



Schiller Institute

Speakers in the second discussion of Panel 3. Top row from left: Dennis Speed, Dennis Small, Dr. Joycelyn Elders. Middle row from left: Helga Zepp-LaRouche, Dr. Shirley Evers-Manly, Marlette Kyssama-Nsona. Bottom row from left: Diane Sare, Dr. Björn Peters.

Panel 3: Second Discussion Session

The following is an edited transcript of the second of two discussion sessions during Panel 3 of the Schiller Institute Conference on September 6.

The panelists were first asked by the Moderator, Dennis Speed, if they had questions or observations to make about the presentations they had just heard, before he would take questions from the audience. Audience members with questions for any of the panelists, he said, should email them to questions@schillerinstitute.org, and, if not answered during this session, they would be forwarded to the panelists.

Helga Zepp-LaRouche: Some of our participants who are not so familiar with our work may have asked themselves, what have these problems to do with each other? What are the problems in Tuskegee, and the problems in Africa, and what others were talking about? This is also in part an answer to Natalia and her proposal for this committee. It is very clear that this whole

society globally is really falling apart; it's in a deep crisis. You have a strategic crisis, you have the health breakdown, you have the social tensions in the United States—to put it mildly.

Looking at that, I thought that the only conception which solves all of this is an idea of Nicholas of Cusa, a thinker of the 15th century, who said that if you have a systemic problem, you have to find a solution on a higher level than the level on which the problems were arising. This is, by the way, something which Einstein also talked about repeatedly. Cusanus developed the idea that the One, which human creativity can conceive, is of a higher priority and higher order or power, than the Many.

So, if all the Many agree to do something which solves the problem for all, then you can actually solve the problem. Right now, I think it's very clear that you need a just new world economic order which addresses the problems of every part of the world, of every coun-

try. But you also need to overcome geopolitics; you need to overcome the supposed competition of countries, because they should be united by one cause.

The same thing goes for social tensions. I'm not now talking about the terrorist element, which is causing the violence and the destruction, but about people who, without taking benefit to their own personal lives, are generally concerned for the many people in the United States and even Europe who are not participating because they have never been integrated into the system.

The idea, therefore, is that we should build a movement, a Committee of the Coincidence of Opposites, which takes different elements and brings them together to jointly solve the problems for all, starting with the young people in the United States, many of whom are desperate. The suicide rate is very high, the drug addiction, the violence. In part, this all comes from people being full of despair, having no vision for the future, thinking that alcohol and drugs, and so forth, are the only ways to go.

The idea was to find people from different layers in the United States, especially in the medical and related professions, and get them to set up training programs for young people to help become assistants with the COVID pandemic. But then quickly team them up with corresponding hospitals and universities in Africa, because you need to address that problem at the same time.

It was Ms. Kyssama-Nsona who correctly pointed to the fact that you can't separate health from food; you must team up with the farmers. We will hear from farmer leaders in our next panel. While a famine is going on, which will soon be threatening to kill hundreds of thousands of people per day, farmers are being destroyed and are being prevented from doubling and quadrupling their food production by cartels only interested in the system of profit.

The idea of the Committee of the Coincidence of Opposites is to build a mechanism to give a mission to young people who can be trained by the medical and related professionals to help in this crisis, and at the same time, link them up with their African—and also later other countries'—counterparts; linking them up with the farmers. By creating in the small a model to actually solve this problem by mobilizing lots of people who see the need, we create a model that can hopefully be adopted by governments at large. Obviously, a private effort like the one I'm talking about cannot solve the gigantic problem. But we can create a model of

what governments should do, and that way also build a bridge to avoid having race riots, to avoid race tension, but instead to work together.

We have reached a point in human history where either we are able to make that mental leap of thinking the higher level of what unites us all, or we may not make it as a human species. That is really something I just wanted to give as a background for those who have not been discussing this idea. This idea that we have to get to a higher level of thinking, is key to solving this problem.

Marlette Kyssama-Nsona: The COVID-19 pandemic has already shown to humanity that humanity is in danger today. We have to face it. For most of the people in the world until now, things like pandemics and food crises were only for Africa, or some parts of Asia. But now we can see that we have these crises—pandemics, food crisis—all around the world.

