

## DISCUSSION SESSION

# Amplify the Work of the Committee for the Coincidence of Opposites

*The following are selected exchanges from the discussion period of Panel 4, “The Challenge of Famine and Pandemics: Coincidence of Opposites or Mass Extinction,” which included seven speakers, the moderator Dennis Speed, and Helga Zepp-LaRouche. This discussion concluded the March 20-21 international Schiller Institute conference, “The World at a Crossroad: Two Months into the New U.S. Administration.”*

**Helga Zepp-LaRouche:** I think that we are on the right track. I think the contributions are extremely valuable, and also very urgent. I just today got a report that in Germany, where things started off very well with the pandemic, but then over the year, you had a crisis developing because the government, the EU bureaucracy messed up everything they possibly could mess up. First of all, they let the privatization of the health system ensure that there would be no medical supplies; they were late in ordering masks and they ordered the vaccines late. Now, basically after one year, the report came that the health workers and nurses are so overworked that one-third of them are quitting. And the pandemic is by no means under control.

That just shows you that this system is really not fit for human beings. These people were celebrated as heroes because they put their lives on the line in the beginning; they were relentlessly working long hours. Did they get an increase in pay? If so, it was so negligible that more than one-third are just giving up. That gives you a sense, and that is happening in Germany, which supposedly is one of the richer countries.

I would rather not make a long speech, but hear what questions there are, and how we can amplify the work of this Committee. Because of what Dr. Fred Wills just said, it is the question of if mankind has a future. The German farmers are desperate; they know that with the present “Farm to Fork” policy and the “30-30 by 2030,” many of them will go bankrupt. So, we have a wide-open field for intervention, and we should discuss how to amplify the work of this Committee.

**Moderator:** Mike Callicrate, you’ve been involved in some international efforts at different points around

the issue of famine, and about the circumstances of American agriculture. What’s going on?

**Mike Callicrate:** We recently have been working with the Indian farmers. In fact, I’m working on a documentary and some work in support of those Indian farmers who are protesting the industrialization and really, the adoption of the U.S. model of agriculture, the industrial model of agriculture in the U.S. Which I think now, after COVID, is proven to have failed us. In looking back at our resources that have been extracted and the damage that has been done, it’s clear that it has failed.

But one of the things I’m most concerned about is our ability and willingness to change. I think unless we can change the economic system—we think about the bail-out, the \$1.9 trillion that we’re going to be injecting into the economy. If you don’t fix the economic system and the distribution of wealth within that economy, really, it’s no more than just a shot of heroin. We will go back to the tragic state that we had before. So, I’m very concerned about our reaction to COVID, the stimulus bill that was passed, and how that money is actually going to impact the overall population if we don’t have an economy that works in the United States, and really around the world.

There’s going to be massive resistance from the financial sector. The whole financialization of the economy has certainly been a huge part of the problem, but right now Wall Street has never been further—the success of Wall Street as we see every time we turn on a cable news program—has never actually been further from Main Street’s success. So, today I would suggest that what you see happening on Wall Street is really an inverse relationship to what we see happening on the farm and on Main Streets all across America, and around the world. If we don’t fix the economic system, the monopoly power that is in almost every industry that we can think of, if we don’t fix that concentration of power, that monopoly power, we’re just going to be right back where we were again, looking for another shot of heroin soon after this stimulus has run out.

**Moderator:** There is the particular question, of how the international financial structures have simultane-

ously created a crisis both for food, and for the COVID-19 circumstance.

**Zepp-LaRouche:** What Mike Callicrate just said is hitting the nail on the head. The problem we have, both in terms of the war danger, which we discussed yesterday and this morning, is that as of now, the commitment exists with Wall Street, the City of London, and big high-tech firms from Silicon Valley, and the cartels—you can say the whole financial structure—that they are more or less committed, as one entity, to invest not \$1.9 trillion, but in the next 10 years, \$30-50 trillion into the Green New Deal. They have big dollar signs in their eyes; they think this will be the biggest bubble. They know the system is completely bankrupt, but they hope that by having this kind of huge money invested, that they all are going to become richer, and the class of billionaires will get bigger and there will be more millionaires. They couldn't care less about the masses of the population, hunger, farmers, and so forth.

That is associated with the confrontation with Russia and China. Everybody should read the new *Interim National Security Guidance*, a 24-page [document](#). It names Russia and China as the key adversaries whose influence has to be curtailed; but it also says that the climate crisis is the national security priority number one. I find really this remarkable. The two things go together. I think the old idea of Lyndon LaRouche [is right], that you need to end the casino economy by going back to everything Franklin D. Roosevelt did in 1933—implementing Glass-Steagall. The only difference is, this time you need a global Glass-Steagall, and then you need a new credit system.

Until we get that, I think that is the overwhelming reality. All our other efforts are absolutely necessary, because the problem is, we are dealing with a population which is numb. People have no sense of the danger. We had the most incredible discussion about Southwest Asia in the previous panel, and I would encourage you all to read what former Senator Richard Black said. This is mind-boggling, but does the population know that? No, they don't.

The other problem is that people normally are only concerned with their issue. That's how movements and the best demonstrations get defeated every time, because if people only look at their own issue, what concerns their immediate situation, you don't grasp the totality of the situation. I think the solution is there. It would be very easy to implement all the measures that would remedy all the ailments of so many hundreds of millions

of people, but the problem is, the degree of mobilization of the people who could be the force is too little. They are too indifferent; they don't know, they don't care.

