interest, under pandemic conditions.

In Italy, officials are mooting international collabo-  
ration to produce enough vaccine for global universal  
vaccination during the next one to two years. Over 13  
billion doses would be required. The constraints to pro-  
ducing mass supplies of vaccines, and also of anti-viral  
medications, are huge—both the physical production  
facilities and expertise, as well as the dominance of the  
cartel of commercial pharmaceutical companies. But  
these are the relevant matters to take up among na-  
tions.

All of this begs the question, as LaRouche put it  
before the world community in July 2007, when he pro-  
nounced that the financial crash/economic breakdown  
process was underway, that there must be a four-power  
initiative (among the United States, Russia, India, and  
China) to stabilize the world currency situation, jettison  
bad speculation-based debt, conduct a bankruptcy-style  
financial reorganization, and issue credits to launch a  
physical re-building boom, or else. Now the time of “or  
else” has come.

## Highest Pandemic Alert

Dr. Margaret Chan, director of the WHO, in an-  
nouncing her Stage 6 Alert declaration, said that H1N1  
is the “first pandemic of the 21st Century.” She said that  
her officials had reached a “unanimous decision” based  
on the “indisputable evidence that we are at the begin-  
ning days of a global pandemic caused by the new  
H1N1 virus.”

As of the day of her announcement, some 28,000  
laboratory-confirmed cases were reported in 74 coun-  
tries, with 141 deaths. They are increasing rapidly.  
There are four areas of autonomous transmission: North  
America, South America, Australia, and Asia. In the  
Southern Hemisphere, where the Wintertime “normal”



EIRNS/Stuart Lewis

*High-risk citizens line up for flu shoots in Leesburg, Va., during the 2004 epidemic. Today, the reality of the (A)H1N1 flu pandemic is undeniable; now, the question is, how to mobilize governments to stop it.*

influenza season is beginning, the new H1N1 has taken off in Chile and Australia.

The pattern of outbreak in Chile is exemplary. Over the 48 hours of June 5 and 6, the number of cases in the country *more than doubled*, from 393 to 890. As of that time, all three Chileans who had died, were residents in the southern city of Puerto Montt, which also had the cases that were the most severe. Puerto Montt is located in the rainy southern lakes region, where the peak of the flu season usually comes a month earlier than in the capital Santiago. As of mid-June, the proportion of cases in this southern region was twice that of Santiago, with far greater severity. The fear was that the rest of the country, and the Southern Cone generally, would shortly get hit very hard with more, and severe cases.

There are many dramatic instances of attempted containment, as the infection now travels the globe. In Hong Kong on June 11, the same day as the WHO Stage 6 Alert was announced, all primary schools and pre-schools were closed, affecting 500,000 children. This came about when the first case of the flu contracted locally was discovered. Within days, 12 children were found to be infected. The closure will remain at least two weeks.

The situation in Egypt presents special concern. There, as well as in Asia, the potential “mixing bowl” effect of genetic-crosses between H1N1 and H5N1 (avian flu) is much to be feared. That might result in a new microbe, more deadly and more transmissible than either of those current flu strains. In early June, the government announced two new cases of humans infected with avian flu. According to the WHO, out of the 78 cases of people infected in Egypt with H5N1, 28 have died.

### France Calls for Action

In France, the central government and private sector medical experts are calling for major public health initiatives.

On June 9, at a press conference of the French Society of Critical Care Medicine (SRLF), Prof. Bernard Regnier, a top French health official, who was part of the leadership in France in 2006 to respond to the avian flu, said that he is now mandated by the government to develop an emergency plan capable of doubling the number of hospital beds from 250,000 to 500,000, at minimum, in case the influenza pandemic hits later this year. This will mean a doubling of the beds-per-thousand persons in France, from 3.2 to more than 7 (**Table 1**).

Another speaker at the press conference, Prof. Bertrand Guidet, who heads the SRLF, showed detailed plans for how hospitals will be subdivided into heavy contagious (red) areas and less contagious (yellow) areas to maximize medical resources.