We have a clear sense today that the choices which have been made since the Second World War, the economic choices that have been made, have been a total disaster. From Congo-Brazzaville, where I am, where we have a lot of problems, we were very astonished, it was unbelievable to us, to see this de-industrialization and the monetarization which have de-localized industry and jobs from Europe to Asia. Today, even Europeans were not able to have masks and be prepared for this pandemic. It was very shocking for us.

The accumulation of financial profits since World War II, with this pandemic, shows that we are all agreed—from the North and from the South—that the economic choices we have made were a total failure. Today, we know that humanity has failed with these financial and economic choices. It's time now to go on the direction that we have started together, opening our minds to decide what kind of world we want tomorrow, next month, the next period. Everybody knows that today we have to save the human species. For me, we have to save the human species as a whole.

A question for Dr. Evers-Manly: *You mentioned that you had worked in several countries, not only in Mississippi. You mentioned Namibia at one point, that you'd been there. What other countries did you work in, and what do you think are the important differences to figure out, if we are going to be able to stop the pandemic, given the differences in countries and health systems?*

Dr. Shirley Evers-Manly: I've been in Ghana, both in the northern and eastern parts. I've been to Uganda; I've been to Morocco; the Philippines; to South Africa; Botswana; Zimbabwe. In looking at all of those countries, the one thing that I find that binds us together is that we have a strong sense of networking and communication in our communities. When you learn that networking, and you learn that communication, when we're able to go out and work with the individuals on their strengths, weaknesses, and opportunities, then we're able to help them develop a clinic, for example.

When we were in Zimbabwe, there were several infants dying from HIV/AIDS at the time. We helped build a clinic that's still sustainable. We taught the children, among whom there were several foster children, whose parents had lost their lives because of HIV/AIDS. We taught them how to become community health outreach workers and CNAs [Certified Nursing Assistants] so they can learn how to take blood pressures.

We worked with the farmers so they can learn more about how to use the peanuts they grow. We worked with them in regard to how they can make peanut butter and all different types of things with peanuts, how they can sell the peanuts; going into farming and sustainability and food, but also bringing resources in. So, in learning those particular communities, helping them understand health for themselves, individually. What is our health going to be individually? Because we had no role models. Then, building on that and helping each of the communities.

I think we're going to make an impact, especially now since COVID-19 has provided us with a level playing field. As one of the presenters said, all of us have had difficulties—access to food; all of us have had difficulty moving about. In San Francisco where I've lived, and Los Angeles, and Washington, D.C., I'm close to all resources, but I couldn't get there. In Mississippi, I'm not; I'm in a very rural part of Mississippi, but I can't get there. But we learn from the things that we were taught when we were growing up. As I was sharing with the team last week, one of the things I really respect when I'm in Africa, is that everyone comes together to sit at the table to eat. But before they eat, they wash their hands, they pray collectively, and they eat as a family. We have lost that as a culture here, as we've become more industrialized.

As a former chief nursing officer of six hospitals on the East Coast and the West Coast—and everyone can

look at our joint commission rates—hand hygiene is a major issue. So, I respect that in our African nations, that they do not forget to do that. Sometimes, looking back to move forward will help us in the crises that we're having today.

For example, I was looking at the data as I'm trying to familiarize myself with Mississippi. Diabetes alone cost the state of Mississippi \$180 billion. So, if we're looking at improving our health status and being serious about that, and we keep talking about it, why do we still have food deserts? The state of Mississippi spent \$180 billion on diabetes, so why can't I have a choice of the type of drink? For example, they have sweet tea and they have extra sweet tea, right in the areas where there's a major problem.

So, if we're serious, and we're not industrializing everything and industrializing health care, and we're looking at the areas where we need to have appropriate health care access, the appropriate access to the right types of food, then I think we're going to be where we are now.

We have heard many times in some of the education that I've done throughout my career in health care—from public health to providing health care in an acute care setting—that public health is a dinosaur, and we don't need it. So, in some schools you don't even get the public health education anymore. We have to really look back and probably go back to our foundations of health, of disease, of preventing disease, and look at society as we are now in this industrialized world to make sure we have the right foods, the right health care access, in the communities where we live, work, and play.

Dr. Joycelyn Elders: One thing that I'd like to add—it's been said several times—but I think we need to start educating all over the world, early. We do too little, too late. What you brought up about what they do in African countries, we need to do more of.