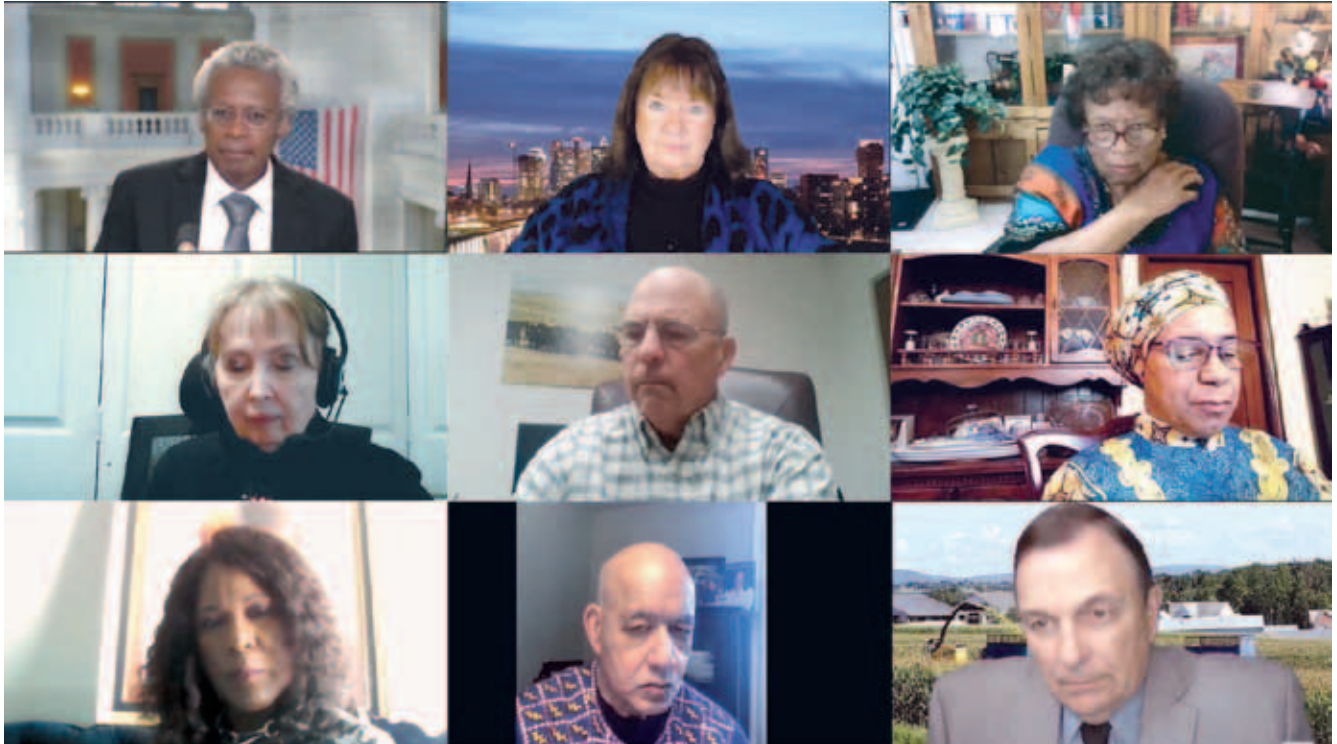
So, I think we have to really make an incredible effort, because we are sitting on a bubble which could explode into a hyperinflationary explosion at any moment. You will either see more liquidity pumping, and this will get into hyperinflation, or if they try to slow that down, then you are confronted with the possibility of a sudden collapse. But we are in a situation that only looks relatively controlled. We are sitting on a powder keg, because once they start to implement these measures more, we already have eruptions of social chaos and that will get unmanageable pretty soon. I can only say, people have to grow up; that's the reality. People have to take the totality into account; that's the only way we can find a solution.

### **Build Family Farms, Infrastructure**

**Moderator:** Three questions: “Does decentralization of agriculture mean local commerce, as opposed to global trade?” The second part: “How do we bring back family farms?” The third part: “How do we promote agricultural science as exemplified by the Green Revolution, as opposed to the Green New Deal?”

**Robert Baker:** Part of what we're faced with is a lot of discussion about how to protect the environment and change the policies. But, one big thing that's being left out is how to re-establish a pricing system so that the farmers and people who produce the food and want to build community-based food systems get a price by which they can stay in business. Under the current policy, it's just controlled disintegration, where over a period of time you have less income going to the family farm, and the marginalization is forcing people to back away from the next generation's ability to have a family farm. The science is pretty straightforward, but what we have is a big con game going on. This is where you start bringing in other things for farmers and food producers to use as income to support their food production, like carbon credits.

The interesting thing about buying and selling carbon credits, which is a very hard thing to define in a certain way, is that those carbon credits wouldn't take much to turn them into a bitcoin-type speculation. You start throwing those kinds of dynamics into food production, and it's like I quoted Tyler Dupy [CEO, Kansas Cattlemen's Association]. It is like magic beans, and fairy dust investments.



