

Pressemeddelelse: Anti-Kina-hysteri er meget farligt, og meget dumt

15. april (EIRNS) – Dette er en pressemeddelelse fra Schiller Institutet:

I dag offentliggjorde Schiller Institutets grundlægger og formand, Helga Zepp-LaRouche, følgende erklæring angående den modbydelige anti-Kina-kampagne, som udbredes i Vesten, specielt i USA. Det er et uddrag fra hendes internationale webcast den 15. april 2020.:

Jeg mener, at denne anti-Kina-kampagne kommer fra en dybtliggende geopolitisk opfattelse af, at Kinas opstigning nødvendigvis betyder en tilbagegang for USA, og Vesten generelt. Kina har på intet tidspunkt truet med at erstatte USA som den førende magt. De har tilbudt et samarbejde på grundlag af et "win-win"-samarbejde. De har tilbudt USA et særligt stormagtsforhold. Og det er en fuldstændig absurd idé, at man skulle kunne forhindre et land med 1,4 milliarder mennesker, som har besluttet, at det ønsker at gå frem ad fremskridtets videnskabelige og teknologiske vej – og har bevist at denne metode fungerer ved at løfte 850 millioner mennesker ud af fattigdom, og dernæst er begyndt at tilbyde fordelene ved en sådan tilgang til andre gennem Bælte-ogVejinitiativet – at man kan stoppe dette på nogen anden måde end med atomkrig! Og det er åbenbart, desværre, hvad nogle personer er villige til at sysle med.

Kina er ikke en aggressiv magt. Men de truer idéen om en enpolet verdensorden, som nogle neokonservative og britiske grupperinger har forsøgt at gennemtvinge i perioden efter Sovjetunionens fald, gennem interventionskrige. Bush-administrationen, og dernæst Obama, førte alle disse

interventionskrige, ved brug af idéerne om regimeskifte og farvede revolutioner, og det har skabt den krise vi nu har i Sydvestasien, samt flygtningekrisen.

Men idéen om at man bliver nødt til at stoppe Kinas opstigning er meget farlig. Og vi ser lige nu, at denne kampagne bliver anført af den britiske efterretningstjeneste. Efter at Præsident Trump, desværre, annullerede USA's støtte til Verdenssundhedsorganisationen (WHO), ved at bebrejde dem for at være ansvarlige for mange dødsfald, fordi de misinformede USA – jeg ønsker ikke engang at kommentere dette, fordi det faktisk simpelthen ikke er korrekt – da trådte den tidligere chef for MI6 i går faktisk frem og sagde, at Trump ikke skulle have fokuseret på WHO, men på Kina. Og Henry Jackson-Selskabet, som er 100 % neokonservativ og en af de værste reaktionære institutioner man kan forestille sig, fremlagde et forslag om, at Vesten burde sagsøge Kina, således at Kina ville være nødsaget til at betale for alle omkostninger, som hidrører fra pandemien!

Det faktum at den tyske frokostavis, Bildzeitung, i dag bringer denne ide på side 2, med hele historien, hvor de citerer Henry Jackson-Selskabet, med en lang liste af foreslåede regninger – hvad var omkostningerne for taxachauffører, hotelejerere – i alt 20 kategorier – som Kina burde betale? Og efter i går, hvor de på side 3 havde Pompeo opføre en liste over alle argumenterne mod Kina – det er det endelige bevis for, at denne frokostavis, Bild, er en del af Integrity Initiative, den britiske efterretningsoperation, som kontrollerer den vestlige presse. Officielt eller ej, det er jeg ligeglad med – men de spreder i realiteten propaganda for det britiske imperium. De har lige bevist dette i de sidste par dage, hvis et sådant bevis stadig var nødvendigt.

Men de forsøger at opildne befolkningen mod Kina, og det er faktisk, absolut forkert! Jeg vil bare lige citere et par tal, fordi når de siger, at Kina "skjulte" information om virusset, er det faktisk forkert:

- De første tilfælde af en ny, ukendt sygdom blev registreret i Wuhan den 23. december, 2019.
- Dernæst, 30. december, rapporterede de om et mistænksomt antal af mennesker, som havde fået lungebetændelse.
- Dernæst, 3. januar, fremlagde den Kinesiske Nationale Sundhedskommission retningslinjer for, hvordan disse tilfælde burde håndteres.
- Og allerede den 4. januar kontaktede det medicinske personale i Wuhan deres amerikanske kolleger samt WHO og informerede dem om dette.
- Dernæst, kun tre dage senere, 7. januar, var videnskabsfolk i medicinalbranchen i stand til, for første gang, at isolere coronavirusets genetiske kode. Den ekstraordinære hastighed hvormed de succesfuldt isolerede den nye genetiske kode blev lovprist af hele det internationale medicinske samfund.

Så, jeg tror, at det er en rekord. Jeg husker dette, fordi vi fulgte det nøje, da det skete.

Allerede på dette tidspunkt, i betragtning af det faktum at man kendte til SARS og MERS fra tidligere, kunne vestlige regeringer absolut have påbegyndt fremstillingen af masker, respiratorer, hospitalssenge, og så videre; men det gjorde de ikke! I stedet, blev de uge efter uge ved med at gentage: "Nej, masker er til ingen verdens nytte." Den tyske sundhedsminister Jens Spahn sagde: "Åh, virusset vil aldrig komme til Tyskland". Han fortsatte med at gentage dette helt ind i februar, og sagde at det tyske sundhedsvæsen var perfekt forberedt til alle eventualiteter. De tog det virkelig ikke seriøst, helt indtil marts, da hele situationen brød ud med en hastighed, som efterlod alle målløse. Og selv på dette tidspunkt blev de ved med at sige, at man ikke havde brug for masker. De sagde ikke: Vi har brug for masker, vi har brug for maskestestninger, lad os producere alt, som er nødvendigt. I stedet blev de ved med at justere kravene for hvad der var

nødvendigt, til hvad deres magre ressourcer var. Og det er et faktum. Det kan siges om alle europæiske lande, og det fortsætter stadig, til en vis grad, nu.

Så jeg mener, at angrebet på Kina er den mest tåbelige, mest amoralske løgnagtige operation, for hvis der er et land, som havde succes, i det mindste indtil videre – fordi det er en pandemi, ved man aldrig hvad der sker fremover – men de var i stand til at kontrollere og uskadeliggøre virusset i kriseområderne i Hubei-provinsen og i byen Wuhan. Og i stedet for at tænke: måske var det centraliserede system, som Kina har, grunden til, at de kunne agere så hurtigt, og øge produktionen i hele landet; og måske var det vestens ekstreme liberalisme, som var grunden til, at dette ikke var muligt; måske kunne det tænkes, at det liberale/neoliberale system har nogle iboende mangler. I stedet for at diskutere dette, foretager man denne afvigelse og angriber Kina.

Jeg mener det er meget farligt, og at det er meget dumt. Og jeg synes, at det skal stoppe, og folk skulle virkelig ikke lade sig tages ved næsen af disse løgnagtige massemedier, som intet har at gøre med journalistik. De er virkelig kun efterretningstjenestens fortrop, der forsøger at sprede propaganda for at fremme sine mål. Men det har intet med ærlig journalistik at gøre, overhovedet.

**POLITISK ORIENTERING den 16.
april 2020
Vi kan besejre COVID-19 og**

derefter den finansielle og økonomiske krise

Med formand Tom Gillesberg

Lyd:

Resumé:

COVID-19:

Dronningen viser, i lighed med Mette Fredriksen, lederskab under coronakrisen.

Danskerne forstod alvoren.

Flokimmunitet er blevet taget af bordet.

Nu kan der åbnes op, men hvor meget?

Vi behøver massiv testning for at have overblik. Det har endnu fundet sted. Vi skal også teste for antistoffer. Vi må kende fjenden og nedkæmpe COVID-19.

Europa er delt mellem de, der startede for sent, og de, der startede hurtigt.

Åbn ikke for hurtigt:

Test-test-test

Forsk-forsk-forsk

Behold social distancering

Økonomisk krise:

Corona var tuen, der fik læsset til at vælte.

Lyndon LaRouche advarede, men man vil ikke lytte.

USA: Total nedsmeltning af økonomien.

Hvad med huslejer og boliglån?

Nu redder USA's centralbank Federal Reserve finansverden og bankerne – ikke den fysiske økonomi. De køber alt, inkl. junkbonds.

Løsningen er Lyndon LaRouche fire økonomiske love + bekæmpelse af COVID-19.

Under 2008-krisen foreslog Lyndon LaRouche Homeowners and Bank Protection Act. (kun sparekasse-type banker)

Trump må blive en Roosevelt. Er det muligt? Vi mobiliserer.

Vi må samarbejde med Kina for at yde massiv hjælp imod COVID-19 til de fattige lande.

COVID-19 kan ikke vindes medmindre fattigdom bekæmpes.

Bælte og Vej-Initiativet må igang igen for at opbygge infrastruktur.

Europa må på banen.

Vi har brug for et paradigmeskifte:

Fra malthusianisme til LaRouches fysisk-økonomi.

Nu har vi chancen for at skabe en ny retfærdig økonomisk verdensorden, som sætter menneskene først.

Videnskabeligt og teknologisk fremskridt.

Den største renæssance i historien.

Vær med.

Tilmeld dig vores internationale internet-konference den 25.-26. april, som begynder lørdag den 25. april kl. 16.

LaRouches 'Apollo-mission' for at overvinde den globale pandemi: Byg et verdenssundhedssystem nu!

Den 9. april (EIRNS) – Det følgende er Schiller Instituttets internationale erklæring om, hvordan den globale pandemi overvindes. Introduktionen er på dansk, og resten er på engelsk.

Den 10. april 2020 – På det tidspunkt hvor denne presserende opfordring til at oprette et verdenssundhedssystem blev skrevet, havde verden mere end 1,5 millioner bekræftede tilfælde af COVID-19, og antallet af dødsfald, der tilskrives pandemien, var over 80.000. Denne sygdom, der først ramte mennesker i december eller november 2019, har inden for få måneder spredt sig til næsten alle nationer i verden med en voldsom tilvækst i befolkninger, som ikke tager stærke foranstaltninger for at standse dens fremskridt. Dødeligheden blandt de smittede vurderes at være en størrelsesorden større end den for sæsonbestemt influenza. På det tidspunkt, hvor man læser denne opfordring til handling, vil tallene være større,

muligvis meget, meget større.

Overvindelse af denne dødbringende virus kræver øjeblikkelig, koordineret global handling: intensive folkesundhedsforanstaltninger, herunder omfattende test og isolering af dem der konstateres smittede; en kraftig stigning i tilgængeligheden af sundhedsfaciliteter og udstyr; betydelige investeringer og ressourcer, der afsættes til at finde helbredelsesmetoder og en vaccine; store tiltag i sanitetsforanstaltninger, især i mindre udviklede nationer; og en ende på den historisk unødvendige mangel på udvikling – og ligefrem plyndring – i verden. Denne globale pandemi kræver i særdeleshed en global reaktion, da reservoirer af virusset i enhver del af verden kunne forårsage genopblussen i årevis.

Det kræver et verdenssundhedssystem, der dækker alle dele af planeten.