So I really propose that we start early childhood education; make young people start early; that we begin to make sure that we involve public health; it's more important. We can do more about saving lives and decreasing the spread of this COVID-19 virus by the simple things that are taught in public health. Simple things like washing our hands, wearing a face mask—not only to protect ourselves, but to protect all our friends and neighbors. Social distancing.

So we need to learn to respect others. But that's true

for the whole world. We need to stop the virus. I think much of that starts with education; we're all trying to develop a vaccine; we're all trying to develop good medicine. We all know that that's important, and we all want it. Every country, every neighborhood, everybody should have it, but until we can work together, solve this problem together, we still have to do the simple things that we can all do, like handwashing, making sure we wear a mask, stay out of huge crowds, social distancing. These are things that everybody can do, that we can do now.

Until we get that vaccine, until we get that wonderful medication we all know we need, we've got to start now. I feel that everybody everywhere in the world has a right to health care, and we know that that's not done everywhere.

A question from Daniel in France to Dennis Small: *To establish the national sovereignty of each country and stop globalization, what do you think of a generalized Glass-Steagall anti-trust law for each country in the world? This way, a multi-national company will have to account for each national independent subsidiary without the possibility of playing with tax havens.*

Dennis Small: Sure, but that's only the very beginning. That alone will not be sufficient, because you have to staunch the flow of blood, but you also have to revive the patient. We have to—we have no choice—but to develop the productive powers of labor around the entire planet so that the potential relative population-density rises so that it's above the actual population, or we will have mass genocide. That requires not simply a Glass-Steagall type of solution, but it actually requires, in addition to that, then creating the kinds of institutions to build the projects, to engage in the kinds of activities which we've been discussing here. All of this can be done; it's absolutely feasible. But we have to have that approach to physical economy.

Let me again take the occasion to say that I really think the answer to this lies in the original proposal for this conference, which is to form an urgent chorus of voices to demand and insist that a meeting of the P-5 nations occur to address all of these crises immediately, so that they can be addressed. I found just an incredible similarity, or a congruence, of the proposals that were stated by Natalia Vitrenko, and I would like to second

her call for forming that kind of a committee of everyone from the world, and the people on this webcast, to participate and get our respective nations on board.

What Dr. Elders was saying—I took some notes—we have to work together no matter how opposite we are, and we have to do this “everywhere in the world.” That's Franklin Delano Roosevelt's phrase. And, of course, Helga's call for the *Coincidentia Oppositorum*, the formation of a chorus of voices. This must be a political mobilization of a chorus of voices internationally, to bring about the kind of change now, while we still can. The clock is ticking. Every one of these crises can destroy our very precious human species. So, we have to make sure that we turn this around now, and use this meeting here, as simply the platform, the stepping stone to what we have to bring about internationally.

That's what has to be done, and of course, Glass-Steagall is a measure within all those types of procedures.

A question from Ricardo in California: *It appears that any normal thinking person would agree with development everywhere in the world. The benefits to all are clear. The problem is, there exist forces in the world that seek to undermine this development. Isn't this the real issue that needs to be addressed? Exposure and then removal of such obstacles?*

Zepp-LaRouche: Yes, absolutely. In the discussion of an earlier panel, I made the point that the people, or the forces that want to keep the status quo of no development, are really the British Empire. Now, people tend to say the British Empire vanished at the latest when Hong Kong was given over to China for this current intermediate status in 1997. But the British Empire is not something which is located in London alone. It is what my late husband used to call a slime mold, which changes its form. The Roman Empire was an empire; then it went to Byzantium; it went to Venice; it went to the Anglo-Dutch Empire. Finally, it became the British Empire.

As I tried to develop yesterday, it is the subversion of the United States—and part of Europe, I must say—with that British conception, to run the world to the advantage of a small, privileged class of bankers, speculators, cartels. These are the people who like profit more; they don't like investment in infrastructure because infrastructure is not profitable if you want to make 25% a

year. You cannot finance a highway with tolls; it's ridiculous. You cannot build a trans-African railway system like the Chinese have for China, and put a toll-booth every 50 kilometers.