Schiller Institute

*Participants in Panel 4's second discussion session. Top row, left to right: Dennis Speed, moderator; Helga Zepp-LaRouche, Dr. Joycelyn Elders. Middle row, left to right: Marcia Baker, Mike Callicrate, Dr. Khadijah Lang. Bottom row, left to right: Dr. Shirley Evers-Manly, Dr. Walter Faggett, Robert Baker.*

We need real a physical orientation, and we need to help the people in urban settings who are more distanced from understanding agriculture, to understand the real power of family-oriented farms with a pricing structure such that they can stay in business. But if we bust up the monopolies, the cost of the food in the grocery stores could actually go down; we'd have a higher quality of food, and the farmers would get a price so that they could move themselves to another generation at a higher state of technology.

**Callicrate:** We talk about local commerce versus global trade. I am convinced that we have to go back to local commerce. I love John Ikerd's idea of community food utilities. What we need, when we talk about infrastructure, it's not just highways, bridges, and other forms of transportation. It's got to be infrastructure that connects those who produce our food to those who consume our food, and that does a complete bypass of the current monopoly, the current predators in the marketplace which are the Tysons, the Cargills, the JBS's, the Marfrigs, the Smithfields, the ADMs, the Bunges. We have to bypass all of these companies on a local level.

I'm not against global trade, but I think we have to

build the infrastructure so that the world can feed itself. Then excess production perhaps can be traded, but not at the expense of the prices that farmers are receiving around the world for what they do. Right now, in a predatory marketplace, overproduction is the key to profitability for the middleman, for the monopolists.

After the Batista brothers were convicted of fraud in Brazil—the owners of JBS—they were fined over \$3 billion. Well, they lowered the price of the cattle market in Brazil 30% to 50% immediately following that demand for payment. And although they did have some time to make the payment, they just simply took it out of their supply chain. So, these big companies are really laughing at us when we try to impose any sort of restrictions or regulations, or politically try to take action against them. They know they're more powerful than our own governments. This has absolutely got to change, or we get nowhere.

So, local commerce; build public markets; build infrastructure. The farmers that are going to be the hardest to save are going to be those bigger farmers that are sort of in the middle. Smaller, family farm operations will find some relief in more direct sales to consumers. But these farmers who are out there farming 10,000



acres, actually they're not probably the ones who are hurting right now. Because they've got special deals with the bigger ag companies that are out there. They've got preferential treatment, they're really good at collecting government subsidies.

So, those probably aren't the ones to worry about so much. But those middle farmers, those who are running 4-500 cows, the ones who are farming 1000 acres of wheat and some corn; we've really got to try to increase their farm income. We can do that I think by building new infrastructure that will reveal how much money there really is in the food business, and how little actually gets back to the farm or ranch gate. And with that, I think you can see some change politically and policy-wise to address the monopoly power.

As far as the ag science, what we have to recognize is that our land grant institutions have been captured by the industrial operators, by big food, from the big meat-packers to the seed companies like Monsanto and Bayer, to the grain companies like ADM and Cargill and Bunge.

The USDA [U.S. Department of Agriculture], in their effort to try to support agriculture, has adopted the industrial model as well. So, our land grant institutions along with the USDA Extension Service and so forth are all out there promoting this industrial model of agriculture which has failed us.

So, we really do have to change the curriculum. I go to Colorado State University and present from time to time. Having graduated there with an animal science degree in 1975, I suggest that I would really like to have my money back. I would really like to go back and change that curriculum so that the students who are graduating today can be part of the solution, instead of part of the problem. We don't need to be educating our kids today to go to work for JBS, Cargill, and Tyson. We need our kids today to be part of rebuilding this food infrastructure, so it serves both producers and consumers. Thank you.

### **Collaboration in Africa: Food Is Medicine**

Moderator: The people assembled here on the Committee have a lot of work to do.

**Dr. Walter Faggett:** I think the last speaker really hit on that whole issue, because as we heard from Dr. Lang, with all the disruption going on in Mozambique, what we do here can be directly translatable to efforts in Mozambique and other undeveloped countries. So, as we said, food is medicine, and I think this is a really excellent segue into how important it is to have good

nutrition. Indeed, we already know that farms around the world have the same problem.

I'd be interested to see how we can really work together. We talk about moving from a sick care system in health, and again, as we move into wellness, nutrition becomes such an important part of how the patient achieves a state of wellness. So, I think there are some real opportunities here for collaboration between us. It was exciting to me that what we do with the family farm here in the United States can really be helpful, both in Mozambique, Haiti, and some of the other countries.

What Dr. Lang described about the devastation in Mozambique, it's a good example. As they rebuild, they get their agricultural system going again, we should be able to bring in the need for developing family farms. You already mentioned the grain needs in Mozambique. This could be an opportunity for them to start to grow their own.

**Dr. Khadijah Lang:** I would fully agree with you. I believe that it is very beneficial, especially with all the knowledge, experience, and expertise that we have here with this coalition. We've got farmers, agricultural specialists, I apologize I don't know the proper terminology for the people who are the ranchers that are handling the meat products. But with this group, we've got everything that's needed. If we could transfer some of that knowledge and expertise to the people there, it would make a huge difference for them and what they're going through so they would have knowledge to be able to make our efforts sustainable so that we can give something that they can then use continually moving on into the future.

As they say, "Give a man a fish, you feed him for a day. Teach a man to fish, you feed him for a life." So, I think that's a concept that we could be doing here by giving the knowledge, especially using the set-up that you and Dr. Jones had for telemedicine to also be used for tele-education, so that we're able to teach people how to continue using the donations we give them to get a larger return on their food crops.