Centralt for en sådan global reaktion er koordineringen af USA, Kina, Rusland og Indien, en alliance af de fire magter, åben for alle planetens nationer. Lederne for disse fire nationer skulle holde et topmøde så hurtigt som muligt for at udarbejde fælles tilgange til at imødekomme verdens enorme sundhedsmæssige, materielle og infrastrukturelle behov, som et første skridt hen imod at skabe et helt nyt paradigme til erstatning for det gamle bankerotte system. Der findes ingen anden måde, intet mindre, der rent faktisk vil kunne besejre pandemien.

Selvom det i øjeblikket er COVID-19, der påfører menneskeheden en katastrofe, er det kun en af mange, som verden er modtagelig for på grund af den fejlslagne internationale orden igennem de sidste 50 år, især den dødbringende udplyndring af udviklingslandene. Solpletter kunne slå de fleste af verdens elledningsnet ud – hvorfor er man ikke blevet beskyttet imod dette, selv i de såkaldt "udviklede" lande? En hidtil uopdaget asteroide eller komet kunne ødelægge et helt kontinent – hvorfor har vi ikke udviklet noget forsvar mod denne trussel?

Der er 800 millioner mennesker på planeten, som mangler tilstrækkelig føde – hvorfor er dette blevet tolereret? En græshoppeplage truer i øjeblikket liv og levebrød for et tocifret antal millioner mennesker. En anden sygdom kan bryde ud når som helst – hvorfor har vi ikke bedre forsvar mod vira?

Verdenssamfundet må udvikle robusthed for succesfuld overlevelse på lang sigt, ikke kun på kort sigt, mens man håber på, at der ikke indtræffer usædvanlige begivenheder, men ved at forberede reel tryghed og sikkerhed. Dette kan ikke forekomme under det nyliberale økonomiske paradigme, der nu svigter. Det kan ikke forekomme under et regime med bankredninger og et syn på økonomiske værdier som hellige. Dette system, med sin spekulative boble på 1,8 billarder \$ er nu fuldstændigt bankerot og må gennemgå en proces med konkursbehandling, der for længst er specificeret af den amerikanske økonom Lyndon H. LaRouche, tillige med det samtidige krav om at opbygge et nyt hamiltonisk kreditsystem, nationalt og internationalt, for at bringe menneskeheden tilbage på sporet af videnskabsdrevet fysisk-økonomisk udvikling. Den langsigtede succesrige overlevelse og blomstring af den menneskelige art kræver et globalt system, der anerkender den guddommelige gnist af potentiel genialitet hos hvert individ, og som søger at fremme dette potentiale gennem økonomisk, kulturel og videnskabelig udvikling.

Nedenfor påtager vi opgaven med nærmere at skitsere det nødvendige verdenssundhedssystem ved at stille og besvare to spørgsmål:

1. Hvad er årsagen til denne, den muligvis værste krise som menneskeheden nogensinde har stået overfor?
2. 2) Hvad er det fulde sæt af foranstaltninger, der på alle fronter skulle træffes, både i USA og globalt, for at overvinde pandemien?

Vi begynder ikke med at opliste alle flaskehalse og mangler og forsøge at arbejde nedefra. Vi starter i stedet med at finde ud af, hvad der kræves: Vi må bruge denne eksistentielle krise til endelig at få bugt med underudviklingen af store dele af menneskeheden, en tilstand, som ikke er værdig for menneskeslægten. Derefter fastsætter vi de fysisk-økonomiske betingelser for at opnå hvert trin undervejs, inklusive materialeregninger og krav til arbejdskraft, som defineret ud fra et industriteknisk standpunkt. Vi vender derefter tilbage til flaskehalsene og finder ud af, hvordan vi gennembyder dem, til planlagt tidspunkt eller tidligere. Vi vil opdage at vi, for at følge denne bane, vil være på en ilmarch, der kræver konstante teknologiske gennembrud; vi vil opdage, at vi er i det videnskabelige domæne af fysisk økonomi, hvor Lyndon LaRouches arbejde er vores eneste guide og køreplan.

Vi vil også erfare, at en sådan tilgang kræver fuldt internationalt samarbejde, især mellem USA og Kina, for at nå disse fælles mål for menneskeheden. Enhver der ville modsætte sig et sådant samarbejde burde, politisk set, klassificeres i samme slægt og art som coronaviruset selv.

Det var med denne fremgangsmåde, at Franklin D. Roosevelt mobiliserede nationen til at besejre fascismen under 2. verdenskrig. Sådan vendte NASA-ingeniører den truende Apollo 13-katastrofe til en succes. Og i vores nuværende bestræbelser på at overvinde coronaviruset over hele planeten, er fiasko heller ikke her en mulighed.

Resten af rapporten på engelsk:

This Is a Crisis Fifty Years in the

Making

The coronavirus was not caused by a Chinese proclivity to feast on bats. Nor was it cooked up in a secret military lab in the United Kingdom or the United States (although Prince Philip's public promotion of his desire to return as a virus to help reduce the planet's population, gives pause for thought). It was caused by an underlying physical-economic process that has been underway for at least a half century. In fact, Lyndon LaRouche forecast the current pandemic nearly 50 years ago, first in 1971 in his public warning about the end of the Bretton Woods system; and then repeatedly beginning in 1974 testimony before the U.S. House Judiciary Committee where he warned of the danger of an impending biological holocaust, due to misguided economic policies.

In a 1985 document titled "The Role of Economic Science in Projecting Pandemics as a Feature of Advanced Stages of Economic Breakdown," LaRouche explained that the actual cause of pandemics and similar phenomena is when society's Potential Relative Population Density (PRPD) – the physical-economic power of a society to maintain a rising population at improved standards of living and longevity – drops below the actual population.

"Sustainable economic (and population) growth, is measured as an (ideally) constant rate of increase of the potential relative population-density of that society. This is the measure of the average potential for growth of the society as a whole, and is also the absolute measure of per capita productivity of labor in that society." LaRouche explained that achieving a rising PRPD requires that the economy produce "free energy" above the "energy of the system," and he specified:

"In economic processes, the 'energy of the system' is represented by the interdependency among three 'market-baskets' of consumption. Each of these 'market-baskets,'

corresponds to a minimum value, required to maintain the economic process at a constant level of negentropic potential. These three are: 1) The 'market-basket' of households' consumption, per capita; 2) The 'market-basket' of producers' goods; 3) The 'market-basket' of 'basic economic infrastructure: energy production and distribution, water management, transportation, etc."

When do pandemics erupt?

"The 'ideal' case, at which economies are to be examined for economically-determined eruption of pandemics, is the case for which the potential relative population-density falls below the level of the existing population... [such as] the instance in which the average consumption is determined by a fall of potential relative population-density, below the level of requirements for the existing population."

But there is also the case, LaRouche emphasizes, where "the differential rates of distribution of the households' 'goods market-basket' falls below the level of 'energy of the system' for a large part of the population. We are most concerned with the effects on health, as the nutritional throughput per capita falls below some relative biological minimum, and also the effect of collapse of sanitation and other relevant aspects of basic economic infrastructure upon the conditions of an undernourished population... [In this case], the undernourished population might become a breeding-culture for eruption of epidemic and pandemic disease,..."

That is precisely what has occurred during the last 50 years of deadly looting of Third World populations, especially Africa, through the policies of the City of London, Wall Street, and of course the International Monetary Fund.

The full impact of such policies, LaRouche concluded, can only be understood by locating man's development (or what Vladimir Vernadsky referred to as the noösphere) within the total

biosphere.

“Society is an integral part of the biosphere, both the biosphere as a whole, and regionally... Rather than viewing a deep fall of the potential relative population-density, as merely a fall in the relative value for the society as such; let us examine this as a fall in the relative level of the biosphere including that society... This must tend to be adjusted, by increasing the role of relatively lower forms of life... [which] ‘consume’ human and other higher-level forms of life as ‘fuel’ for their own proliferation... In that variant, human and animal pandemics, and sylvatics, must tend to resurge, and evolve, under certain kinds of ‘shock’ to the biosphere caused by extreme concentration of fall of population-potential.”

Current Global Inventory

Hospitals

The world as a whole possesses a current inventory of 18.63 million hospital beds. This constitutes a tremendous deficit, rendering country after country incapable of defeating the novel coronavirus. To consider the needed level of beds, consider the United States 1946 Hill–Burton Act, which set a standard of 4.5 hospital beds per 1,000 people, per county, in order to ensure the health and well-being of the population. Current levels are 2.8 for the United States, 0.7 for South Asia, 0.7 for the Heavily Indebted Poor Countries, and 0.5 for Nigeria, which is one-fifth of the population of sub-Saharan Africa.

To meet the standard of 4.5 beds per 1000 people, the world would have to increase its hospital bed inventory to 35 million beds, nearly double the current level. This would require the construction of 35,200 new modern hospitals, especially in Africa, Ibero-America, and Asia, where the new beds would be immediately put to necessary use.

Beds themselves do not save lives. Medical staff are required, and acute cases demand additional equipment, such as ventilators.

Ventilators

The total global inventory of ventilators is hard to determine, but there are certain figures that point to the problems of dealing with COVID-19 in impoverished nations lacking health infrastructure. The United States has a total of about 170,000 ventilators for its 330 million people, which is about 5000 ventilators for every million people. Germany has about 25,000 ventilators for its 83 million people, about 3000 ventilators per million – the highest per capita level in Europe.

The picture in Africa, however, is absolutely devastating. According to Time, there are 500 ventilators for the 200 million people of Nigeria, which comes out to 2.5 ventilators for every million people – about 2000 times less than the United States on a per capita basis. In Sudan, there are 1.9 ventilators for every million people. The Central African Republic (population nearly 5 million) has a total of three ventilators, and Liberia, with a population of 4.7 million people, has none.

Estimates by the Brookings Institution and the Financial Times are that India has approximately 20,000 ventilators, which would be 15 ventilators for every million people.

For the entire world to be at the United States per capita level of ventilators would require a global inventory of 40 million.

Current Understanding of COVID-19

COVID-19 attacks the body in at least two ways. First, it has effects very much like the flu as it multiplies within the body. Fevers, body aches, headaches, and fatigue are common,

as well as a cough, especially a dry cough. The cough is due to a specific characteristic of the virus: its targeting of lung cells and the immune system response it elicits. At the time of writing, it is believed that in many patients reaching the second stage of the disease, ARDS (acute respiratory distress syndrome), the body itself is attacking the lung cells as a “storm” of cytokines trigger an escalating response against the virus and cells infected with it, as well as healthy cells.

The death rate for those afflicted with the disease ranges from 0.5% to over 5% and depends on the physiology of the individual and the capacity of their local healthcare system. It is also uncertain, due to low testing rates. The percentage of infected persons requiring hospitalization ranges from 10% to 30%.

It is possible to target the following areas of disease transmission and morbidity: reducing the transmission rate through social distancing, hygiene, masks, and business closures; reducing the infection rate through vaccinations; treating the virus itself with antiviral medications; and preventing the acute respiratory distress syndrome that the virus causes in acute cases. These methods will be discussed in greater detail below.

Africa: A Case Study

Sub-Saharan Africa is home to 1.1 billion people, 14% of the total population of the planet. Due to their colonial past and present, the nations of the region suffer extreme poverty, lack of electricity, and slum conditions in its urban centers, at anywhere from 2–5 times the average global rate. Sub-Saharan Africa has:

14% of the world's population

60% of the world's extreme poor

70% of those worldwide lacking access to electricity

20% of urban dwellers worldwide living in slums.