TABLE 1

**Current Ratios of Hospital Beds and Physicians**

(Selected Nations, per 1,000 Population)

	Acute Care Beds*	Physicians*
<b>North America</b>		
Mexico	1.0	1.9
United States	2.7	2.4
<b>Europe</b>		
France	3.7	3.4
Germany	6.2	3.5
Italy	3.3	3.7
U.K.	2.2	2.5
<b>Australia</b>	3.5	2.8
<b>Asia</b>		
Japan	8.2	2.1

\* Data are from the last available years, 2001-05.

Source: "Health Care Reform in the United States," OECD Economics Department (Working Paper No. 665), February 2009.

Table 1 shows ratios of beds and doctors per thousand persons for various countries, according to a recent report by the Organization for Economic Cooperation and Development. Mexico—the apparent starting site for the pandemic—has only 1.0 beds, and 1.0 physicians per thousand. In Africa the ratios are so low as to be meaningless. This indicates the scale of emergency measures and international collaboration required.

But in the United States, even mention of hospitals and ratios of infrastructure have been almost taboo, under the pall of the Obama Nazi-medicine "reform" campaign. Nationwide, there is now a ratio of barely 2.7 beds per thousand persons; this is falling, and is even below that in dozens of U.S. counties and cities. But Health and Human Services Department Secretary Kathleen Sebelius said, on May 28, "I don't know anything about hospitals," when, at a press conference on advocating poverty clinics, she was asked by *EIR* to comment on the dangerous trend of U.S. hospitals shutting down.

In France, contingency arrangements are under discussion about how, for example, to deal with the prospect of hospital and other emergency staff being infected, or kept out of work because of family and community members infected. There is planning for prioritizing certain groupings to receive vaccination and anti-viral medications. At the June 9 press conference, Dr. Regnier gave details of what can be done, identifying how "sensitive" the issue is, given that young people are the most vulnerable cohort to the virus

at the moment. *EIR* correspondent Karel Vereycken reiterated the point that, "biological triage would mean reviving Hitler's medical program of 1939. Instead, while risk groups are an issue, the core of thinking should go to preserve the vital functions of states."

**British Globalist Obstruction**

This is the kind of discussion, and potential initiative that British globalist interests are attempting to squash. At the May 18-19 annual WHO conference, then-British Health Secretary Alan Johnson demanded that the WHO *not* raise the Alert to Level 6, and succeeded in stalling things. Among other points, he argued that an alarm would be detrimental to free trade and tourism. That delay of three weeks can be measured in tens of thousands of lives that may be lost. Now Johnson has been named Home Secretary.

Next, the British government under-reported the number of H1N1 cases, listing 675 as of June 10. As AP reported that day, "some outside health officials believe the country is not looking very hard for swine flu in recent weeks. Britain's Health Protection Agency denies that swine flu is established in communities, but some health officials have published reports showing the virus is so widespread it is being exported to other countries." On June 10, French Interior Minister Michèle Alliot-Marie opened a press conference by stating that, because of the "developments" in the U.K., France would start taking the same sanitation precautions for travellers entering from Britain, as for those coming in from Mexico and the U.S.

On June 11, Dr. Chan replied to an AP reporter's question about whether Britain was inaccurately reporting its H1N1 cases, by saying that the WHO Stage 6 alert "might have been made much earlier if WHO had [had] more accurate information about swine flu's rising sweep through Europe."

Dr. Chan stressed that, given the Stage 6 alert, governments should switch from a containment policy, to a mitigation policy, because of the widespread transmission taking place. Nevertheless, the British Health Protection Agency continued to prevaricate; it asserted that the British Isles had no "sustained" transmission.

In direct contradiction, Nicola Sturgeon, the Health Minister of Scotland, said June 11 that the London flu containment policy has been a dismal failure. She said Scotland will break, and pursue a strategy to mitigate the virus's spread.

—marciabaker@larouchepub.com