So, the problem is, we have to get rid of that speculative class. This idea that you have to have a small elite of financiers and speculators who, at the expense of the populations of the world, make the gap between the rich and the poor wider and wider, that system has to stop. This is why we are putting so much urgent emphasis on this P-5 summit. If it's not the P-5 summit, it should be only—as was yesterday discussed—the three most important countries; the United States, Russia, and China. Or with India; India right now is unfortunately on a wrong trajectory concerning the cooperation with China, so I'm not emphasizing India so much at this point. But we need the top governments to make the radical revolutionary changes to allow for the survival of all of humanity.

Will they do it? That is why we need this chorus of people who demand that the governments do it, because if the G-20 would be capable, they would have done it already. But within the G-20, I'm afraid, there are several countries who are part of this usury system, who will oppose such a change. This is what we have to think of, in terms of organizing really a mass movement, but not a mass movement of people who don't know what they're doing. We have to recruit a mass movement of leaders, of community leaders, of state leaders, of institutional leaders, of people who stand up in front of this crisis and say, "I will become part of the solution."

That is what the Schiller Institute is trying to do. This is why, especially from April of this year, we conducted several international conferences in trying to bring together the alliance of forces. People normally are doing the good thing in their country, but they don't know what is happening in other continents, while the oligarchy is absolutely working as an international force. Despite the fact that our forces are relatively weak, I think in a crisis situation like this, it is not what you normally would assume in terms of power. It's the power of ideas.

Right now mankind needs to move to a completely different mode of thinking, of thinking of the one humanity first and then define national interest. I liked what Dr. Muñoz said earlier, that he signs all of his articles as being a world citizen. I really think that that is

a very good idea, because you have to think as a world citizen. You can be and should be a patriot, but this should never be in contradiction with opening your heart for humanity as a whole.

We have to recruit a mass movement of people. I suggest that we should expand this Committee of the Coincidence of Opposites, and not just limit it to the health question, but to this effort. That the time has come to put the Coincidence of Opposites ahead.

A question for Dr. Evers-Manly: *You are identified as being on the board of the National Black Nurses Association, therefore you probably have a national picture of nursing around the country. Despite the pandemic in the United States, we have heard that more and more hospitals are going into bankruptcy. Nurses, despite the need, are being furloughed.*

Can you tell us why you think this is occurring, and how there can be a national call for saving as well as expanding U.S. medical infrastructure and skills?

Evers-Manly: I have to take a deep breath and really think about that question, because it's a very critical question. I think it's a question that can take further dialogue outside of this conference. The nurses are being furloughed because many of those nurses who are being furloughed are working in outpatient surgery, and the OR ["operating room"-for surgery]. As you recall, many of the surgeries were cancelled.

With that being said, we already knew as nurses that in 2020, which we're in now, we were going to be short 1.2 million nurses across the country. New York, California, Texas being some of the highest areas where there's a need for nursing. If you look at how the pandemic has been going, you can see where nurses have been leaving one state and going to another state to work in those hospitals. When they come back to their hospitals to work, to help out, they're not getting their jobs back.

So, when you look at nursing, right now nurses are not working to the highest of their degree. RNs might not be working to the highest of their degree, the nurse practitioners are not working at the highest of their degrees. So, we have a lot that we need to discuss in regard to how nurses are used in the hospital setting.

The nurses that they need right now are nurses that are more used to working in ICUs or CCUs with respiratory problems. But you know, that's how COVID first

presented itself, was with respiratory issues. Now, we're seeing it having an impact on all other issues. We have the issue where, in some hospitals, because some of the Medicare laws were lifted, people going to emergency rooms and being told, "Oh no, we're going to turn you away; go to another place."

Just recently in Detroit, somebody took their father to several different emergency rooms to try to get him admitted. That person wasn't admitted, because they can say, "We don't have enough ventilators, or we don't have the PPE." This person has COVID, and African-Americans in particular have other chronic conditions. So, if this person has COVID *and* diabetes or congestive heart failure, then we're not going to do the care there that we need to do. We're going to go to someone else.

So, there are so many different things that are happening, and I can share with you, as a chief nursing officer and as a dean, we turned thousands of applications away because we don't have enough nurses to teach the next generation of nurses who are actually going to be in the hospitals. So yes, there's a shortage of nurses, there's a need for nurses; but at the same time, there's hospitals that are furloughing nurses.