	World	China	Sub-Saharan Africa	Nigeria	Haiti
Total Population (billions, 2020)	7.8	1.4	1.1	0.2	0.011
Population in Extreme Poverty	9%	0%	41%	47%	80%
Lack Access to Electricity (% , 2017)	11%	0%	55%	46%	56%
Urban population in slums* (% , 2014)	30%	25%	55%	50%	74%

Data Source: World Bank, which defines a slum* as a housing unit lacking one or more of the following: running water, adequate sanitation, sufficient living area, or durability of housing.

This is a part of the human race where the potential relative population-density has clearly plunged way below the actual population, courtesy of the genocidal policies of the British Empire and their Wall Street sidekicks.

Consider also the case of Haiti, by far the poorest country in Latin America and the Caribbean, with conditions similar to those of the most immiserated African nations. Haiti has a population of 11.1 million. Health experts have estimated that the COVID-19 pandemic could claim about 800,000 lives in Haiti – over 7% of the population.

Nigeria, with about a fifth of Sub-Saharan Africa's total population, has key poverty and related indicators that are typical for the whole region. The problems that Nigeria faces in combating the coronavirus are emblematic of not only Africa, but the entire Third World.

In the developing sector in general, including countries like Nigeria, large percentages of their populations live in inhuman squalor. The majority of their workforces are in the “informal economy,” surviving from day to day on street activities that range from the gray to the black economy. In many cases, up to 70–80% of their workforce is part of the informal economy. “Sheltering in place” or locking down without work means literal starvation for very large numbers of people, as well as certain infection with COVID-19 in the slums where they live. Wash your hands repeatedly? This is a cruel joke to the millions and millions of Africans, Asians, Latin Americans and others who do not even have running water.

So how should the pandemic be addressed in such nations?

1) There must be a totally centralized national approach, in many countries centered on the military, which is often the only institution capable of organizing and carrying out such an approach. In many cases, for good or bad, they are also the only remaining national institution still standing, and with popular credibility.

2) The population, especially in the cities, has to be fully tested and segregated into two broad groups: Group A, who do not have COVID-19; and Group B, those who tested positive, even if they are asymptomatic. The health care and other public officials conscripted to perform the tests must be supplied with advanced testing equipment in sufficient supply, along with adequate PPEs and other protection.

3) “Group B” must be immediately quarantined in separate housing units, whether hotels, converted office buildings, sports and convention centers, or quickly constructed new modular housing units. Those new facilities must have work and recreational facilities in situ, for those well enough to use them, as well as necessary staffing of skilled personnel, including nurses and doctors. Those health professionals will also have to be quarantined, so as to not infect their own

families and friends.

4) Sick and very sick patients must be hospitalized. New hospitals have to be built with sufficient beds to handle the patient load, and dedicated exclusively to COVID-19 cases. Adequate staffing by doctors and nurses has to be organized, including by nationally conscripting them.

5) "Group A" must be quickly formed into education and work brigades, both in industry and agriculture, much like FDR's CCC project in the Great Depression in the United States. They must produce food, housing and clothing sufficient to feed themselves, as well as "Group B." This will require a return to national food self sufficiency, which in turn will necessitate the importation of the capital inputs for modern agriculture – such as fertilizer, pesticides, tractors and irrigation. The local workforce must also start building the housing, hospitals, and other required infrastructure to get the job done. This will require on-the-job training and large-scale transfer of modern technologies

What China is already doing in Africa with the construction of new rail lines and other infrastructure is exemplary. The extension of the World Land-Bridge into Africa is essential, and will benefit enormously from in-depth cooperation between China and the United States in particular, as well as other countries.

But more must immediately be done by the world community to address the African situation, as we elaborate at the conclusion of this report.



Defeating the Pandemic, Part II: Public Health Measures

Health Care for Serious Cases

Hospitals

The Institute for Health Metrics and Evaluation (University of Washington School of Medicine) estimates, as of April 8, that a peak of approximately 100,000 hospital beds, 20,000 ICU beds, and over 16,000 ventilators will be required, based on current rates of spread and medical care. According to a survey by the American Hospital Association, in 2018 there were just shy of 800,000 staffed beds in U.S. community hospitals, and around 70,000–80,000 adult ICU beds. Since these beds are not typically empty, just waiting for patients to need them, the large number of beds does not mean that there will not be shortages, especially local shortages, as the number of hospitalized patients reaches its peak.

The current level of total hospital beds in the United States, in its broadest measure, is 2.8 per 1,000 people, barely one-third the 1970 level of 7.9 beds. On the basis of “community hospital beds,” which most of the population uses, there are only 2.4 beds per 1,000 people.

Consider the power, water, sanitation, and transportation requirements of hospitals. Using the United States as a case study, an additional 575,000 beds would be required to bring the national average to 4.5 per 1,000 people. According to a 2007 report by the U.S. Energy Information Administration (EIA), the largest 3,040 hospitals, with approximately 915,000 beds (at the time of the study), used about 458 trillion BTUs of energy per year: 194 trillion BTUs in the form of electricity (57 billion kWh) and the remainder in the form of natural gas, district heating, and fuel oil.

Using this figure, hospitals with an additional 575,000 beds would require about 36 billion kWh of electricity per year. That translates into power plants supplying 5,000 MW at an 80% capacity factor. This would be the equivalent of five large

nuclear reactors or two Grand Coulee Dams (running at average capacity). And that doesn't even take into account the natural gas requirements!

In the same report, EIA estimated that these 3,040 large hospitals used 133 billion gallons of water per year. Hospitals with an additional 575,000 beds would require an additional 84 billion gallons per year. For a sense of perspective, the world's largest proposed desalination plant, located in the Kingdom of Saudi Arabia, would provide about 100 billion gallons of desalinated water per year.

To bring online another 15 to 20 million hospital beds – to bring the world hospital bed count to the Hill–Burton level of 35 million hospital beds – would require about 100,000 MW of generating capacity, as could be supplied by 100 large nuclear power plants or nearly 2,000 small scale modular nuclear plants. Global water requirements for these new hospitals would require about 4 trillion gallons annually, which is about half the volume of water contained by the Three Gorges Dam.

Hospital beds aren't much good without doctors and nurses. The current crisis is seeing retired health care workers coming back to work, and there are cases of medical schools offering early graduation for students in their final year if they are willing to immediately go to work as doctors. As virus hotspots move around the world, healthcare providers able to travel should be encouraged to work in other regions and countries.

Ventilators

Using influenza pandemic scenarios considered in a 2005 planning study by the U.S. Department of Health and Human Services, there could be several million hospitalizations in the United States, with up to a million or more patients requiring ICU treatment and half a million requiring mechanical ventilators. Projecting from these figures to the

present world population, 10 million people could require ventilators, with an estimated 1 million each in Africa, Latin America, and India.

Personal Protective Equipment

Personal Protective Equipment (PPE) is used at health care facilities to prevent patients from transmitting disease to health care workers or other patients. This includes gloves, respirators and masks, face visors, goggles, gowns, hair coverings, and full-body suits. Without the high-quality filtration afforded by a N95 (or equivalent) certified mask, workers are put at serious risk of catching the disease themselves. Shortages are causing enormous price increases and tensions among nations seeking to produce or to import equipment from those nations that manufacture it.

An industrial gear-up is required to ensure that adequate supplies of PPE are available.

The physical layout of a hospital or other care facility can have an enormous impact on the quantity of PPE required. In a healthcare setting that includes only confirmed COVID-19 cases, care need not be taken to avoid transmitting the disease from one patient to another, and health care workers can wear protective equipment through an entire shift. But if nurses must attend to patients of mixed COVID-19 status, best practices mandate that they equip themselves with PPE before entering a COVID-19 patient room, and then dispose of the equipment immediately upon leaving, to avoid carrying the virus to the uninfected patients they will next be visiting. With this setup, ten sets of PPE could be consumed per day per patient room. Thus, health care facility arrangements that separate COVID from non-COVID patients can permit significant savings of PPE. Accurately separating these patients requires testing.

Respirators

A properly fitted N95 respirator protects the wearer from 95% of particles over 0.3 microns in size. While the SARS-CoV-2 coronavirus itself is smaller than this size, the virions do not float around entirely on their own and are effectively blocked by N95 respirator masks.

A 2015 study by the U.S. National Library of Medicine, part of the National Institutes of Health, examining three scenarios of demand, estimated that if 20–30% of the U.S. population were to become ill, some 4 billion N95 respirator masks would be required. Extrapolating this figure to the world's population, the global requirements would be on the order of 100 billion N95 masks for the duration of the outbreak: some 15 billion in Africa, 10 billion in Latin America, and 20 billion in India.

Rapid Point-of-Care Testing

Developments in testing technology now allow for thousands of tests to be processed per day by a single piece of equipment in a dedicated laboratory (high-throughput) as well as for rapid test results at the point of care. The development by Abbott Laboratories of a portable testing unit capable of delivering a positive result in as little as 5 minutes or a negative result within a quarter hour greatly speeds the process of processing patients presenting with possible COVID symptoms, allowing them to be sent to the appropriate COVID-only or non-COVID facility or hospital wing.

Health Care for Mild or Asymptomatic Cases

Isolation accommodations

Everyone confirmed to have the novel coronavirus should have the opportunity to be isolated from their neighbors, roommates, and families. This means that asymptomatic or mildly symptomatic individuals must be offered free room and

board accommodations in facilities designed to keep them isolated and healthy. Hotels – which have occupancy rates in the single digits – could be repurposed to this effect, with adequate PPE supplies and training for a reduced hospital staff. The types of shelter arrangements provided following natural disasters would also be appropriate for these individuals.

This was the approach taken in Wuhan, in which every positive confirmed case was isolated under medical supervision, whether in a hospital, gymnasium, or hotel. Mild and asymptomatic cases could then socialize and engage in group exercise classes – far better for their mental health than hiding in a room at home, fearful of infecting their loved ones! Two negative nucleic acid tests for the virus, taken 24 hours apart, were required before people could leave the isolation facilities. This form of isolation, going beyond staying (and infecting) at home, helped drive Wuhan's eventual victory over the virus.

In fact, China's achievement in Wuhan remains the most successful model to date for combating the coronavirus.

Mass testing

Since anywhere from one-quarter to one-half of those infected with the coronavirus display extremely mild symptoms or no symptoms at all, it is impossible to rely on symptoms to locate all cases of the disease. Large-scale community testing – emphatically including for those without symptoms – will make it possible to isolate cases in an effective and targeted way and make contact-tracing more manageable. South Korea tested one in 170 people and used this knowledge to trace contacts, alert residents via text messages of nearby cases and hotspots, and reduce the spread of the disease.

The large-scale shutdowns currently used to crush the spread of the coronavirus do carry a toll, both economic and social.

While these shutdowns are appropriate given a relatively low level of testing, truly large-scale testing will make it possible to make intelligent decisions about lifting restrictions.

To test the world at the South Korea level of one in 170, would require 45 million tests. But many people will require more than one test: Examples include a person who has tested negative but who has had recent potential exposure or a person in an isolation facility who is being tested to make sure it is safe to discharge them. To perform 60 million tests (factoring in some people being tested multiple times) at current worldwide testing rates would take the better part of a year.