**Moderator:** Dr. Evers-Manly has been in over nine countries in Africa, and has a good idea about things. One element of this would be young farmers. We mentioned that in the case of Mozambique, about 20 million of the 30 million people are under the age of 22. That's a large group of people both from the standpoint of agriculture and other things, who would be available, it seems to me, to learn quite a bit.

**Dr. Shirley Evers-Manly:** I agree with Dr. Lang that you can use the model of telehealth in helping the farmers in the various countries with their crops, and helping them to grow them better. I know one of the things that they have been doing here at Alcorn [State University] for some of the aging farmers is that the younger kids are using drones to go out and help them survey their land. They can't get out every day, but they can take the drone and take it very near the ground, and tell them what insects are invading their crops.

So, I think there's a lot of innovative ways and opportunities that we use in medicine that we can take into the farming and food industry. And then, just looking at the various crops that they have in the various farming areas of Africa. I know that in some places, one fruit can create oil and seed and vegetables they can eat. So, looking at food from that standpoint and really helping with the farming in regard to livestock and animals. I know a lot of times when we were going to Zimbabwe, we used to purchase cows and chickens and goats to help in the different orphanages. We would teach the orphans how to farm and do livestock. So, I think there's a lot of opportunity to make it popular.

The same thing that's happening in our country is beginning to happen in a lot of countries around the world. Some of the largest sites that you see in Africa and everywhere, are McDonald's and Kentucky Fried Chicken. So, where they have some of the better foods coming straight from the farm, they're travelling and going to McDonald's or Kentucky Fried Chicken. They're not getting the same quality of food in those restaurants. They think it's popular because that's what the American way is doing. So, we need to re-educate them in regard to the foods that they're growing from their various farms that are very good sources of nutrition. Just because we're eating McDonald's in the States, it's not the best food for us because of all the trans-fats and other things in there.

Taking some of the innovative things, making farming again an exciting program, and getting people back involved and interested in farming would be an excellent idea. Then also, using technology, using the drones to help them with not only delivering medicine—because I know in some places, they're delivering medicine into some of the more rural areas—but it can also be used to help with overseeing their farms.

### **Washington D.C. Community Programs**

**Moderator:** Walt, you have a program down in D.C. that we need to hear about.

**Faggett:** We have a lot of interest. In fact, we've identified some funding by the Department of Behavioral Health. They're very interested in this concept, looking at it both from [the standpoint of] mental health as well as immunization as well as drug addiction. They've already asked us, "Can those community health workers help us in these arenas as well?" Again, the 60 youth we have from Ballou [High School] will be one of our initial group cohorts.

We also have a group that's been identified by the D.C. Council member which is addressing some of the violence issues in the community. It's a very real concept, and we're to meet with the Schiller Institute. It's very exciting. Just like the barefoot doctors in China and other places really made a big difference. We have to go back to the Bible. If we didn't have midwives, there'd be no Moses and no Exodus. We know how important healthcare is, even from Biblical times. So, we will have a lot more, but it looks like a very doable project, and what we do here will be replicable around the world.

**Dr. Joycelyn Elders:** I think this is an important program; one that can be used around the world to train healthcare workers or whatever. We can train young people to do whatever it is we want and need them to do. And every country needs to decide what it is that they need the most; whether that be community healthcare workers, or mental health workers, or farmers. Whatever it is that this country is most in need of at this time, this program can be used to train young people. We can train young people an awful lot easier and quicker than we can train old folks. I think that if we develop and work out a good model, we can train them to do whatever it is we want them to do.

As we heard from the person trained in animal science at Colorado State University, we can't keep programs the same! We've got to change them. It's obviously going to be the young people who are going to be making the changes. And I think we all need to think like that. We need to make sure we get our young people involved like that, and let them realize that this is going to be their country, they're going to be making the decisions. We need to train them to do the things that need to be done, not just what seems to be expedient to do today. With that in mind, I think if we develop a good model, whatever the model, we can use it for whatever we need it to do.

If we need to raise chickens, if we need to raise beef, whatever. Or we need them to take care of sick people; or we need them to go into the community to educate the community. I think that's where it starts. We need to

make sure we educate our communities and get them involved. And train our young people to do the things that need to be done to make our country and our world a better place. And realize we've all got to be involved; no one person can do it alone. And regardless of what you want to do, there will always be people out there fighting against you. "The time is not right. The place is not right. The people are not right. The money is not right."

There are always going to be people out there fighting against you. Someone came out and said, "Dr. Elders, you're not right." Well, we have to accept all of that, and each go on in trying to make the world a better place. We've got to make it all over the world. We can't do it by ourselves, and everybody has got to be involved. We all know that we've got to share our knowledge, share our wealth, share what needs to be done. Whatever it is that you can do best. We all can't [do] everything best, but whatever thing each one of us can do best, whether it's making policy, or making policy happen. Whether we let things happen, have things be done, watch things happen, we don't want to sit around and spend all of our time asking, "What's happening?" We need to go out and help *make* these things happen if we want the world to change.

### **Trade, Education—For the Benefit of All**

**Moderator:** We received the comment, "There used to be a program, the Future Farmers of America, but you have also the Future Farmers of Africa." But then again, there are many farmers already. Maybe it would be more like Farmers for Africa's Future, because you want to have advanced technology, you don't want to have, as Fred Wills said, just what people like to call "appropriate for you."

