A Declaration of Emergency For Health Care Everywhere

by Paul Gallagher

Jan. 7—The lack of preparedness of every country in the world for the *next* global pandemic has already been confirmed by the 2021 annual study of the WHO-Johns Hopkins Task Force on Global Pandemic Preparedness.

Now, those countries once rated as "best-prepared" nations for *this* COVID-19 pandemic are seeing their hospital systems overwhelmed by it for the second time in 12 months. Nations like the United States and Germany not only have *not* mobilized hospital capacity to fight COVID; incredibly, they have many *fewer* staffed hospital beds at the start of 2022 than they did at the start of 2020 when this pandemic first spread. The United States has 15,000 fewer hospital beds than in 2017 (while China has 500,000 more).

Underdeveloped countries with completely inadequate public health and health care infrastructure have received no help from major nations since January 2020 to build the new hospitals, clinics, labs, vaccination centers they urgently need. The only exception has been efforts by China to transfer its fast hospital construction capacity to several developing countries.

The neglect even of collaborative worldwide vaccination, called by the WHO "vaccine apartheid," has already spawned more and more infectious variants of COVID-19 arising in regions with little to no vaccination, coming back to crush hospital systems and wear out medical staffs in countries with higher vaccination penetration.

Meanwhile, the non-medical populations of many countries are in the streets and the courts fighting each other over whether to take vaccines or even tests for COVID-19.

If this criminal negligence and indifference continues, our human species—to the delight of the increasing ranks of Malthusians—could be drastically reduced on the face of the Earth, over time, by a series of escalating zoonotic pandemics already underway for four decades.

Our governments, believing for 50 years in the witchcraft of "financial reform and rationalization of medical care," refuse to prepare public health defenses against these pandemics, or to react seriously even when so many die, that life expectancy drops and populations fall. We, the sleepwalking human race, refuse to admit that these pandemics are real and will keep coming.

What Only National Governments Can Do

On Jan. 4, the state government of Maryland took a small but significant step. Maryland Governor Larry Hogan declared a 30-day public health emergency. The declaration mobilized 1,000 Maryland National Guard to help stand up and run scores of COVID-19 test centers, to increase testing and to keep residents seeking tests away from already overcrowded hospital emergency rooms. Perhaps the emergency's most important purpose is to increase the medical professional and emergency medical technician (EMT) staff: bringing retired or relocated medical professionals back into service by waiving re-licensure requirements and offering other incentives; allowing nursing school graduates to provide full nursing services at any health care facility; and allowing medical professionals to work outside their specialties. Finally, the declaration authorizes the state government to "establish alternative care sites," although the state has not indicated the amount of funds to be put into this or the nature of the new health care sites.

The declaration *calls on the Biden Administration* to increase the distribution of monoclonal antibody treatments, new COVID-19 antiviral pills, and rapid tests for public use. This points to the obvious: It is not possible for any one state, and in fact not for any one national government, effectively to combat global pandemics.

The Federal government must now declare a national public health emergency immediately, and both mobilize already authorized funds, and call on Congress newly to authorize building up the healthcare and public health capacities of the country.[1]

1. The existing law: The Secretary of the U.S. Department of Health and Human Services (the Secretary) can declare a public health emergency under Section 319 of the Public Health Service Act (PHSA, P.L. 115-96, as amended), or the President can declare a disaster or emergency under the Robert T. Stafford Disaster Relief and Emergency Assistance Act (P.L. 93-288, as amended) or the National Emergencies Act (P.L. 94-412).

Whether such action, at this late point, can effectively control and end this COVID-19 pandemic or not, is unknown, because the future course of this pandemic is globally out of control due to our gross negligence. Rather, this must be done to acquire as rapidly as possible the overall ability to control pandemics and treat their victims effectively, which has been lost due to 50 years of neglect of public health and health care facilities and staffing, and lack of economic development.

That will also require cooperation with other advanced and technologically leading economies, of other major powers, to provide the credit and other inputs to build up modern health care systems in developing countries that do not have them.

Such a Federal public health emergency declaration has to provide for:

1. Immediate funding and regulation to allow nursing schools and medical schools to expand their admissions and classes;

2. Incentives for the return to service of retired medical professionals, and for the retention of those currently serving;

3. Mobilization of National Guard members as in Maryland's declaration;

4. Creation of a national public health youth corps, as has been started in some cities and promoted by the Committee for the Coincidence of Opposites of Helga Zepp-LaRouche and former Surgeon General Dr. Joycelyn Elders. The missions of this public health youth corps program are disease monitoring, testing, and reporting; reporting of conditions conducive to epidemic spread; vaccination; and training for medical professional and EMT careers;

5. Rehabilitation and re-opening of closed hospitals and clinics wherever feasible and as staffing can be made available; and the prohibition by Federal regulation of any further hospital closings for the duration of the emergency, including those facilities which hospital chains have decided are "non-economical";

6. Mobilization of the U.S. Army Corps of Engineers to stand up temporary or permanent new hospital facilities in areas underserved for health care, as was briefly done in 2020, but then reversed by officials who wanted to return to "business as usual" and hold large "super-spreader" public events in the convention centers rather than treating patients. Universal guidelines are provided by the 1946 Hill-Burton Act, whose principle was that facilities and staff must be built "to the end that scientific health care is readily available to all our people," as stated by Sen. Lister Hill. The Hospital Survey and Construction Act (the Hill-Burton Act) provided for "licensed" (at modern standards) hospital beds in all 3,089 counties, at a ratio of 4.5 beds per 1,000 people in urban concentrations and 5.5 beds per 1,000 in rural areas, where redundancy was needed. It was presumed that these ratios would change over the decades, as medicine advanced and infrastructure improved. Today, specialty centers for quarantine, and infectious disease treatment are in order;

7. Mobilization of military medical personnel to aid civilian healthcare;

8. Use of the Defense Production Act greatly to accelerate production of monoclonal antibody treatments, new antiviral medications, and rapid COVID-19 tests.

Modern Health Care in Every Nation

"Areas underserved for healthcare" as stated in provision number six above, to indicate where new healthcare facilities are necessary, includes the great majority of areas and countries in the world.

That is the mission upon which America, China, Russia, and India can and must collaborate, to distract them from fighting a third and final world war: Providing credit and engineering assistance for the new hospital, clinic, and laboratory facilities, along with the electric power and fresh water they require, in every developing nation.

Afghanistan is not merely "underserved"; after two decades of U.S./NATO invasion, war, and occupation, followed by a cut-off of all aid and even freezing of Afghanistan's own reserves by the U.S. Treasury, a couple of dozen hospitals struggle to remain open for 35 million people! The United States clearly has special responsibility for the modern health care that is needed there. Its Federal emergency missions must include the modern health care proposed for Afghanistan in Helga Zepp-LaRouche's Operation Ibn Sina.

Mankind does not live by vaccines alone. Nonetheless, vaccines are necessary, and *worldwide* vaccination early in 2022 must be part of the intention of this declaration.