The nasal swab tests most widely used at present operate by detecting components of the virus's genome. These are referred to as PCR tests, named for the polymerase chain reaction process by which the genetic material is multiplied by 1,000,000 to 1,000,000,000 times to allow it to be detected.

Another kind of test would use blood, rather than swabs, and would detect, instead of the virus itself, antibodies produced by the body to fight the disease. These antibodies are present in people who were once infected but have since recovered. A virus test would come back negative, but an antibody test would be positive. With these tests, it will be possible to identify potential blood plasma donors (for convalescent blood serum therapy) and identify people who are no longer infected and likely to be immune. If further research reveals that the immunity enjoyed by those who have recovered is long-lasting, perhaps such people could be allowed to return to work, or be recruited to serve in the community as coordinators of meal deliveries, workers in isolation facilities for mild cases, etc.

Yet another form of testing could use samples of untreated sewage to detect the general presence and prevalence of the

virus in a community.

Treatments and Vaccines

Pharmaceutical interventions can save lives and reduce disease in several ways. Vaccines “teach” the immune system about a pathogen, allowing it to immediately fight it when encountered in the future. Antiviral medications can target the virus itself, by preventing its entry into cells or its replication. Antibodies, derived from the blood of recovered patients or produced in a laboratory, can help the immune system fight the virus. Combating cytokine storms is a fourth approach, which could reduce the deadly respiratory effects of the virus, while not fighting the virus itself.

Readers eager to learn more can visit the accompanying information page “Pharmaceutical Interventions to Defeat COVID-19.”

Vaccines

Vaccines are used in advance to protect people from contracting a disease, by “priming the pump” of the immune system to get practice in defeating something that is similar to the pathogen but does not itself cause harm. People who are vaccinated against a disease are able to quickly fight it off if they come in contact with it, since their bodies are already prepared to do so.

The first phase of research is to establish the safety of the new vaccine. Researchers must make sure that the vaccine doesn’t itself cause problems. If study results are promising, the next phases of study will determine the effectiveness of the vaccine. Then manufacturing capabilities must be developed to produce the specific treatment. These multiple stages are the reason that a timespan of 12-18 months is given for vaccine development and production.

Antiviral Medications

Once the virus has taken hold in the body, treatments can prevent it from entering cells, prevent it from replicating, or target it for destruction by the immune system.

Several already existing medications are undergoing testing:

- Avigan (favilavir / favipiravir) – an anti-influenza drug developed by Fujifilm in Japan, it is now included in China's treatment plan and is being studied in several countries, including the United States, China, and Japan.
- Remdesivir – undergoing trials in several nations, this drug was originally developed to combat Ebola by Gilead Sciences in the U.S., a company with significant experience treating other viral infections.
- Plaquenil (hydroxychloroquine) and chloroquine – originally used to treat malaria, these drugs have been used for auto-immune disorders as well. Trials are underway around the world, and many hospitals are already using hydroxychloroquine for their COVID-19 patients. Hundreds of millions of tablets are being produced even as its effectiveness is being studied.

Antibodies are structures created by the human immune system, which attach to pathogens, deactivating them, preventing their entry into cells, or marking them for destruction by the immune system. They can be created in the laboratory by using yeast, mice, or other animals as "factories." At least a dozen groups are working on developing antibodies against the coronavirus.

Plasma of Recovered Patients

When someone recovers from the coronavirus, their blood continues to contain antibodies created by their own immune system to defeat the virus. Their donated blood can be transfused into severely ill patients to help their bodies

fight the disease. U.S. hospital use of this technique began in the last weekend in March, and appeals on social media are now recruiting recovered COVID-19 survivors to donate their blood to help others.

Preventing Lung Problems

There are some drugs that do not target the virus itself, but seek to reduce the death rate and symptoms of COVID-19.

An advanced stage of the disease, in which severe and life-threatening respiratory problems develop, is associated with an excessive response by the body's own immune system, in which the patient's body damages healthy lung cells in addition to those harboring the virus. Two antibody drugs already approved for other conditions – Kevzara (sarilumab) and Actemra (tocilizumab) – are being studied and used to reduce this excessive immune system activity. Entirely new antibodies are also being developed for this purpose.

Steroids can be used to reduce the immune auto-response, although they have the side effect of weakening the immune system. They are also becoming widely used by physicians.

Social Stability

Society must maintain stability, and people who are ill must be able to follow public health measures.

Sick leave, unemployment benefits, basic income stipend payments

It is impossible to require people to remain at home if they rely on their daily work to supply their necessities of life. It is impossible to require homeless people to remain at home.

Employees must be provided with sick leave time to allow them to quarantine themselves to arrest the spread of the virus. Loans and grants must be made to businesses to allow them to continue to pay employees unable to work. Unemployment

protection should be expanded to include those in nontraditional employment situations. To protect those who work informally and could not be expected to benefit from such programs, direct assistance in the form of basic income payments and the supply of necessities such as food and basic supplies is required. It is important that the isolation facilities for positive cases include people without homes, and that food and other necessities be included to allow everyone to isolate safely.

Moratorium on foreclosures, evictions, and utility shutoffs

Basic income to ensure the necessities of life will not be sufficient to pay mortgages, rent, utilities and car payments. A moratorium on foreclosures, evictions and utility shutoffs (including internet and telephones) must be implemented during the time of lockdown, and payments on mortgages and personal loans should be made optional. Businesses negatively affected by these policies will be able to apply for aid.

Securing financial system stability

The world's financial system, particularly that in the trans-Atlantic world, includes quadrillions of dollars in financial instruments that can never be settled. There should be no general attempt to maintain the values of financial markets. The financial collapse now occurring may have been triggered by the coronavirus, but the conditions for the blow-out have been laid by decades of disastrous policies. As Lyndon LaRouche expressed concisely with his triple-curve image, the physical productivity of many so-called "western" nations (including the United States) has decreased in per capita terms over the last several decades, in a way that accelerated with the collapse of the Soviet Union, while financialization has increased at a rapid and accelerating rate.

The required summit of the leaders of the United States,

Russia, China, and India must take up the need for an orderly bankruptcy-style reorganization of the financial markets, to set the stage for banking to play a useful role in financing a global economic and health gear-up.

Social Distancing / Non-Pharmaceutical Interventions

Closing of non-essential businesses

People whose daily work is not truly essential for the functioning of society should stay home. Financial and logistical arrangements required to support their livelihood must be implemented.

Masks

Everyone should wear masks when they are among other people (which should be kept to an absolute minimum). This will provide the wearers themselves some protection against infection and reduce the potential for wearers to spread the disease. They also reduce face-touching. Read why here. (Note that the CDC now does recommend wearing masks.)

Hand washing / sanitation

Frequent hand washing with soap can help reduce the spread of coronavirus, as does the use of alcohol-based hand sanitizers.

But there are over three-quarters of a billion people on this globe without access to improved water. Two and a half billion people lack access to improved sanitation infrastructure. The costs to health and well-being are staggering. According to a fact sheet issued by the CDC, citing research published in the Lancet, every year 800,000 children under five years of age die from diarrheal diseases. Lack of sanitation and of water for drinking and hygiene contributes to 88% of deaths from diarrheal diseases worldwide.

Urging a community without sanitary facilities to practice

frequent handwashing is both insulting and foolish. A crash program to develop sanitary facilities must be implemented, supplemented with the provision of hand sanitizer for hygiene purposes.

Contact Tracing

In the United States, the NSA's intimate knowledge of the whereabouts of everyone with a cellphone can be put to good use! As one example, it could be used to provide text alerts to people who have been in the vicinity of someone who later tests positive. This approach was used in South Korea to help people get a better sense of their risk of exposure, and is part of the relative success that nation has seen in reducing the spread of coronavirus.

Travel Restrictions

When testing is performed at a high enough level to give a sense of the different incidence of the virus in different areas, travel restrictions may be sensible to prevent its spread from areas with significant community transmission. This may make more sense as the first wave of the pandemic is crushed.



Defeating the Pandemic, Part III: Industry, Infrastructure, and Political Requirements

Providing the health measures in Chapter 1 will require major investments into manufacturing and into basic economic infrastructure. Here in Part III, we take up the physical, economic, scientific, and political changes needed to make these measures possible on a global scale. The inexcusable condition of the world, in which poverty still exists in the year 2020, must be remedied. This is eminently possible, as

China's experience in eliminating poverty over the past four decades has shown.

Infrastructure

The platforms of physical improvements we make to our surroundings provide the human species with a synthetic, nurturing environment far superior to the "natural" environment we share with the apes. By controlling water flows, draining swamps, irrigating fields, building canals, railroads and roadways, developing water and wastewater systems, creating electrical and communication grids, and improving the flora and fauna, the human species has a unique power to make this Earth a garden. This infrastructure includes such soft infrastructure as an educated and culturally uplifted populace. Much of the investment into eliminating poverty will be of the form of basic economic infrastructure. And the current coronavirus pandemic points to the particularly urgent need of health infrastructure. But can a hospital be built where there are no roads or electricity? What are the requirements for the provision of health services?

Production Requirements

Medical equipment

Numerous companies have expressed interest in retooling for the production of ventilators, from automakers to aerospace companies. The list includes:

- Automakers General Motors (which will work with Ventec Life Systems to produce 10,000 units a week), Ford Motor Company (which has committed, with General Electric, to produce 50,000 by July 4), McLaren, Jaguar Land Rover, and the VW Group.
- Aerospace companies such as Brazil-based Embraer, Europe-based Rolls Royce and Airbus, and the American firm SpaceX.

Current producers are ramping up production:

- Philips is doubling production to 2,000 per week, and Getinge will increase production to 3,750 per week. Drager, Vyaire, and the Smiths Group are all working to produce additional ventilators for governments.

If all goes according to projection, the companies listed above would supply at least 300,000 ventilators by July. An April 9 Politico article reports that estimated demand solely from the United States and several Western European nations was for one million ventilators; the world's needs will be higher.

PPE

3M intends to double its international production to 2 billion N95 respirators over the next year, and is presently producing about 100 million respirators per month.

Honeywell Industries has upgraded a facility in Rhode Island and is revamping its aerospace facility in Phoenix as part of their overall increase in production to 120 million per year.

Required Global Policy Changes

International Collaboration

The coronavirus pandemic now afflicting the world is only one of the deadly viruses we face. The financial virus chiefly centered in the City of London and in Wall Street has proven to be no less deadly over the past decades. The cultural virus infecting the addled minds of foolish politicians still fighting the Cold War threatens to wreck the potential for precisely the kind of collaboration required to defeat the other viruses.

A summit discussion involving President Donald Trump, President Vladimir Putin, President Xi Jinping, and Prime Minister Narendra Modi is urgently required to achieve the

cooperation needed in the short term to address the menacing health crisis. Such a summit is also the means by which, according to Lyndon LaRouche, a new and just economic system can be put into place globally.

The world must join forces as a single humanity to stop the impending mass-death in Africa, in particular, as the coronavirus spreads. Brigades of engineers, medics, and other skilled personnel from scores of nations must be mobilized, deployed and coordinated under the United Nations and African Union, and with full respect for the sovereignty of all nations. Building health and sanitation infrastructure, assisting in supplying necessary medical and protective equipment, and assisting with administration of health systems are among the urgent jobs at hand.

