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would actually do, as opposed to idly observing what is going on. It would have been a small step from his remarks, to address the LaRouche call for a New Bretton Woods (NBW) banking system, but apparently that was too big a step for Lafontaine—as for many others. To date, not one member of German parliament has stepped forward to initiate a public debate on the global crisis, and on the LaRouche NBW proposal, as members of the Italian parliament have done. On this issue, there is still a lot of cowardice among German elites.

German Media Dares to Cite LaRouche

Things may change soon, though: The crisis on the overblown bubble created by hedge fund market speculation, is no longer manageable. Emergency action is required. More and more hedge funds are biting the dust, and when, on May 16, Edgar Meister, a senior official of the German Central Bank, said that "things cannot be kept together for much longer," it was a clear indication that the situation was getting very serious. On May 18, the Munich-based news daily *Sueddeutsche Zeitung* under the headline, "Put the hedge funds on a leash," had its theme-of-the-day column call for regulation of hedge funds, "before they trigger another LTCM-size disaster, which would threaten the entire financial system of the globe." Banks are saying they have reduced risks, and have the thing under control, but that does not sound very convincing, the article stated, as the interdependency of the financial markets and its players is so dense today, that another LTCM crisis would cause a much bigger disaster than the one in 1998.

Because the "L-word," LaRouche and his constructive proposal for a New Bretton Woods, was avoided, this otherwise interesting *Sueddeutsche* article was toothless, however.

Discussion is already much more advanced in certain circles in Germany. Two news dailies have already broken the taboo of not saying the "L-word." On May 5, the *Frankfurter Allgemeine Zeitung* carried a paid advertisement for the book *The Greenspan Dossier* by Roland Leuschel and Claus Vogt. The ad quoted from the April 27 webcast by LaRouche: "The present financial system has reached its end. This nation and the world are now facing, in the weeks and months ahead, the greatest crisis in modern history; a greater crisis than World War II." Acquainted with LaRouche's assessment and proposals, Leuschel, a longtime former banker at Bruxelles Lambert, some years ago coined the term "salami crash," to describe the unsustainability of the current financial regime.

And on May 1, the German internet daily *Saar-Echo* carried a lead article, titled "Global Financial Collapse in September?" with the introduction: "World financial collapse in September? U.S. opposition politician Lyndon LaRouche explains the current situation in the world financial system, and demands governments must act." The article was based on the same week's *Neue Solidarität* lead article covering LaRouche's April 27 webcast.

Put Millions to Work

Expand Public Health, VA Hospital Systems

by Marcia Merry Baker and Edward Spannaus

Federal agencies have the immediate capacity to assimilate hundreds of thousands of people, if not millions, into useful work today, as happened in the 1930s under President Franklin Roosevelt (see box). This report examines the capacity and capabilities of the U.S. Public Health Service, and the Veterans Affairs agency, and the health-care capabilities of the Community HealthCorps within the AmeriCorps structure, which focusses on health-care needs of people in areas with inadequate medical services.

The revitalization of public health and health-care services must begin with a survey of physical facilities, as provided for in the landmark Hill-Burton Act of 1946, discussed below. The Hill-Burton Act would mandate a broad construction drive for new and upgraded facilities, which would necessarily require the resources of the U.S. Army Corps of Engineers, AmeriCorps, and so forth.

U.S. Public Health Service

The U.S. Public Health Service (PHS) today has a Commissioned Corps of 6,000 officers, detailed to numerous agencies within the Departments of Health and Human Services, Homeland Security, Justice, and elsewhere—both for ongoing operations and emergency situations, such as to the Federal Emergency Management Agency after Hurricane Katrina.

The PHS has its origins in the 1798 law which established a chain of marine hospitals in East Coast port cities. In 1870, this was reorganized into the Marine Hospital Service, which instituted a military organization for its staff, and created a mobile cadre of physicians in uniform who could be deployed as needed. By 1902, the agency had assumed the major responsibility for the control of infectious disease through quarantine and other measures, and it was renamed the Public Health and Marine Hospital Service.