**Marcia Merry Baker:** One example of mutual interest trade is very concrete. Just in the last few years, you had a situation in China where half of all their pigs—and China loves pork—half of the hogs all died from what's called the African Swine Fever [ASF], which has been allowed to continue in Africa, and shows up elsewhere in the world. But can you imagine? Between 2018 and 2019, millions of hogs died.

China went to work to combat this and to rebuild its hog herd. They've been buying corn like crazy from the Americas, from South America and from the United States. That's win-win. The U.S. can produce the corn, and the Chinese hog herd has almost been totally rebuilt. So, that's an example of something that if you have a world system of foreign relations that's based on Reason,

as Fred Wills said, we can figure out how to trade.

The opposite kind of trade was described yesterday [in Panel 2] by the Mexican journalist Daniel Marmolejo. He said that Argentina is producing enough food for 400 million people—twice their population. But half of the whole country, to get by, has to have soup kitchens or the equivalent: food hand-outs every day. All the trade is totally messed up. But we could move to the situation like I said about corn between the United States and China. We can figure it all out.

And I think that's the same way Dr. Evers-Manly raised an exciting point about drones. It's very exciting what drones are doing in agriculture. Naturally, the young are really the experts on this.

Students at Colorado State, Penn State, Rutgers, Iowa State—I confess, I went to Penn State University, a land-grant school—are all being trained to slot into work at Cargill or Bayer Crop Science or somewhere else with a pre-existing slot in the food control system of the world. Otherwise, people would be excited, we could have tele-education in agriculture. There's great precedent for this. Years ago, during the original Green Revolution—after television sets came along—in the Punjab in India, there were weekly briefings by television on how to grow new wheat varieties.

So, I agree with Dr. Elders saying we can figure this out. It's just that we do have to break the black-out, the cultural pessimism, and I think that's the task of initiatives being taken by people who are in this dialogue today, who represent people all around the world. We have to go with this, and we can succeed.

### **Look at Health Beliefs and Fears**

**Moderator:** A question for Dr. Evers-Manly. "Who is causing these anti-vaccine fears and sentiments? I can understand why people are upset with abysmal vaccine distributions in the Western countries, or they might be upset that our vaccine development and production is in the hands of a for-profit corporate model, which can be problematic. But who is spreading these fears that the messenger RNA [mRNA] vaccines cause disabilities, other illnesses, deaths, alter human genetics? And why is this happening?"

**Evers-Manly:** It's very difficult to pinpoint actually who is creating that. But if you began to look at several social media feeds that feed into young African-American people and young African-American sites, you'll see a lot of these conversations happening. Where they began, and where the beginnings of them are, you can't

pinpoint that. Sometimes you can say, “follow the money,” and you may be able to get to who’s creating some of these fears, but that’s what’s out there. These things will happen.

I think the other thing is that sometimes we, as scientists and nurses come and start talking about the specificity and what is the rate, we have a 99% accuracy rate for one of the vaccines over the other, that creates fear. The other day, I saw someone post, “Johnson & Johnson can’t even make powder.” So, if they can’t make baby powder, which you know the talc causes problems, then how can they make a vaccine?

This is just overall where people take bits and pieces of information and science and then they form their own opinions. We have to get to the root of all of those causes, and really look at the health beliefs of each individual. I think when we began to look at health beliefs, people put medicine and beliefs of medicine in several different ways. There are casual types of injuries, there are injuries that are spiritual that you don’t know where they came from, there are occult injuries that people believe in.

So, whatever those health beliefs, people will take bits and pieces of that information, and they form their own ideas. Therein, the myth begins. But where a lot of this creation is coming from is, maybe there was a death from one of the messenger RNA vaccines or something. But they took a little piece of that, and knocked it into an entire story. And that’s why we have to look at those health beliefs.

**Faggett:** Let me add to that. Dennis and Helga in one of the earlier panels, we saw how some folks can read the same Bible and come up with very opposing views. In fact, some of the social media is using Biblical references, in terms of how the vaccine can affect you. It’s unfortunate that some of this does have an effect. Most folks who tend to be anti-vaccine do have some other issues, which are of concern. As Dr. Elders said, we do find that by giving facts from trusted messengers, you can indeed overcome that fear.

But I think it’s very insidious as to some of these anti-vaccine messages. I think, Dennis, you were saying about the Civil War, what an interesting thing. The same Bible, but different opinions about slavery. I don’t know if there’s any relationship, but it’s so insidious it also makes the folks who are really looking for answers, it doesn’t help to have these kinds of confusions.

**Evers-Manly:** We also have to look at, for example,

in New York, where many people are not vaccinating their kids against measles, because they believe the vaccine causes autism. There’s not enough literature to support that, but those individuals have prevented their children from having the vaccine, and before COVID-19, New York had a measles epidemic. Their measles rate was very high.

So, we have to get to the root and the cause and really be able to help people understand in layman’s terms and take away some of the scientific terms that we may understand, but they may not understand. And they’re forming their own opinions about this.

**Faggett:** We’re having really good success with the faith-based initiatives. Having Vaccine Sundays. Trusted messengers in a trusted environment has really been giving us good results.

### **Agriculture Chemicals—Use and Misuse**

**Moderator:** A question for Mr. Callicrate: “You indicated that agriculture chemicals, perhaps including fertilizers or pesticides, perhaps antibiotics for livestock and poultry, are unhealthy. Would you speak to the productivity of grains and livestock on healthy farms in that regard? It is sometimes difficult for the layman to distinguish between the language of the backward Greenies and passing remarks such as yours regarding our food supply. Thank you.”