African nations must also be granted an immediate cancellation of their foreign debts; the world must choose life over debt.

Similarly, all sanctions, armed conflict, border disputes and the like must stop internationally. Much better to use those resources for the common battle of mankind against the coronavirus.

A Paradigm Shift

Lyndon LaRouche warned nearly fifty years ago that President Nixon's August 15, 1971 takedown of the Bretton Woods system would lead to devastating economic effects that would result, in the end, in fascism. This is seen today in, among other places, the green outlook whereby people supposedly concerned about the world's future act to deny energy development to the world, condemning millions to early deaths. Some few years later, in 1974 and 1975, LaRouche warned that worsening economic conditions would create the conditions for the rapid spread of diseases, including new diseases, threatening a biological holocaust. While it may seem that China and major developed countries are bringing the current pandemic under

some form of control, what will the next months bring to the developing world if there is not a radical and sudden change?

To create an economy resilient in the face of such crises as the emergence of new diseases, requires enormous investments in basic economic infrastructure, as well as a reconceptualization of economics.

Lyndon LaRouche was adamant that economics is not about money, or about values that could be expressed in monetary terms. Rather, the secret of economic growth is the ability of the creative human mind to discover and develop new physical principles that expand the capabilities of the human species. As a rough measure of the value of a discovery, or of a cultural outlook, Lyndon LaRouche used the metric of increase of potential relative population density – a measure of what the population density could be, relative to the quality of land and improvements made to it. That is, how many people could be supported, per square kilometer, on the basis of a certain repertoire of discoveries, technologies, and culture? And what sort of culture could act to increase that value? That is the location of economic value.

In one of his last policy papers, Lyndon LaRouche demanded the immediate implementation of four laws that he said were necessary for the United States. They are needed for the world as well. First, a banking reform based on principles of the 1933 Glass–Steagall law, to deny speculative investment the protection of government while ensuring commercial banking could play its useful role. Second, national banking arrangements whereby governments can make long-term credit available for physical economic purposes, rather than for financial stability as has been the practice of the Federal Reserve and European Central Bank. Third, metrics for the application of the needed credit, based not on financial gain but on physical economic growth. Fourth, the new discoveries needed for human growth over the next fifty to a hundred years: nuclear fusion, space research, and fundamental

breakthroughs in biology, to name three powerful examples.

By unlocking the true economic potential of our current repertoire of scientific discoveries and the potential to further expand it, poverty and hunger can be entirely eliminated within a generation, or even within a decade. Nuclear fusion power will change our relationship to energy, water, and resources. Fusion-powered rockets will keep us safe from any asteroids threatening to careen into our planet. Biological advancements will cure disease and allow for the rapid eradication of newly emerging threats. And, most importantly, the fear of large-scale international conflict can be overcome as we come to realize our common aims, here on Earth, and beyond!

**POLITISK ORIENTERING den 2.
april 2020: Sådan åbner
Danmark op uden at få en
coronakatastrofe.
Den globale økonomiske
nedsmeltning.
(Nu også på Spotify.)**

Med formand Tom Gillesberg. Se resumé nedenunder.

Lyd: Spotify

Lyd: Soundcloud

Link: Operation virus ud af skindpelsen:

Sådan kan vi åbne Danmark op igen uden at risikere, at COVID-19 får overtaget

Udtalelse af Schiller Instituttets formand Tom Gillesberg den 30. marts 2020

Link til at læse om og tilmelde dig Schiller Instituttets internationale video konference den 25.-26. april.

Resumé

Inklusive:

Hovedprincipper i Operation virus ud af skindpelsen:

Sådan kan vi åbne Danmark op igen uden at risikere, at COVID-19 får overtaget

Udtalelse af Schiller Instituttets formand Tom Gillesberg den 30. marts 2020

Gennem nedlukningen af Danmark har man forhindret en overbelastning af sundhedssystemet. Det er fantastisk at man har kunnet reducere smittespredningen fra 2.6 til 2.0. Men hvad sker der, når man lukker op igen? Så kan man hurtigt komme i fare for italienske tilstande.

Kan man blot vente på at vi får "flokimmunitet" i Danmark? Er det så galt?

Det kan meget vel være, at den reelle dødeligheden for COVID-19 er ikke 3,6 % som de nuværende tal indikerer men "blot" 0,3 % – 1,0 %, da der typisk er et stort mørketal i tallet blandt de, der er konstateret smittede med COVID-19. Netop derfor behøver man massiv testning både for COVID-19 og antistoffer imod COVID-19 for at få et bedre overblik over hvem, der er smittede, og hvem, der har været smittet.

Med hensyn til, om man skal bekæmpe COVID-19 og leve i en vedvarende kamp med den, indtil vi har en vaccine (som jeg mener), eller blot vente på en fremtidig flokimmunitet, står man tilbage med de uhyggelige tal. Hvis man ønsker at opnå en flokimmunitet for COVID-19 skal omkring 60 % af befolkningen have haft COVID-19. Det kræver at 60 % af 5,8 mio. danskere skal have COVID-19 = 3,5 mio. mennesker. Deraf skal 15 % sandsynligvis indlægges, så det bliver det 522.000 indlæggelser. 5 % skal sandsynligvis på intensiv, så det bliver det 174.000 intensivpatienter. Dør 1.0 % af de smittede er det 35.000 døde mennesker. Dør "kun" 0,3 % er det "kun" 10.500 mennesker, der mister livet.

Så længe det blot er tal, så virker 0,3-1,0 % som småting. Når det er menneskeliv, så er sådanne tab uacceptable, når vi har en mulighed for at reducere dem. Derfor var nedlukningen en god beslutning og derfor skal vi følge op med Operation virus ud af skindpelsen, så vi kan lukke Danmark mest muligt op uden at ende med italienske tilstande.

Vi skal åbne op, men uden at risikere italienske tilstande. Derfor må strategien ændres til at teste, teste og teste 50.000-100.000 om dagen. Teste både for COVID-19 og for antistoffer der viser, at man har haft virussen, for at finde syge, og smittede uden symptomer, for at kunne kortlægge og bryde smittekæderne og gøre det muligt at åbne Danmark, uden at virusset begynde at smitte for mange.

Det er godt at Kina sender værnemidler men vi skal også, og kan også, producere det vi mangler selv.

Forskellen mellem Danmark og Sverige bliver tydelig. Takket være Mette Frederiksens lederskab kan vi klare skærene mens Sverige er på vej imod en katastrofe der bliver tydeligere dag for dag.

Corona på verdensturné: Italien, Spanien, Frankrig og det nye epicentrum USA

EU i opløsning

USA og verdenskrisen

Global finansiel og økonomisk nedsmeltning

USA epicenter for den økonomiske nedsmeltning med massiv arbejdsløshed og massive finansielle hjælpeprogrammer. Man kan ikke både redde finansverdenen og menneskene. Red mennesker frem for det syge finanssystem.

Der er løsninger: iværksæt det nye økonomisk paradigme som Lyndon LaRouche og Schiller Instituttet længe har arbejdet for. Brug Lyndon LaRouches fire økonomisk love fra 2014.

Trump har lige forslået et infrastrukturprogram på 2 billion dollar. Men skal det lykkes må han lytte til Schiller Instituttet og LaRouche-folkene.

Meld dig til Schiller Instituttets internationale internetkonference den 25.-26. april her.

Verden behøver et topmøde mellem Trump, Putin og Xi Jinping for at etablere en ny verdensorden og et nyt økonomisk system. Ikke grøn dagsorden med anti-menneskelige nedskæringer, men et nyt retfærdigt økonomisk system i LaRouches ånd.

Bliv aktiv. Kontakt os.

**Operation virus ud af
skindpelsen:**

Sådan kan vi åbne Danmark op igen uden at risikere, at COVID-19 får overtaget

Udtalelse af Schiller Instituttets formand Tom Gillesberg den 30. marts 2020

Mette Fredriksen og den danske regering har udvist forbilledligt lederskab i håndtering af den nuværende sundhedskrise og fik Danmark hurtigt lukket ned, da det var klart, at der forekom udbredt smittespredning i Danmark. Den danske befolkning har reageret godt på lederskabet og det ser ud til, at vi har formået at sænke smittespredningen fra omkring 2,8 nye smittede per smittet til omkring 2,0. Det lyder af lidt, men det er ufatteligt godt gået og har købt os ekstra tid. Med en smitterate på 2,8 vil antallet af nye smittede på 6 uger være 1350 gange større. 1.000 smittede bliver altså til 1,35 mio. Med en smitterate reduceret til 2,0 vil antallet af nye smittede efter 6 uger være 128 større. 1.000 smittede bliver altså i stedet til 128.000 nye smittede over de 6 uger. Dermed har vi købt kritisk tid til at undgå, at vi får katastrofale tilstande, som dem vi har set i sundhedsvæsenet i Italien her i Danmark.

Dette var det erklærede mål for nedlukningen af Danmark, så det ser ud til at blive succesfuldt, men det rejser et ligeså stort problem: Hvornår kan vi genåbne Danmark uden at se en eksplosiv udvikling i antallet smittede af COVID-19?

Studiet fra Imperial College i London (Impact of non-pharmaceutical interventions (NPIs) to reduce COVID-19 mortality and healthcare demand), der blandt andet fik den

britiske regering til at lukke Storbritanien ned og overbeviste den amerikanske regering om alvoren i COVID-19-epidemien, kommer frem til, at en nedlukning er nødvendig for at undgå en katastrofe, men slår samtidigt fast, at man må forvente en kraftig opblomstring af epidemien, så snart man går tilbage til det normale liv, og smittespredningen dermed bliver større. Rapporten konkluderer, at det er sandsynligt, at man det meste af tiden frem til udviklingen af en eventuel vaccine, som man forventer kommer på banen om tidligst 12-18 måneder, eller til at så stor en del af befolkningen har været smittet (ca. 60 %) til at give en flokimmunitet i befolkningen, må fastholde en nedlukning af samfundet med blot enkelte åbne perioder ind imellem, hvor man så lukker ned igen, når epidemien begynder at vokse for kraftigt.

En sådan hel eller delvis nedlukning af Danmark i op til 12-18 måneder vil være katastrofal for det danske samfund og den danske økonomi. Derfor må vi introducere andre redskaber, der kan give os nye fordele i kampen mod COVID-19 end blot af sætte på udviklingen af flokimmunitet eller udviklingen af en vaccine om 12-18 måneder. Et sådant redskab, der har vist sig effektivt andre steder, er en aggressiv opsporing og isolering af COVID-19-smittede, som bl.a. i Kina og Sydkorea har gjort at man har kunnet holde epidemien i skak. Vi vil selvfølgelig ikke kopiere deres metoder til fulde, da vores samfund fungerer anderledes, men benytte erfaringerne og indsætte dem i en dansk sammenhæng. Samtidig er et ekstra vigtigt redskab på trapperne, der om få dage vil gøre det muligt, at finde ud af, om en person har været smittet med COVID-19. Det kan give os flere fordele både med at bekæmpe smitten her, og holde Danmark åbent mest muligt – uden at risikere et sammenbrud af det danske sundhedsvæsen og unødigt mange døde blandt den danske befolkning – og samtidigt hjælpe i den globale kamp imod COVID-19.