Today, the Public Health Service is one of the seven U.S. uniformed services, and is organized under the Office of the Surgeon General, within the Department of Health and Human Services (HHS). Its uniformed service personnel are pro-

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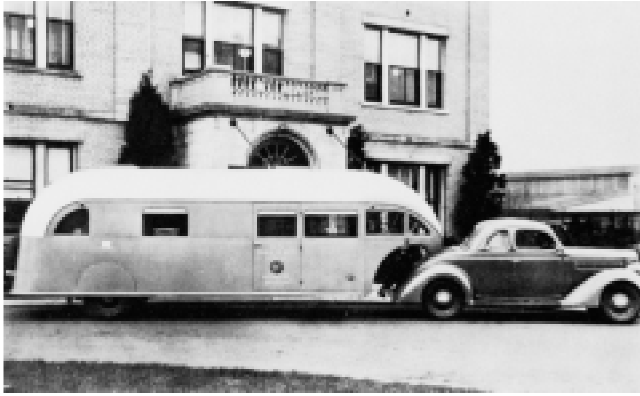

USPHS

This Public Health Service dental trailer, in the 1940s, was part of a fleet providing dentistry to remote parts of the nation, from isolated Coast Guard stations, to rural communities. This approach today could involve thousands of civilian health corps workers in providing mobile services ranging from pest management, to vaccinations and X-ray screening.

fessionals—epidemiologists, researchers, physicians, dentists, veterinarians, and many others. They constitute a vital national network that could deploy huge cadres of public service; young people, and people of all ages, in health-care delivery of all kinds, and on-the-scene education.

The necessity to expand this agency is nowhere more urgently seen, than in the threat from avian flu. The enlistment of health corps cadre as a response-force, to deal with sanitation connected to disposing of livestock, providing for the needs of quarantined people, and the many other tasks of dealing with an epidemic, show what must be built up overall under the U.S. Public Health Service auspices.

Officials on the city and county level—the front lines of response to epidemic and disaster, have readiness plans that are well worked out, but no staff and resources to implement them. This was stressed May 22 at a Washington, D.C. press conference by the National Association of Cities and County Officials. Meshing the national network of the U.S. Public Health Service, with the officials from the national grid of localities, can quickly involve a vast number of youth and unemployed in training and on-the-scene service.

Dr. Georges Benjamin, head of the U.S. Association for Public Health Workers, has repeatedly testified to Congress on the urgency of deepening the ranks of public health operatives in the country today. The number of public health workers per 100,000 persons has fallen from 200 in the 1970s, to less than 100 in most places today. The traditional method of deploying "interns" of all kinds—not just physicians, but people at every skill level—is one tried-and-true way to scale up the public health workforce. The U.S. Public Health Service—with staff in every state—is already positioned to anchor this.

Intersecting the mission of public health workers, are medical and health forces centered on community hospitals across the country. Here, a mobilization to restore needed ratios of licensed hospital beds per 1,000 persons, and also to restore the full range of treatment logistics to similar standard ratios, will need a vast construction campaign that can involve thousands of construction jobs.

The guiding principle here is the 1946 Hospital Survey and Reconstruction Act, also called the Hill-Burton Act, after its bipartisan cosponsors, Senators Lister Hill (D-Ala.) and Harold Burton (R-Ohio). This simple, nine-page law set in motion a Federal/local/state effort to provide modern standards of hospital-centered health care to residents of all 3,069 counties in the nation. This was accomplished as of the late 1970s. But then, with the onset of the era of the Hospital Maintenance Organization (HMO), hospitals went into decline in terms of the beds-per-1,000 Hill-Burton standard. At least 1,000 out of 5,500 hospitals were lost from 1980 to 2002; and the ratio of beds per 1,000 residents fell from the desired 4.5, down to 3.0 or even less today. Many counties now have none.

At present—especially in the face of possible pandemics, or limited outbreaks such as SARS—there is an inventory of vacant hospital structures that can be rehabilitated back into medical delivery service. Many hospitals have been knocked out by "market" forces during the recent cutthroat HMO years of for-profit hospital raiding. But the buildings, or others like them, are public assets to be converted for interim use, while the hospital network as a whole is restored.

Quickly establishing *surge capacity*—the ability to handle emergencies—is one key objective of rebuilding the public health infrastucture and service corps of the nation.

As it is, in the transition to having the depth of infrastructure needed to provide health care for the millions of uninsured—given passage of a "Medicare"-like universal health care system for those under age 64—there will need to be waves of expert innovation, and usage of interim facilities and staff to provide logistics for medical treatment.

Veterans Affairs Department

The Veterans Affairs system, with its national grid of hospitals and clinics, is an invaluable asset for such a transition to restoring needed ratios of medical staff and infrastructure. The VA has a nationwide network of benefit-administration offices, plus a health-care system consisting of 154 hospitals, 900 outpatient clinics, 134 nursing homes, 34 residencies, and other facilities. It is the second-largest Federal department, with more than 235,000 employees, seeing to the needs of 26.5 million veterans currently, and potentially a larger pool of 70 million people, eligible for VA benefits and services because of being family or survivors of veterans.