**Callicrate:** Let’s look at fertilizer. When we remove livestock from the land, and this was after we lost our markets for livestock, we no longer had manure. I remember a comment to Hillary Clinton by Vandana Shiva upon a visit of Hillary Clinton during the Clinton administration to India. Vandana said to Hillary that “Our cow dung is worth more than your Wall Street investments, and more than your Wall Street stocks.” That is totally true.

So, what we’ve done is, we’ve removed the livestock from the land; we’ve depended more now upon carbohydrates in our diets which is showing up with negative health impacts. But we’ve lost the manure now in favor of anhydrous ammonia, for example. It’s selling right now for \$900 a ton, a prohibitively high cost. Anhydrous ammonia, made from natural gas, and produced by the Koch family, Koch Industries, which hold monopoly positions in some of our energy sectors, and are abusive in the way that they conduct their business. But, then, as we remove livestock from the land, we lose the manure, but we also lose people from the land.



We've had policy in the past in the United States from 50 years ago that said we need to move that excess human resource from the farm into the industrial sector of our economy; into manufacturing, perhaps. But the big business wanted cheaper labor. So, we decided to adopt policy that would move people from the land to sort of what they said was more productive work.

Now, we didn't have the husbandmen on the farm to run the livestock that did provide the fertilizer. And as the farms got bigger, we're farming more acres instead of cultivating in a natural, chemical-free way, now we're spraying the farms with Round-Up herbicide. Now we find many clusters of cancer, and overall a big problem with cancer as a result of Round-Up. We know that Round-Up is also an antibiotic which kills important microbial life in the soil, so now we have soil degradation.

On the matter of antibiotics, we've overused antibiotics in livestock production because we've changed the conditions that livestock are produced in. Livestock used to be on family farms; they saw sunshine, they saw pasture. They were in conditions that were much cleaner and less crowded than the new model of industrial factory-type production which crowds millions of animals, from hens to pigs to cattle, into very tight quarters that are highly stressful. And antibiotics are used as a crutch to keep these animals from dying.

I've often said that if we can remove the antibiotics, we would get rid of the factory-type production. But what's happened is, the factories have been successful in being untruthful really about antibiotic use, and changing the definition of how antibiotics are used. And getting away with misleading and deceptive messaging around antibiotics, only to find out that antibiotic use is actually increasing. Many of these are antibiotics that humans are dependent upon for use in human medicine, and we're developing resistance.

Overall, overuse of antibiotics in agriculture has been harmful. Overuse of chemical fertilizers has been harmful. The bigger farms are not paying attention to soil health, so we've got soil loss as a result. If we could return our agricultural food system back to family farmers, pre-1950, and make sure that they are fairly compensated for what they do, then we've got something that I think can really work for the entire world. And something to be replicated. It's all about policy. It's about getting the right people in the right places to make sure this policy is adopted. And overall, you're going to end up with a cleaner climate and a sustainable and more resilient food system.

## Carbon Market Swindle and Farmers

**Moderator:** A question from France: "The EU agricultural policy is about a carbon market and how to force farmers to adopt low-carbon and low-production methods. What should we do against this financial policy?"

**Merry Baker:** It's been already said that the market for carbon credits is just a construct, a contrivance. The idea is that the farm sector is one of the sectors, where you can get what's called "credits." Bill Gates likes to say, "Well, I have the money, and I can buy carbon credits to offset me flying around the world in my jet to tell people not to eat meat." The whole thing is crazy.

I want to address the content of this, for people who are not so familiar with farming. How do these credits nominally work? You certify some farm that doesn't till very often, they practice what's called no-till, which means you don't have to go turn over the soil every year to put in a row crop. This has been around for over 70 years. I remember it from the 1960s at Penn State University Extension Service.

But suddenly, in the last few years, a farmer that does no-till can be certified for saying he's helping sequester more carbon in the soil, as opposed to being released into the atmosphere. It's crazy. This provides this so-called market that the questioner is asking about that Europe already has—carbon off-sets and the Exchange. There are other aspects to this. I don't think there's anything special, whether you're a farmer or whether you're any other kind of worker, or have nothing to do with food; you're a teacher, you're a student, whatever age you are.

This whole thing has to be opposed. Just pick how you want to do it in your community. Get active with the Committee for the Coincidence of Opposites. This has to be stopped. As Helga Zepp-LaRouche was saying earlier on this panel, there's no time to waste. This is a matter of life or death. The whole thing is a swindle, it's a hustle. There's no truth to any of this, as the physicist Dr. William Happer demonstrated yesterday [Panel 2]]. It's just not true about the CO<sub>2</sub> and methane, and so forth, emissions causing climate change. So, I don't have any special advice. It's just a question of every citizen, not just a farmer, having to activate. That this has to be stopped; this is completely wrong. It's a hoax.

## 1135 Waivers—Who Lives, Who Dies

**Moderator:** Here is a comment: "I heard from one of the presenters that triage is being practiced for COVID victims that have other medical conditions. We know



[New York] Governor [Andrew] Cuomo, in the early stages of the pandemic, ordered ambulances coming from senior homes not to come to the hospital, but to return the seniors to the homes. These sorts of things are crimes. In China, for example, one patient who was 103 years old, who had dementia and other conditions, was not ignored. Four military specialists were brought in; they even found serum to treat him and he was cured. Shame on us if we make excuses for triage.”