Vi skal bruge det pusterum, som vi har fået gennem den effektive nedlukning af Danmark, til hurtigst muligt af få et

så komplet overblik over udbredelsen af smitten her i landet og få identificeret og isoleret flest muligt COVID-19 smittede. Vi skal have gang i den form for effektiv smittesporing, der ophørte, da man lukkede Danmark ned og sundhedsstyrelsen erklærede, at inddæmning nu var umulig. Alt, hvad vi ved, om hvem, der er smittet eller har været smittet og om, hvordan og hvornår de blev smittet, er nemlig guld værd i bekæmpelsen af epidemien. Og i at sikre, at vi kan holde Danmark mest muligt åbent.

Det største problem med COVID-19 er nemlig, at den spreder sig vældigt effektivt fra menneske til menneske og at mange smittede, ikke udviser kraftige symptomer eller bliver meget syge, men alligevel kan bringe sygdommen videre "under radaren". Som når det gælder isbjerge, så ser man kun en meget lille del af det egentlige problem. Det betyder, at sygdommen sandsynligvis kom til Danmark langt inden, at vi fik den såkaldt første smittede (TV2-medarbejderen) den 27. februar.

I løbet af de seneste dage har man fundet ud af, hvordan vi hurtigere og lettere kan teste sekret fra mulige smittede for COVID-19. Inden for de næste dage, vil vi også kunne teste blodprøver for anti-stoffer til COVID-19, og dermed kunne fastlægge, om en person har været smittet med COVID-19. At vide, at man har haft COVID-19 og har overlevet, er en god information at have, da man i så fald (medmindre vi ser nye mutationer af COVID-19) ikke længere kan blive smittet og heller ikke risikerer at kunne smitte andre. Men det er også en vigtig information at have for at kunne fastlægge, hvor og hvornår den enkelte blev smittet. Det giver overblik over, hvordan epidemien har udviklet sig og hvordan den fremadrettet vil udvikle sig. Vi skal så vidt som muligt have et billede over samtlige smittekæder i Danmark. Det kræver massiv testning og en kortlægning af COVID-19's liv og virke i Danmark.

Operation "Fjern virus fra skindpelsen"

Vi skal have kortlagt COVID-19 i Danmark, så vi kan holde epidemien stangen, og det kræver (udover den indsats, der ydes på de danske hospitaler) en massiv testindsats fremadrettet:

1. Alle, der udviser selv svage symptomer på COVID-19, skal omgående testes og i tilfælde af COVID-19-smitte sættes i hjemmekarantæne indtil 48 timer efter, at de betragtes som symptomfri og raske. Forløbet afsluttes med en yderligere blodprøve, der viser, at de har nok anti-stoffer imod COVID-19 til, at de ikke længere kan huse sygdommen. Mens sygdommen står på skal patienten indsende daglige rapporter til sundhedsmyndighederne over, hvordan man har det, sygdommens udvikling, symptomer etc. Dette er vigtigt, ikke blot for at overvåge den enkelte patient og i tide kunne yde nødvendig hjælp til behandling af sygdommen, men også for at få et langt bedre overblik over sygdomsforløbet og dens symptomer til fremtid smittesporing og sygdomsbekæmpelse. Alle familiemedlemmer og andre tætte kontakter skal testes (både for COVID-19 og evt. også for anti-stoffer) og på lignende vis selvovervåges, for at sikre, at de ikke også er smittede. Dette fortsætter i en karantæneperiode, som afsluttes med yderlig en test. Der laves samtidig klassisk smittesporing for at finde alle mulige smittekontakter den/de syge har haft, dels for at finde personen/personer de er blevet smittet af, men også de personer, som de muligvis har smittet. Hjemmekarantæne og daglig indrapportering kræves af dem, som vurderes at være mulige smittede.
2. Alle, der mener, at de eventuelt har været smittet, skal så hurtigt som muligt testes for anti-stoffer imod COVID-19, for at finde ud af, om de har haft sygdommen. Hvis disse tests i dag sendes ud af landet, som en del af det internationale forskningssamarbejde, skal dette arbejde så vidt, det er muligt, hjemtages for en hurtige

informationsstrøm (mens vi selvfølgelig samtidig fortsat vidensdeler med vore forskningspartnere). Finder vi personer, der har været smittede med COVID-19, så starter smittesporing for at finde ud af, hvor og hvornår de blev smittet, og hvem de eventuelt selv har smittet. Selv om dette i mange tilfælde involverer personer, der ikke længere er smittede, så er det vigtig information for at etablere smittekæder og finde mange af de smittekæder, der indtil nu er gået under radaren. Det vil også hjælpe i arbejdet med at fastlægge forskellige typer af COVID-19, forskellige smittemønstre, symptomer og evt. også senere differentieret behandling.

3. Der forskes flittigt i udvikling af behandlingsmetoder, mange gange med brug af allerede godkendte lægemidler eller en kombination af dem, til at lindre og evt. også forkorte sygdomsforløbet hos indlagte patienter. Der skal forberedes en hurtig implementering af nye modaliteter i takt med at der er lovende resultater fra forskningen.

At lave dette arbejde med testning og smittesporing er ganske omfattende, men vil i stor udstrækning ikke overlappende med de ressourcer, der kræves i kampen imod COVID-19 på hospitalerne. Det er andre ressourcer, der skal mobiliseres fra samfundet, borgere og virksomheder for at sikre, at vi så hurtigt som muligt kan lukke Danmark op og holde Danmark åbent mest muligt indtil COVID-19 er besejret. Samtidigt vil det bibringe vigtige data om COVID-19, der hjælper ikke blot Danmark, men hele verden i kampen imod COVID-19.

Ressourcer, der skal bringes i spil for at kunne håndtere denne indsats, inklusive 50-100.000 testninger per dag, involverer bl.a.:

- 1) Der skal oprettes en lang række teststeder (bl.a. drive-in-

teststeder), hvor folk kan få taget sekret fra de nedre luftveje til COVID-19-test. Dette skal fungere med personale, der ikke må tages fra den normale behandlingsindsats på hospitalerne. Eventuelt med personer, der allerede har haft COVID-19.

2) Der skal oprettes kapacitet til at behandle 50-100.000 COVID-19 prøver om dagen. Kapaciteten kan findes på eksisterende laboratorier på universiteter og lignende, men også, hvis de bliver spurgt, på danske virksomheder, som nok gerne vil bidrage med testkapacitet, som Novo Nordisk har valgt at gøre det. Vi har mange medicinalvirksomheder i Danmark, og de fleste vil ikke takke nej, hvis de bliver bedt om at hjælpe til. Det forberedes selvfølgelig at kunne tage og behandle endnu flere tests, hvis det skulle blive nødvendigt.

3) Der oprettes et lignende beredskab til at tage blodprøver for at konstatere anti-stoffer imod COVID-19, hvis det nuværende system ikke er i stand til at håndtere den øgede volumen. Der oprettes flere enheder til hurtigt at omsætte blodprøver for anti-stoffer til COVID-19 til brugbare testresultater.

4) Der skal oprettes en del enheder til smittekortlægning og smittesporing. Samtidig skal der være enheder til at håndtere alle de data, som man får ind fra testresultater, daglige tilbagemeldinger fra COVID-19-smittede, folk i karantæne etc. Det vil være langt større mængder af data, end man har været vant til, og det kræver evt. en oprustning på databehandlingssiden. Danske virksomheder med ekspertviden på området vil sandsynligvis med glæde bistå med at udvikle de nødvendige digitale værktøjer i ekspresfart, hvis de bliver bedt om det.

5) Med hensyn til hjælpemidler til testindsatsen og værnemidler til personalet på alle COVID-19-områder, der evt. er mangel på i dag, osv. så vil de af dem, som man ikke kan anskaffe hurtigt på markedet til rimelige priser,

sandsynligvis kunne fremskaffes fra, eller produceres af danske virksomheder, hvis man blot beder dem om det. Lokaliser evt. flaskehalse og find ud af, hvem i Danmark, der vil kunne hjælpe. Hvis man spørger om hjælp, så vil man blive positivt overrasket over, hvor mange, der blot venter på at kunne hjælpe til.

Udover at være en uvurderlig hjælp i at inddæmme COVID-19 så meget som muligt, så vil brugen af udbredt testning og smittesporing give os de nødvendige redskaber til at forstå og håndtere sundhedskrisen langt bedre. Vi vil gennem det langt bedre overblik over COVID-19 og dens aktiviteter bedre kunne forhindre en kraftig opblomstring af epidemien på et senere tidspunkt, og gennem den tætte overvågning vide, hvornår vi eventuelt må lukke dele af Danmark ned igen, for at få kontrollen over COVID-19 tilbage.

Alle disse tiltage er ikke gratis, men den samlede indsatspakke er billigere end blot en enkelt dags nedlukning af Danmark. Samtidig kan man også håbe, at de store mængder indsamlede data gør os i stand til bedre at forstå COVID-19, og dermed kunne bekæmpe COVID-19 langt mere effektivt både i Danmark og globalt indtil vi forhåbentligt snart kan endegyldigt besejre COVID-19 og få vores normale samfundsfunktioner tilbage.

For Schiller Instituttets forslag til de nødvendige økonomiske og finansielle tiltag i forbindelse med COVID-19 se andre artikler og videoer på vores hjemmeside.

International ungdomsopkald med Helga Zepp-LaRouches tirsdag 31. marts kl. 16-18 dansk tid via Zoom

Verden er i en alvorlig krise, som er uhørt, uden sidestykke. De gode nyheder er, at eftersom situationen er resultatet af de sidste årtiers forfærdelige politik, vil det være umuligt at "vende tilbage til normal praksis". Helga Zepp-LaRouche har opfordret unge mennesker til at tage lederskab på dette tidspunkt med store forandringer, for at bekæmpe de to dødelige virusser som nu truer menneskeheden – coronavirus-pandemien og nedsmeltningen af det globale finanssystem.

Vi må komme ud af denne krise med et helt nyt paradigme for fredelig sameksistens mellem nationer og et nyt økonomisk system baseret på samarbejde om fremskridt for hele menneskeheden. Som det bliver mere og mere graverende med coronavirus-pandemien, vil det blive en hasteprioritet at bygge et moderne globalt sundhedssystem for at sikre retten til liv for alle mennesker på jorden.

Videokonferencen er en mulighed for unge mennesker at tale med Helga Zepp-LaRouche og tilslutte sig kampen for dette nye paradigme.

Efter indledende bemærkninger af Helga, vil repræsentanter fra hver nation give en 2 til 4 minutter lang rapport om deres organisering, og en spørgerunde vil herefter følge.

HVORNÅR

31. marts kl. 16-18, dansk tid

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**Luk den neoliberale kasino-
økonomi ned nu, den er
håbløst bankerot.**

**Schiller Instituttets
ugentlige webcast med Helga
Zepp-LaRouche, d. 19. marts,
2020**

Schiller Instituttets formand Helga Zepp-LaRouche offentliggjorde, d. 18. marts, en presserende appel, som hun understregede i sit webcast, d. 19. marts, for at lukke finanssystemet ned i flere dage, således at der vil være tid til at indføre nødvendige reformer, begyndende med en Glass/Steagall-bankopdeling, for, gennem en konkursbehandling, at reorganisere det nuværende finanssystem. Det neoliberale system er bankerot, sagde hun, pga. det skifte der begyndte for 50 år siden, væk fra efterkrigstidens Bretton Woods-systems faste vekselkurser, over til en dereguleret, spekulativ kasinoøkonomi.