The other problem that we look at in regard to nursing is that when you go across the country, there are different models on what they feel patient ratios should be. So, that means a nurse taking care of a patient. California is the only state that has a law on how many patients a nurse can take care of; other states don't. So, when you have one nurse taking care of five to seven patients, and some of them may be COVID patients, that becomes a problem. You have some hospitals that said, "We're going to have nurses work with COVID patients only, and some nurses that don't work with COVID patients, because they want to prevent the accidental spread of COVID.

That has to be looked at, because if I work in a radiation unit, for example, I can only work a certain number of hours, a certain number of times, so that my body can have a time to relax. Do we know, for workforce individuals in nursing—if they're only working in COVID every day, 12-hour shifts, stressful hours, very difficult patients—what vulnerability do they have as nurses where we're still hearing that there are problems with PPE?

I'm going into a lot of different areas to get things in quickly, to give the other panelists an opportunity to

speaking, but there are several different issues. There are several issues that we need to peel back, layer by layer, so we can address those issues for those nurses who are being furloughed.

Probably the more important thing is that, rather than the furloughing the nurses, as we've said, we have destroyed our public health system. There are not enough nurses in the public health system to even go out and check on isolated seniors. I know for a fact, when we were volunteering here in Los Angeles, we took food to one senior on Mother's Day. That was the last time she was seen. When someone went to check on her again, she had died.

So how many people do we have for whom that has happened, who are isolated in their homes? As we think again about more rural areas, as when I shared that Mississippi is like Namibia—very big, spread out, and very rural—who's checking on those individuals?

So, there's a lot I'm very passionate about—I'm passionate that we're looking at this, that we're not laying off nurses, and that we're not furloughing them. But that we're using them in other areas, and that we really look at the policies and procedures for these frontline workers who are in the hospital taking care of COVID-positive patients, in addition to all the other patients that they still have, who have cardiovascular disease, or cancer who are on chemotherapy. They may say, "Go home. We can't treat you at the hospital. You can't stay overnight because we don't want you to contract COVID." But what are we doing with those patients?

Q: *In the United States, we often get requests for contributions to programs that engage at a village level around the world. But some of us, at least, know they may help a few people, but will not generate what is necessary. How do the speakers see the interface between major infrastructure projects and village-level programs?*

Kyssama-Nsona: In African culture, we have what we can call a kind of solidarity right, it's like a civil right, but for solidarity. When we have a problem, each member of our community has to help another member if he or she has a problem. That's in our African culture. As we have no state medical assistance, state protection, it is our culture which saves us. When we have an uncle, a cousin with a big medical problem, everybody is starting to bring the money necessary to help him

have a remedy for his sickness. But with the degradation of the situation, because things are getting worse and worse in our country, even this cultural tradition has a tendency to disappear, because there are so many problems around everybody.

For example, you have to imagine that here in the Congo, even our farmers—people who have cattle, who are producers of wheat and different cereals—cannot live anymore from their production, because of the free trade policy. Everything which is imported is less expensive than what we are producing here with our farmers. Because of the financial system, today in our country farmers have to leave their land, and stop being farmers, because of this free trade policy.

The worst thing is that people are not only losing their production, they are losing their dignity. It's very important for us in Africa to keep this dignity. We have to wait for NGOs, for example, to help us, so it's a kind of an attack against our dignity. When poverty is created—because that's the problem today—you can be sure that you will have conflicts and wars.

I want to really emphasize that we cannot separate health issues from food production. It's not possible, because we have to have people in a healthy situation and be able to feed themselves. So, I really emphasize that it's the same subject. We have to go to the roots of the subject, because today we are too much living on—awaiting—help from outside. We don't need help; we have to go to the root of this problem, have a real health system and a real food production system.

Two related questions for Dr. Elders: *Please speak to the issue of the Hill-Burton system [of so many hospital beds per 10,000 persons that had been standard in the United States prior to the 1970s], versus the current state of health care.*

We heard the ambassador from Ghana discuss the national plan to build 101 hospitals there, including positioning those hospitals throughout the country, including in rural, less accessible areas. Can we use that example of thinking from Ghana to get Americans to bring back the Hill-Burton law?

Small: I'll take up the question of Hill-Burton, and also some of these issues around the nursing shortage, and one additional point. We've just heard this anguished picture of a massive shortage of nurses in the United States, and people desperately need nurses. We

are not getting the two sides together. It's exactly the picture we're going to hear this afternoon, where we have nations, entire countries, populations starving to death, and farms are being bankrupted. Maybe there's a problem with the system.