It’s clear that people are very concerned that the work of the Committee, and the work to establish this public health extension service really go ahead. Because there’s a sense that even if vaccines had been produced, or other things had been done, that the situation is really not being addressed, because the co-factors and the policy factors are not being addressed.

**Evers-Manly:** I’ll simply refer everyone to look at Waiver 1135; it’s a Medicare waiver that gives hospitals the opportunity to have several different policies and procedures that they don’t have to live up to, because of their being a Medicare provider during a crisis or an epidemic, or during a state of emergency. When former President Trump called the emergency, there were several hospitals that received 1135 waivers, so they won’t be penalized to provide certain levels of care. Some of the hospitals did elect to use a protocol in regard to “Do Not Resuscitate” for certain individuals. So, we have to look at that.

I’m not saying it was necessarily the wrong thing to do at that time, but they didn’t have the means to provide those services. They didn’t have enough ventilators, they didn’t have enough equipment, they didn’t have enough PPE [Personal Protective Equipment], because you’re going to hurt the medical providers. But again, that creates a level of mistrust in the community. So, if we are having those policies and procedures and waivers, we should also simultaneously educate the public as to what’s actually happening so that they can talk to their loved ones who may be ill and going into the hospital, and make a decision about “Do Not Resuscitate,” or what may happen to them in a crisis that we have.

But you can look it up; you can see which hospitals actually implemented 1135 waivers. One of the things that must happen during that is that the waiver only lasts a certain period of time, and then you have to go back and renew the waivers. We just want to make sure those waivers were carried out appropriately across the country. But it’s an 1135 Waiver from CMS [Centers for Medicare and Medicaid Services]

since we’re in a state of emergency.

**Faggett:** Yes, that’s a very key point. I know I had among my staff, one of my nurses and her husband both had COVID. The husband had already been put on the ventilator when I was told about it. We were able to get the nurse in. She lived; her husband died. There has been a disproportionate number of African-Americans—in fact, more black males died. I do hope you can share my slides, Dennis. That’s the kind of data we need more of; disaggregated data has not been as available as we need. I think it’s a very critical point that is being made. I want to defer to Dr. Lang on some other issues, but this is where we need to know.

We have an Office of Health Equity now [part of the Health Resources & Services Administration. As Dr. Cameron Webb says, that gives the administration more muscle to really look into these kinds of matters. But the data is so important here.

But I think here’s where Dr. Elders’ issue of having community health workers, comes in. Patients and families need to know about Advance Directives. They need to know that if you have a loved one in the ICU, there has to be an Advance Directive. Then these kinds of questions would be answered. So, just the education of how do you best protect your family member when they go into a critical situation like that. We need the data, but I think it’s a point of real concern for us in the African-American community. I think this disparity in terms of vaccine availability to the African-American population is just another point to raise our concerns.

**Dr. Khadijah Lang:** I would just say that I 100% agree with everything that Dr. Evers-Manly said. I saw it repeatedly firsthand in the hospital, how 1135 Waivers had moved in, were exercised, and executed in our hospitals here in Los Angeles, California. I had patients who were very healthy, who had what’s called an acute renal failure—meaning that it’s a temporary, new thing. It’s not somebody whose kidneys failed them 20 years and they’ve just been barely getting along. Their kidneys were working fine, and then they got hit with COVID.

As a part of the cascade of medical events that takes place in that type of situation, their kidneys shut down. Under the 1135 Waiver, the hospital was able to say, “We will not give this patient dialysis, because we don’t have to under the current circumstances.” Unfortunately, that patient expired, because under that Waiver, this previously healthy man was not able to be given the

adequate, full resources because the hospital didn't have to do it. They didn't have to transfer to someone else. They said, "We don't have the resources to give him dialysis, so we don't have to; we won't."

I had a patient with COVID who was on a ventilator, we got him off the ventilator. The family was essentially told that the patient would expire when they extubated him. The patient lived when they took him off. He got into a situation about two weeks later, where he needed to get ventilatory support again, and the specialist in the intensive care unit said, "No, he's too weak, he's too sick. We won't put him back on the ventilator."

So, this is a point I brought up at a townhall meeting back in April of last year, with some legislative representatives. That it's very important that we have our legislators put guidelines into place, policies and procedures on how these types of decisions are made, who makes these decisions, whose voice gets listened to. Because it's unfair to families if there's no procedure in place, and it becomes an individual decision. Things may not go the way they should.

One thing that I have seen a big problem with, is—I would call it—bias. I would call it bias, because a lot of people affected by COVID are elderly, and a lot of elderly people nowadays may have some dementia. But there's a bias during a crisis such as this, where people are feeling like any dementia whatsoever is a reason not to use limited resources. And this patient is less deserving of the full opportunities to recover than someone else who has a mind that is fully "functional."

We've seen people whose minds are fully functional that have a less statistical chance of surviving, but their mind is very good. And you've got people who may have what you could call a touch of dementia, someone who's living at home with their family, talking, eating, gardening. They may repeat things, or forget five minutes later that they told you something. To those families, that loved one's life is just as precious, and should be given a fair chance.

So, I think it's important for us to realize that policies and procedures need to be put into place when triaging of that nature is going to take place, to protect everybody.

It's unfortunate that this condition has gotten to a point in our country where we are forced to ration medicine, but if we're in that position, I think it's really important that we have laws in place, as well as policies that dictate what will be done, how will it be done, what conditions will be prioritized for treatment, so that there is fairness and equity in the treatment and allocation of

resources available.

