

## Sanitation As National Defense

*During the anthrax-letter episodes of Fall 2001, Lyndon H. LaRouche, Jr. released an Oct. 28 policy document, "National Defense Against Germ Warfare," through his Presidential campaign, LaRouche in 2004. Some excerpts (full text at [www.larouchein2004.com](http://www.larouchein2004.com)):*

War costs a lot of money, and more; but, losing a war to an attacking adversary costs infinitely more. That is the lesson to be learned from the wave of anthrax attacks launched from inside the U.S.A. The question posed by these attacks is, "What is coming next? . . . The immediate, urgent problem is that of developing and deploying a well-coordinated homeland defense on the biological warfare front. This must be deployed not only against the anthrax attacks presently reported, but against whatever might be the weapon and strategy used by the enemy next.

The most important principles of national defense against bacteriological and related forms of warfare, were consolidated as knowledge in the experience of World War II and the war in Korea. Those lessons were featured in the adoption and implementation of the Hill-Burton legislation adopted shortly after the close of World War II.

From the related experience our nation, and others, have accumulated over the centuries, we must not limit the idea of defense against germ warfare and related attacks, to the role of medical practice. We must situate the role of the medical profession, both in care for the sick and in other ways, as an essential, subsumed feature of public sanitation.

I explain this extremely important distinction to be made at this point of our national defense requirements. It is to the degree that we have taken down much of the national-defense protection provided by public and related measures of sanitation, during the recent three decades, that our nation's vulnerabilities to the presently ongoing germ-warfare attacks were created as the oppor-

tunities they presently represent to the advantage of our enemies.

National biological defense means, chiefly, those measures of sanitation which are essential to improving and defending the life-expectancies and well-being of the population as a whole. . . . This includes not only safe water, but also improved supplies of energy, per capita and per square kilometer; it includes improved public transportation.

### **The General Hospital**

It also includes the practice of the medical professions generally. The pivotal feature of the medical profession's role is the general hospital, provided as a public institution which is not only a teaching institution, but which serves those sections of the population which are relatively indigent, and are therefore the most likely radiators of infectious diseases. The public teaching hospital of this type, which is also integrated with the teaching and research functions of a university, is among the most valuable such facilities.

The feature of medical practice to be emphasized in dealing with the actuality and threats of biological warfare, as now, is the ability of the medical profession to respond effectively by producing, rapidly, appropriate forms of non-standard treatment for diseases of a non-standard quality. In such circumstances, we must deal not merely with the apparent "ingenuity" of infectious organisms, but with an enemy, like H.G. Wells' fictional "Dr. Moreau," whose satanic impulses are employed to make infectious agents more deadly than such diseases could become by so-called natural means.

However, without lessening emphasis on the importance of medical counter-intelligence practice, *it is public sanitation which remains the first line of defense of the population against both normal epidemic disease, and also biological warfare attacks.* We require a coordinated, "crash program" sort of attack on both fronts, combined.

This means that we must move quickly, not only to restore the indispensable Washington, D.C. General Hospital, but to restore those medical and infrastructural defenses which were taken down, piece by piece, during the approximate quarter-century since the enactment of the [1974] HMO legislation.