Maybe there's something fundamentally wrong when the central banks of the world, like the Federal Reserve of the United States, issue \$4 trillion of credit; not for production, not for health, not for food, not for industry, not for technology, not for railroads, but to bail out the banking system. We're in a systemic crisis. This system is dead; it's over.

And it's very possible that as the institutional collapse goes on and extends outwards, and people see no answer, see no remedy to those conditions, they may very well go stark raving mad before they die of hunger. That's the problem that's going on right now.

Our answer, our solution, the idea that *is* an answer, even before it's fully implemented, is absolutely critical to the situation. In that regard, and in many others, I want to reiterate my concluding point from my remarks this morning, which is that we must obtain the exoneration of Lyndon LaRouche.

This is not simply a matter of personal interest, or one case of injustice. This is the man who provided not only the philosophical and scientific ideas to solve these problems. Ignoring of those solutions lies at the root of what we're seeing today. But Lyndon LaRouche, as well, served as a kind of moral example, as a moral compass of what human beings should actually be. The idea of living for the common good. I dare to say that unless and until we in the United States in particular, bring about the exoneration of Lyndon LaRouche with the help of that same chorus of voices internationally, unless and until that happens, we will not regain our own moral fitness to survive.

Dr. Elders: We've talked all morning, and we've talked about this virus that has kind of exposed our moral underbelly of what's going on and all the problems that we see and encounter. But we've not talked about prevention—the most important thing we need to do. We could prevent this virus. We have 25 million people who have been exposed, and we probably could have stopped this had we educated and taught our communities, our young people, even our public health system and our doctors to make a difference.

We talked about money to build more hospitals; we

may not need more hospitals. Why? If we prevent the problem from happening, we don't need more beds and more people to take care of them, and more ventilators. What we need to do is teach our people how to be healthy, that's what we were talking about, and I think Helga's idea of teaching our young people what they can do in our communities to really begin to make a difference.

We need to reach out and be responsible; that's what we as a world have really not done. We've got to educate and empower all of our people. We're talking about the education of more doctors, more neurosurgeons; but we've got to educate and empower our young people to prevent this problem. If we did that, we wouldn't need more ventilators, because the people could be educated and empowered on preventing the problem so that it wouldn't spread so rapidly.

We've got to be the voice and vision for the poor and the powerless. Powerless people in need of powerful friends like ourselves. I think this group has tried to do it. We've got to be able to put that together, use it, and be the powerful voice, be the 2020 vision of this century. Talk about what we've lost, I heard you talk about that we don't eat together anymore; we don't visit together. We all know that that's going on. Some countries still have it, but we've lost it.

But as we educate and reach out, we've got to do the things we need to do. We've got to learn to network. We talk to each other, and we talk to people like ourselves, but we don't really network all over the country. We've got to use the tools of commitment. We've got to give of our time, our talent, and our connections; they will become our three tools. We've got to be involved. We've got to continue to do high-quality research, but we've got to invest in people, invest in public health. We've invested in the big things, like banks. But we've got to invest more in our people for the groundwork to be able to increase and make things better, if we're going to really do the things we need to do.

We've got to take every opportunity we get. This virus has given us an opportunity to wake up. We're awake; we'll take every opportunity we get. As my husband, Oliver, who's a coach and is sitting here with me, says, "Opportunity is like a single strand of hair on a bald-headed man. It only goes around once, and you've got to grab it when it's there." So, I think we have to go grab some of these opportunities that have been presenting themselves.

When are we going to do it? We've got to do it now. The opportunity is here; it's now. I think we've got to grab that opportunity that's presenting itself to be able to go and take up the things that Helga mentioned about founding this committee, getting it going, and everybody has got to be involved. Not just the people at the top; we've got to start at the bottom and go up, and get everybody involved if we really want to make a difference.

My husband wishes to recite a poem he wrote.

Oliver Elders:

It's a human touch in this world that counts;
It's the touch of your hand and mine.
That would mean more to a perishing soul
Than does bread, shelter, or wine.
Because shelter's gone when the night is over,
And bread will last only a day.
But the touch of the hand and the sound of voice
Will remain in the soul always.

Keep doing what you're doing; you're great.