The FDR Model

Part one of this series, "The FDR Model From 1933: Put Millions to Work Rebuilding the Nation," by Marcia Merry Baker and Edward Spannaus, appeared in *EIR,* May 26, 2006.

That article profiled three Federal agencies: the U.S. Army Corps of Engineers, the Natural Resources Conservation Service of the U.S. Department of Agriculture, and AmeriCorps, which includes VISTA and the National Civilian Conservation Corps. The last named is directly modelled on the Civilian Conservation Corps (CCC) of the 1930s, which took millions of youth out of poverty and idleness, and put them to work on projects of permanent value, still today being enjoyed by the American people.

The agency profiles in this series demonstrate that the institutional structures exist now, with enabling legislation already passed, which would allow us overnight to absorb millions of Americans, particularly unemployed and underemployed youth, into useful jobs building, repairing and maintaining all manner of intrastructure, public works, and public health projects.

In November 1933, at the direction of President Franklin Roosevelt, emergency relief administrator Harry Hopkins established the Civil Works Administration, putting 800,000 people to work within ten days, almost 2 million to work within two weeks, and over 4 million people within nine weeks. These people were put to work building and repairing streets and roads, bridges and sewers, schools and public buildings, playgrounds and parks, and infrastructure programs of flood control and water management.

—Marcia Merry Baker and Edward Spannaus

Huge numbers of civilian works corps personnel could be deployed to meet the tremendous needs for physical facilities and staff to provide health care, medical treatment, housing for the elderly and homeless, and other care-related work. As it is, the VA system, which has been targetted for downsizing, cannot properly cope with the 17,000 men and women suffering injuries over the past three years in military service in Iraq and Afghanistan.

Nationwide, an estimated 30,000 soldiers are at present waiting for a room in the VA health system. Even now, VA hospitals are in line for shutdown, for example, the VA Medical Center in Fort Wayne, Ind. In 2004, the Cheney/Bush Administration called for closing 11 VA medical centers, and downsizing 33 others. This must be reversed.

During the FDR period, when aging World War I soldiers were desperate for care, the number of Veterans hospitals increased from 64 to 91; bed capacity rose from 33,669 to 61,849. Correspondingly, special training programs were implemented to provide increased staff. The Army Corps of Engineers was brought in to construct more than 40 new hospitals. Exactly this model can be used today.

In addition to providing health care, there is other ongoing VA work to be done, from cemetery maintenance, to education, to disaster response, that can be scaled up to involve thousands of new workers. The VA administrative system in itself is an asset for carrying out a civilian workforce mobilization.

Traditionally, the special role of the VA system, in the process of giving medical care to veterans, is for direct training and deployment of medics—physicians, nurses, technicians, assistants, and all kinds of staff—for the national medical workforce at large. VA hospitals and clinics typically have accommodated interns and new medical graduates to gain experience on field assignment. In addition, VA medical centers have for decades been closely tied to teaching centers directly, for research, training, and delivery of some of the most advanced medical treatment in the world, such as in Chicago and New York City. With this legacy, these same VA networks can be ramped up in short order.

One priority impact, is to relieve the dire shortage of nurses across the United States. At present, the average age of working nurses is 45; and that of nursing faculty, 55.

Second, there is the obvious role of the VA in disaster readiness and deployment.

The principle involved is illustrated by a few examples of the way the Veterans Affairs system functioned without a hitch during the Hurricane Katrina disaster. For example, every resident of the VA assisted living center in New Orleans was safely relocated to a VA home in Washington, D.C., with a minimum of difficulty.

Alternatively, the VA facilities in the Hurricane Katrina zone served as coordinating points for incoming volunteer help. For example, VA nursing specialists from the Veterans Administraiton Hospital in Bedford, Mass. flew into the Shreveport, La. VA Hospital to care for Alzheimer's patients relocated from the New Orleans VA Hospital. Other Massachusetts VA staff went to Waco, Tex., a major VA medical complex, where they quickly converted a vacant warehouse into a field hospital, and cared for arriving busloads of dazed storm victims from Port Arthur.

This kind of "matter of course" response shows the ability of the nationwide VA system to coordinate, train, and deploy hundreds of thousands of new civilian health corps workers.