Det finansielle sammenbrud, som finder sted samtidig med coronapandemiens udbredelse, kan ikke løses gennem flere

redningspakker, hvilket blot forlænger ødelæggelsen af den virkelige økonomi. Yderligere vil dette underminere indsatsen undervejs for at rette op på kollapset af sundhedssystemets verden over, der blev saboteret med "sundhed for profit" for øje (i profitmaksimeringens navn). Hvad der nu er brug for, er et fuldt samarbejde mellem de førende nationer – en global solidaritet – som må erstatte det geopolitiske syn. Selvom at der er taget nogle positive skridt i denne retning, forbliver de økonomiske tiltag indenfor neoliberalismens pålagte rammer, i mens nogle embedsmænd, såsom USA's udenrigsminister Pompeo, fortsætter med at søge den geopolitiske konfrontation, som ses i hans angreb på Kina.

For at lykkes i kampen mod den globale pandemi, sagde hun, bør vi lytte til lægestaben fra Wuhan, som førte en heroisk kamp mod sygdommen. Hvad der er brug for er kærlighed, ikke ubegrundede anklager. Krisen har givet os muligheden for at kassere alle geopolitiske og neoliberale aksiomer, og i stedet handle i solidaritet med vore medmennesker.

Afskrift på engelsk:

SHUT DOWN THE NEOLIBERAL CASINO ECONOMY NOW, IT IS HOPELESSLY BANKRUPT!

Schiller Institute New Paradigm Webcast, March 19, 2020

With Helga Zepp-LaRouche

HARLEY SCHLANGER: Hello, I'm Harley Schlanger from the Schiller Institute, with our weekly webcast with Helga Zepp-LaRouche, our founder and president. It's March 19, 2020.

Let me begin by simply saying that we had intended to do this webcast yesterday, but the sheer volume of activity on the internet has made it questionable. Hopefully, we will be able to get through the briefing and discussion today, but please bear with us if there's some shakiness or jumpiness in the picture. These are extraordinary times, and it does require a

certain amount of patience and concentration.

We're facing a situation which is a worldwide emergency, and Helga, we'll start with your call yesterday. You issued an emergency call for a bank holiday, which I think addresses the problem of the corona virus and the financial crash simultaneously. So, why don't we start with what you said yesterday?

HELGA ZEPP-LAROUICHE: I think the need to address the fact that we don't only have the coronavirus crisis, which is a pandemic, but we also have clear signs that the financial system is collapsing. So, that is why I issued a call to close the markets for a few days, which I will specify, in order to take the absolutely necessary reforms of the financial system, which has to start with the immediate implementation of a Glass-Steagall banking separation. Followed then by the other measures which we have been asking and demanding for, namely; a national bank in every country; a New Bretton Woods credit system in order to restart the economy and concentrate on the physical economy. This is absolutely necessary because, while it is clear that now, finally, after a quite significant delay, all the governments of the trans-Atlantic sector are clearly taking measures. For example, the European Union has suspended the rules of the stability pact, Trump has invoked the National Defense Act, there are obviously many measures being taken. For example, the various bazookas which have been taken out, giving credit to firms to delay tax payments, to even talk about helicopter money – in other words, directly handing out money to everybody who needs it. All of these things are necessary steps to just keep the economy going, and also calm down the population, which is really in a difficult state of mind. And physically, many people have existential worries about their livelihoods.

But this is all missing one essential point. That is, the reason why we are in this crisis has to be addressed. That is something which absolutely only we can bring on the agenda.

So, the very first step would be to close the financial markets in order to implement Glass-Steagall. Now that is obviously something which requires a different kind of approach. It requires the intervention of the most powerful governments in the world working together. And that is the need to have the summit of the United States, Russia, China, and India; then other countries can support that. But you need a decision on the level of the heads of government to end the casino economy, to go in the direction of a world credit system which enables a world health system. Because it should be very clear that this pandemic will not be fought in one country, but you need a health system in every single country of the world, and that is absolutely not possible under the present circumstances. So therefore, the shutting down of the financial markets is the absolute necessary first step, but it must be followed by the whole package.

SCHLANGER: In saying that, and looking at the importance of taking emergency measures, I think it's really important that people step back and recognize what you just said. This is something that's been in the making for many years, and your expertise in this comes from your long working relationship with your husband, who forecast this back in 1971. It was clear to him back then that this is what we were facing; and yet, governments missed these warnings. Why don't you just review for a moment his forecasting on this, and how we missed the boat?

ZEPP-LAROCHE: My late husband, in 1971, was probably the only economist who with absolute clarity recognized the significance of Nixon abandoning the fixed exchange rate system and abandoning the coupling of the dollar to the gold standard, and going in the direction of unregulated monetarism. He said in August 1971 that if the world would stay on this course, it would absolutely necessarily lead to a new depression and the danger of a new fascism, or you would replace the system with a completely different one; namely, a

just, new world economic order. Then, at every step of the way, whenever the financial oligarchy moved in the direction of further deregulation, he absolutely pointed to the consequences of that. He predicted the crash of 1987, he absolutely recognized the significance of the 1997 so-called Asia crisis as being really the eruption of a global crisis. And he made this famous video on the 25th of July in 2007, saying this is the end of the system, and all which we see right now will be coming to the surface of the total bankruptcy of the system.

Obviously, the measures which were taken by the central banks and the G-20 after the 2008 collapse, just amplified the problem by pumping more liquidity into the system. Now we are at the absolute end phase of that process. He also was very much on the record saying the consequences in the physical economy of this monetarism would lead to the eruption of pandemics. It would lead to the re-emergence of old diseases, and the emergence of new epidemics, pandemics; because you cannot lower the living standard of entire continents over a long period of time without causing such breakdowns of the health system, the immune system. That is exactly the point we are at right now, and that is why we are saying that you cannot remedy it by just controlling this pandemic. Because if you don't remove the causes, the danger is that new viruses, new diseases will emerge. So, we are at an absolute fundamental point that we have to change the whole system.

SCHLANGER: I think we're seeing some governments beginning to recognize that this is more than just a simple crisis. Macron, for example, announced the suspension of the so-called reforms he was pushing. Macron and others are saying we need to look into what caused the failures of the system. But up to this point, Helga, have you seen anyone addressing the need to reject the whole casino economy and go back to the measures that would feed the physical economy?

ZEPP-LAROCHE: No. I think that the measures that have been

taken by, for example, Germany – Merkel was yesterday in a TV speech where she really didn't say anything significant. All she said is, "It's up to you to flatten the curve of the spread of the pandemic." Now, I don't think that is the way to go about it at all. Naturally what is behind that is how all the Western governments are now confronted with the fact that the takedown of the health system over the last decades, the privatization, the shutting down hospitals, shutting down other facilities for the sake of profit, is now haunting everybody, because we have a severe shortage of such facilities. But, I think the approach which was taken by China has been a completely different one. They did not talk about flattening the curve; they took in Wuhan and Hubei province very decisive measures. They closed down the entire area of 60 million people and acted in solidarity in the whole country; all of China was supporting that. They were successful in reducing the number of new cases erupting. So, they basically have it under control for the situation in China. That is a successful model. Also, Singapore and South Korea took a similar approach. There is no reason one cannot replicate what China did, if there is solidarity.

Obviously, in the EU, that has been lacking so far. There was no solidarity. This just shows you the deficiency in the neo-liberal and liberal model of everything – the markets, the health system, the cooperation among countries. I think that the situation now is very severe. You can see it in Italy, which was the country which, because of its positive relations with China, did apply the Chinese model to a very large degree. But in northern Italy, in Bergamo, in Lombardy, they are now faced with the situation that the capacity simply is not sufficient. So there is de facto triage, not because they intend it, because the doctors and the nurses around the clock and they are near the point of breakdown; but they simply don't have enough facilities, so they cannot treat every patient. This is a total catastrophe.

But China, which not only totally successfully contained the virus, is now worried that it may come back from abroad, because other governments did not apply the same rigorous methods. But the Chinese are providing help. They have sent medical experts to Iran, to Iraq, to Spain, to Italy. They have offered help to any country which wants to take it. They are sending massive supplies to Italy, Spain, and France, who they regard as having shown to have been friends with China. I think the only thing to draw as a conclusion is to stop this anti-China bashing. First of all, it's completely insane; it is not justified. Cooperate. I think this is the moment where you have to work together as a human species. China has provided the way to go.

You need to learn the Chinese lesson from Wuhan, and that is the best thing the Europeans and others like the United States can do right now.

SCHLANGER: On the question of the takedown of the public health system and replacing it with a totally for-profit health care, which has obviously failed, even the New York Times admitted this today. I just want to read a couple of quotes from an article there where they said that it's now the EU austerity which has left the health care systems unprepared. We're talking about Europe, but the same thing can be said about the United States. They said, in the southern European countries, they're ill-prepared for a pandemic. They describe this as "tragically vulnerable", that the countries are tragically vulnerable.

Now, we had in the United States, a standard set with the Hill-Burton system, of 4.5 hospital beds per 1000 people. This was taken down starting in 1974. Helga, you were talking about a world health standard. What would that take to get a Hill-Burton standard for the whole world now?

ZEPP-LAROUCHE: First of all, you would need a crash program approach, where obviously those countries which have the

capability would have to help those who don't. But all together, it would mean to build 35 million new hospital beds worldwide. It would require having the necessary electricity, which would mean the creation of 358 gigawatts of new electricity; most of which would also have to be built in a crash program. You would need the increase of clean water supplies by 40% of the existing capabilities. So that obviously is a completely different approach, and would require a completely different approach in terms of real industrialization of the Southern Hemisphere. That brings you to the absolute point where this went wrong. We are now at the point where we have to make a fundamental decision: Do we want to in the direction of a Malthusian world order, which indeed would mean what the British system has been pushing? Like Jeremy Warner in the Daily Telegraph, wrote a couple of weeks ago, that the coronavirus has a benefit; namely that it is culling older people. That notion of culling, that you treat the human species as a herd of animals which must be culled, this has been our attack against the British Malthusian genocide approach for a very long time. This is now what obviously is coming to the fore. We have to make a fundamental decision, that we absolutely reject this idea that there are useless people, which obviously is behind some of the thinking, because the danger is that we come out of this with a Green approach, with a Malthusian approach. We have to absolutely go in the opposite direction, and go for the full industrialization of the world economy. We have to have the industrialization of Africa, of Southwest Asia. That is the key moral decision which the whole human race has to make at this point.

SCHLANGER: As you said, this would require international solidarity. I think there is still the proposal that you made, and was somewhat adopted by others, that there be an emergency summit of the great powers. How could they act to bring about not just this new world health standard, but a new financial system?

ZEPP-LAROUCHE: I made this proposal for an emergency summit of the United States, Russia, and China following the assassination of Iranian General Soleimani on the third of January this year, because there was the immediate danger of an escalation which could have gone into a superpower conflict. Subsequently, President Putin called for a summit of the Permanent Five of the UN Security Council to establish the principles for the continued collaboration and survival of the human species. Now in the meantime, all the governments of the Permanent Five have agreed – the US, China, Russia, France, and Great Britain – that they would agree to this. I still think that the absolutely necessary combination is the United States, Russia, China, and India, being representative for the whole world, and then other countries should cooperate. I think we have reached the point where we have to different principles in the international cooperation. Geopolitics must be absolutely put aside forever. We have to define the common aims of mankind; we have to agree on those principles which constitute the one humanity. That would first of all mean to establish a system of new international relations of countries respecting the sovereignty of everyone, of non-interference, of accepting the different social system of the other one. And then agree on joint economic development programs to overcome poverty, to overcome underdevelopment.