Q: *In the spirit of the Coincidence of Opposites, what role could our virtual chorus singing and other music play in accompanying health volunteers and others to counterpose the beauty of their dedication and the music, to the ugliness of the COVID virus and racism?*

Diane Sare: That poem actually just captured a little bit of what I would say. There will be much more on the panel coming after this, which I urge people to participate in. It will feature our farmers, as well as food for the soul: Classical culture.

On the virtual chorus: Our chorus did two performances on this 75th anniversary of VE Day in World War II: *Tri Tankista*, a Russian military song, which was seen as a generous gesture of friendship by people all over Russia. We got many comments. Then, a song from a cantata, *Defend the Yellow River*. This was quite a challenge. Our Chinese-American chorus members got quite a kick out of watching our non-Chinese-speaking chorus members struggle to learn this; especially since it was at a rather quick tempo. We sent that as a very important gift, given all of the really vicious anti-Chinese propaganda we are hearing in the United

States. We wanted to express our appreciation for those people who helped to defeat fascism in World War II.

I have two ideas on healthcare and music. One is that singing and participating in musical performance is healthy. There is a reason that Einstein was a violinist. There are even bio-physical measurements of different connections in the brain that improve as a result of one's engagement in Classical music.

As part of our economic platform, my colleague Renee Sigerson has proposed something like an FDR program, that we establish mandatory school music programs, which I think will transform the society.

We saw that in force in a particular hospital in Harlem. I'm not sure why it happened that way, but it is probably the case that many doctors and nurses are also musicians. In this hospital, as in many others across the world, under COVID quarantining, people are dying alone. They are in their worst, most desperate need and cannot draw on the strength of their loved ones and family members. Some were using iPads and cell phones to bring people into their rooms electronically.

In this desperate situation, a group of doctor-musicians—and some of them are really very fine musicians, really semi-professional—decided to conduct a chamber music concert right in the ICU, dedicated to the persons fighting this illness.

I just think that this is so important. It's very challenging to all of us to miss that human touch right now. But there are certain things that exist in the mind, which is universal, and therefore, we can still reach each other. Perhaps even in a more important way than the physical touch.

Zepp-LaRouche: Some people may think that there is a contradiction between trying to solve the problem at large, and acting more directly where we can. I want to stress again that there is no such contradiction. We are trying to solve the problem at large by putting international pressure on the P-5 governments to take up the challenge and solve these problems, because they have the power to do it, if anybody has. It's the strongest governments in the world, which could do it.

We must create pressure, an international chorus if you will, to demand that they do it, because there is simply nobody else who can change the system in time.

Yesterday, I tried to express—and some other people on the panel also said—Mr. Sieff said we are 100 seconds before midnight with respect to the outbreak of a Third World War. I think it could be much closer, because every day you hear about new aircraft intercepts, new incidents, near incidents. So it's really urgent that we concentrate on getting the system changed in the large, so to speak, from the top.

But there is no contradiction between that and trying to mobilize the effort that Dr. Elders and I have been talking about for two months now, about this Committee of Opposites to get the youth trained to team up hospitals and universities in the United States—and eventually in Europe—with hospitals and universities in African countries to try to replicate this model of teaching young people to be medical assistants.

In the beginning, it will be very simple things like teaching people how to wear masks in the right way, how to get access to these things, social distancing, all of these things. Eventually, it will become a little bit more ambitious, and they should get really trained. While that will not solve the big problem, I think such an effort is really crucial to show a way, in a moment like this, how you have to establish this higher level, be it in the small, or be it in the large.

I really urge all the participants of the panel and those who are listening and watching, to join this. We will succeed only if we multiply really big time in the shortest possible time. We have done quite a job since April, expanding into Latin America and Africa. We are trying to build up our forces in the United States and Europe. You saw by the international panelists, that we have resonance in many countries. But that has to be increased to become a chorus, which is in a certain sense, singing with such a strong voice that it can bring down buildings, it can sing down windows. If you have a laser-like voice, with a chorus of the whole world, you can change the system. That's my firm belief.

So, I urge you all to help expand this effort. Listen to the next panel, because there you will hear that the farmers in the United States have the same problems that Ms. Nsona from the Republic of Congo was describing, and that we absolutely have to hook up our forces, because I believe that the problems are such that we can only solve it if we link up with all the people who have these problems or are victimized by the present system, in order to replace it with a human one.