We've got to make sure that happens, because if people are biased against a patient for any reason, some physicians might say, "Oh, I see in the chart that this patient used amphetamines. They're a drug addict. We don't need to use resources for a druggie." That's a medical condition, and it's a medical condition that is treatable and curable. There are a lot of people walking around today that have had a history of being addicted to medications and have gotten treatment and gotten over that, and are very productive citizens of the country throughout the world. I don't think those types of decisions should be made unilaterally. But the reality is, they go into the hands and power of the person who is making that medical decision. So, I think that's important.

### **We Must Make an Impact**

**Lang:** Everything we've said today goes hand-in-hand with the importance of us trying to see how we can make an impact, whether it's in one small village, one small province, and demonstrate for the world to see, what can be done. How we can help when we come together and work together with our resources to make one place a better place. Hopefully, others will be inspired and motivated by that to do the same thing elsewhere. So many times people think if they don't have full control of a situation, that there's nothing that can be done. But I think it's important for all of us to realize that there's plenty that we can all do. It doesn't necessarily have to be something where you have full control. Where there's a will, there's a way. Together, we can make this work. And I thank you for the opportunity to speak and be a part of your conference.

**Merry Baker:** I'd personally add to what Dr. Lang said. We feel a tension if we can only muster a small shipment, for example, to Africa. You can call it a pilot project, an initiative, or whatever. Our minds know that it still matters, as Dr. Lang said, to some village, to some location. But our heart wants it to be bigger; we want to solve these things. But yet, this pilot initiative can make all the difference in the way it can catalyze, inspire, or affect the right kind of action we can have. And that gets back to this terrible situation about this waiver, or rationing care, bias, that we have described in our health system in the U.S.

And in the food system, it's the same thing. What did we see in the last couple of years? Last year, we knew that the huge meatpacking plants had workers who work very close together, who were very exposed, and then

the virus came. And instead of us providing more emergency help to the limited infrastructure—send in the Marines, space out the conditions on the kill-lines, do anything you had to, it was not done. Instead, there was the order given that the packing plants should stay open *as is*. Dozens and dozens of meatpacking workers died; inspectors from the Agriculture Department died. The surrounding counties were hit hard. There had to be closures because it was so hideous. And millions of slaughter animals backed up, with nowhere to go. Mike Callicrate has already described it.

We shouldn't have these situations. We shouldn't have our doctors and nurses and healthcare and home-care workers put in this circumstance, or our food workers, and people die. That gets back to how we need to fight for the emergency economic change, a new financial system. Getting rid of the speculative-based monetarist system and this corporatist cartel system so we won't have to face these situations that we've had of bias, and the death rate that shouldn't be.

I see these initiatives of the Committee to do these pilot projects, like everything from the community health program in Ward 8 in Washington, or the initiative to Africa, as part of the effort of making this fundamental change internationally.

**Callicrate:** Wow! That's some heartbreaking discussion around the healthcare problem. And again, I just think we have a concentration issue of monopoly power problem, for-profit corporate decision-making that results in a lot of those sort of decisions. I just hope that we're going to be able to develop policy that allows communities to rebuild, localizes economies, and restores faith in ourselves to govern from that more local level for healthier communities. I would hope that we in the future can relieve the for-profit global corpora-

tions, Wall Street, hedge funds, and Bill Gates from making the critical decisions that affect our land use, our food, and our healthcare. I really appreciate being on the call today. I've learned a lot, and it's great to think we can come together and come up with something far better than what we have. Thank you.

**Robert Baker:** I think the masses are looking for leadership, and I think the leaders are looking for a way to break out of this control mechanism, as Mike says, that's created the narrative around the monopolies and this cartelization process that's international. The idea of getting back to the family farm and all the science involved in actual food production, but also the communities and the way the social life used to be to develop the culture and that kind of thing. But you know, it also brings to mind the things these cartels are now pushing. For instance, this Global Reset is huge in agriculture. What we see is, in many different ways, they're going to really try to sink their claws into more control....

We've even got companies now that are making agriculture loans, and they determine the interest rate, lower the interest rate if it actually produces less food. One such company is called RePlant Capital. It is partnering with Danone, the mega dairy company out of France, which is one of the biggest in the world. I just read today that the CEO of that company just got removed because some of the shareholders didn't like the way they were promoting this anti-production policy.

I mention that in terms of things that we need to share with more and more people, so they get a bigger understanding of the magnitude of what this cartelization is doing in order that we can unite and pull people together to put forward a policy for millions of new family farms and food producers, and take that concept and knowledge to the world.

## Dr. Joycelyn Elders and Helga Zepp-LaRouche Remarks Concluding the Conference

*Dr. Elders and Mrs. Zepp-LaRouche gave concluding remarks after the end of the fourth panel, "The Challenge of Famine and Pandemics—The Coincidence of Opposites, or Mass Extinction," of the Schiller Institute conference, "The World at a Crossroad—Two Months into the Biden Administration."*

**Moderator:** I see that Dr. Elders is back. We're just

taking any summary remarks or any observations that you'd like to give us.

**Dr. Elders:** I felt this has been a very excellent conference, and it's covered several areas, and several things we had to talk about. Obviously if you're hungry, and don't have adequate nutrition, there's no way in the world to be healthy. We can talk about all the good doc-