I think the only realistic proposal on the table is what China proposed with the New Silk Road, the Belt and Road Initiative, which already 157 countries are participating in. The Schiller Institute, already several years ago, started to publish reports – “The New Silk Road Becomes the World Land-Bridge” – which is a comprehensive economic study of how to bring industrial development to every continent on this planet. Some of these projects are in different degrees of realization, but that would be the kind of platform which has to be agreed upon by the top governments in the world. That way you could start a real economic development plan following such a summit right away. It would mean you completely change the orientation. In

a certain sense it's like the end of the Thirty Years' War, where people recognized that if they continued, there would be nobody left to enjoy the victory, so-called. That is the point humanity has reached right now.

We have reached a point where we either become rational and cooperate, or we may not only face a Dark Age, but we may actually face a real holocaust of the whole human race.

SCHLANGER: I think a lot of people would like to get your assessment of the so-called financial measures that are being taken, beyond those that are emergency funds to provide care or funds for people who are losing jobs, a moratorium on foreclosures – at least for a month or two. But what we see from the Federal Reserve in the United States, as an example, is a bail-out of the speculators of extraordinary level of so-called credit; basically, funny money. What's your assessment of that? Obviously, this goes against what you're talking about in terms of the financial bankruptcy reorganization.

ZEPP-LAROCHE: That just reflects the intention of Wall Street to keep the casino economy going. They bring out what they call the big bazooka, I think the Federal Reserve put in \$1.2 trillion in various support actions, buying up bonds, buying up all kinds of debt to keep the derivative bubble going. The European Central Bank has announced 750 billion, and that is not the end of it. If they keep doing that, and there is right now the clear intention to do so, it will lead to a hyperinflationary blow-out of the whole system.

I'm not saying that these temporary measures to keep individual families and firms going by giving all kinds of support measures, that may be useful in the short-term. But you need to end the casino economy. You absolutely have to have Glass-Steagall, because this would shut down the casino economy for good. You put the commercial banks under state protection, you put a firewall between the commercial banks and the investment banks and all the other operators and

players. If they have no more access to the savings of the commercial banks, or do not get bail-outs from the taxpayers any more, they will have to bring the books in order on their own and if they can't do it, they have to be closed down. That is the kind of intervention which now absolutely needs to exist. If this thing is continuing, you will end up in a hyperinflationary blow-out like what happened in Germany in 1923. That is the complete expropriation of the life savings of the population, and that would lead to a social explosion such as I don't even want to imagine.

So, I call upon all rational people to support our action that this approach – that you need a summit of the most important governments of the world, and they have to end the casino economy, and they have to adopt a system of integrated cooperation for world development. If there is sufficient support for that, it can be done, because there is already motion in this direction. So, I'm calling upon you, that you sign this appeal which will be below this webcast [https://schillerinstitute.nationbuilder.com/four_laws_new], and that you help us to circulate this idea. Because there is a lot of confusion right now, a lot of panic, a lot of chaos. But you have to elevate the whole discussion on a much higher level, and that has to be one of unity of the entire world. Then we can solve it.

SCHLANGER: You mentioned ending the casino economy, I found it somewhat interesting that yesterday the state of Nevada shut down the casinos in Las Vegas. That's a good step in the right direction.

Helga, come back to this question of international solidarity, and why that's necessary. Unfortunately, we have someone who hasn't gotten that message; namely, Secretary of State Mike Pompeo, who continues to rant against China, talking about escalating sanctions against Iran, which is one of the countries that has been badly affected by the coronavirus. What can you say about that? Obviously, this is the opposite

of solidarity.

ZEPP-LAROUCHE: I think President Trump has been capable of getting rid of some of his bad advisors in the past, like Bolton. And I think he would be very well advised to get rid of Pompeo. What Pompeo is doing right now in his anti-China campaign is really dangerous. The relationship between the United States and China has been deteriorating. It's very difficult to assess all of this, because there is a lot of fake news being circulated right now, and one has to be very careful in assessing this.

Let me bring in another element of this. There is a geopolitical dimension in a lot of things that are happening right now. There was, for example, a scenario played out in October 2019, where the Bill and Melinda Gates Foundation, the World Economic Forum, the CIA, and the UN, and a couple of other institutions had a scenario acting out a new pandemic hitting the world with the coronavirus, and they basically came to the conclusion that this would cause 65 million deaths. Now that was the very same day the military games were conducted in New York on the very same day in Wuhan the military games started, and subsequently the Chinese Foreign Ministry raised the question, if the virus had not originated in Wuhan, but possibly coming from US soldiers participating in these war games. There is a big story as to what was the role of Fort Detrick, which was closed down last July. In any case, I'm not in a position now to assess the validity of all of this. And as I said, there is a lot of psywar fake news, disinformation. But this whole question has now led to a brawl whereby Pompeo is continuously talking about the China virus. The Chinese government correctly refuted that as a racist policy. This is going back and forth, and unfortunately, President Trump has repeatedly also used that language of the China virus.

This is very dangerous, and naturally, there is also this question of Iran. The oil price right now is at \$20/barrel for

Brent crude [North Sea], and that means the entire shale-gas industry at this point is completely bankrupt. So, there is absolutely the danger that on top of this present crisis, you could have a war in the Middle East, with the intention to drive up the price of oil. I'm just saying that we are in a situation where if this present situation is not brought under control in the way I said before, that we could really end up in a complete strategic disaster. This is why I think President Trump is doing a lot of positive things. He has started a very useful cooperation, for example, with Governor Andrew Cuomo from New York. There are lots of things where people overcome bipartisanship. But there is also this other tendency. So, I think the absolute necessity right now is to go for an international cooperation and address the common aims of mankind as an absolute necessity of surviving for all of us.

SCHLANGER: You mentioned earlier the period of the Thirty Years' War and the end of the Thirty Years' War, which led to the Peace of Westphalia. This actually does give us an opportunity to reflect on the actual nature of man, as opposed to being totally focussed on material wealth, greed, making money. You actually have an opportunity to sit back and reflect on why we're here. And I think it would be very useful, Helga, at this moment of great anxiety and stress, for you to reiterate points to what is that nature of man? And how do we regain this concept of the cooperation among beautiful souls?

ZEPP-LAROCHE: I think that the medical team of doctors who worked in Wuhan, they just issued a very beautiful video and message, where they told what incredible strain one goes through in this period. But then they say they came out of it with the idea that what was really needed was love. That each individual human being is mortal, but what is immortal is love. Love for your loved ones, your family, your nation; love for mankind. And that that is the kind of spirit which needs

to be evoked. I think this is really the true tendency you can clearly see. You have those people who are for humanity, like for example, the unbelievable work being done by the many doctors and nurses around the world, and other people who help to make this situation function. And people who grow, who show a humanity which goes beyond anything which was there before. But then you also have the people who are displaying their evil nature. I think in a certain sense, we are now at the point where we have to shed all the axioms which led to this situation; which is geopolitics, monetarism, Darwinism, the liberal system that everything is allowed. And we have to replace it with the idea that the human species is the only creative species known in the universe so far. That we have to employ these creative capacities to relate to each other from that standpoint to respect the creative mind of the other; to show the kind of solidarity which has been demonstrated, especially by such doctors in China in Wuhan. That should be an inspiration of how we get out of this crisis.

SCHLANGER: I would encourage all of our viewers to take the time now, especially if you are off work or you have limited hours, instead of sitting there worrying, or wasting your time watching CNN or MSNBC, go to the Schiller Institute website; go to the LaRouche PAC website; and familiarize yourself with the ideas of Lyndon LaRouche, particularly related to the Four Laws of Economics, and also the Four Power Agreement.

So, Helga, do you have anything else to add?

ZEPP-LAROUCHE: I can only add that a lot of people in Italy are now going to their balconies and singing. You have opera houses playing for free to be transmitted on the internet. Since we are in the year of Beethoven, I can only say that the best thing to get the inspiration is to listen to a lot of Beethoven. Otherwise, I really think that if you go into the archives of our website and study the works of Lyndon LaRouche, that is actually a very good advice. Because we have to come out of this present crisis with a completely different

approach. I think between Beethoven and LaRouche, you will find a lot of the inspiration needed. So, we will come back with other programs as the situation unfolds. So, stay tuned, and help us to change this paradigm.

SCHLANGER: OK, Helga. Thank you very much.

ZEPP-LAROUCHE: 'Til soon.

SCHLANGER: 'Til soon.

<https://www.larouchepac.com/20200319/shut-down-neo-liberal-casino-economy-it-hopelessly-bankrupt>

POLITISK ORIENTERING den 19. marts 2020: Mette Fredriksen viser lederskab.

Vi kan besejre COVID-19, lukke Wall Street og sikre det almene vel

Med formand Tom Gillesberg.

Lyd:

POLITISK ORIENTERING den 5. marts 2020: Fra coronavirus til finanskrak – løsningen er LaRouches 4 love

Lyd:

Resumé

Coronavirus COVID-19: Det afgørende er ikke antallet af tidligere smittede men antallet af nye smittede hver dag.

Det viser, at smittespredningen er under kontrol i Kina. Den er helt stoppet uden for Hubeiprovensen og reduceret til 100-150 nye tilfælde per dag der. Men COVID-19 spreder sig ukontrolleret i Sydkorea, Iran, Italien, m.fl. Nu er kinesere bange for at rejse til Europa, for ikke at blive smittet der.

Finanskrak: USA's centralbank sænkede renten med $\frac{1}{2}$ procentpoint i et forsøg at pumpe flere penge ind i systemet for at undgå et krak. Men krakket er i gang og et "Lehmann Brothers-øjeblik" kan komme når som helst.

Topmøde: Trump siger også ja til et topmøde mellem de fem permanente medlemmer af FN's sikkerhedsråd: USA, Rusland, Kina, Frankrig, Storbritannien. Helga Zepp-LaRouches foreslog den 3. januar et hastetopmøde mellem Trump, Putin og Xi Jinping, og Putin foreslog derefter et møde mellem de fem permanente medlemmer.

Valget i USA: Efter Super Tuesday: Nu er det Bernie Sanders imod etablisementets kandidat Biden efter at de andre moderate kandidater trak sig og Bloomberg faldt igennem,

trak sig og nu også vil støtte Biden.

Trumps svage punkt: økonomien, fordi han påstår, at økonomien har det strålende. Hvad sker der, hvis der kommer et finanskarak og stor nedtur inden valget? Trumps redning er, hvis han lytter til LaRouche-bevægelsen og vores løsning:

LaRouches fire økonomisk love:

1. Glass/Steagall-bankopdeling
2. Nationalbank og statlig kreditskabelse
3. Investeringer som øger produktiviteten såsom store infrastrukturprojekter
4. Videnskabeligt og teknologisk fremskridt: fusionskraft, rumforskning.

Disse løsninger gælder ikke kun USA men også Danmark og alle andre lande.