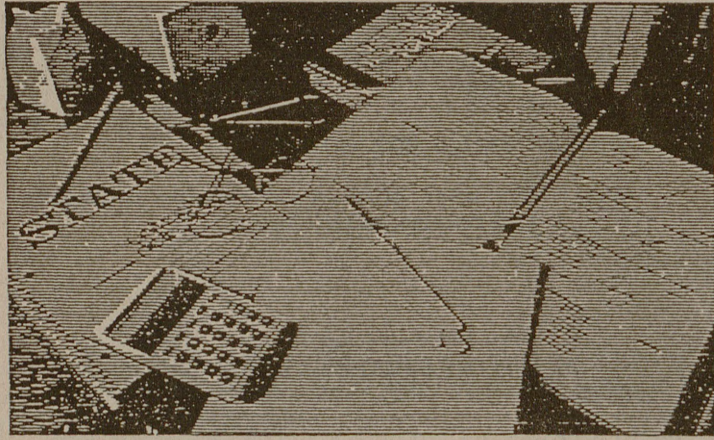


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Lawmaker says U.S shouldn't endanger itself to help Mexico

WASHINGTON (AP) — Rep. Kika de la Garza said private banking policies must not overshadow national interests in helping Mexico manage its crushing foreign debt.

De la Garza said that without swift action the debt situation threatens the stability of the U.S.-Mexican border.

He said the arrival of thousands of Central American refugees who had been crossing into the United States at Brownsville, until a recent change in immigration policy, is the first sign that "we're out of time" in dealing with the financial crisis in Mexico and the rest of the region.

"That's the beginning of the end as far as the mass movement (of refugees)," de la Garza said Sunday. "They're coming through Mexico and can cause tremendous upheaval in Mexico. It's the first toll of the bell tolling many times."

De la Garza, chairman of the House Agriculture Committee and a Texas Democrat who represents a border district, said U.S. administration officials must give the Mexican debt situation "the highest priority, higher than nuclear disarmament or trade relations."

"We're talking about 2,000 miles of border that need stability," de la Garza said. "By taking the burden of debt off their backs, they can manage internally their situation to provide stability."

De la Garza met last week with Mexico's new ambassador to the United States, Gustavo Petricoli, to discuss ways the United States can help Mexico reduce its \$105

billion foreign debt, and earlier this month consulted with three Mexican lawmakers on the issue.

But he has yet to hear an answer from U.S. Treasury Secretary Nicholas Brady concerning his request that the administration consider broader banking guidelines to Mexico capitalize part of its external debt — a means of converting interest on the debt into part of the loan, and other debt restructuring proposals.

While most of Mexico's U.S. debt is owed to commercial banks, de la Garza argued that U.S. government leaders must "assure that private banking policies do not overshadow the best interests of the entire nation. We cannot allow the well of friendship to be poisoned, because it is from this well that we both must drink," he said.

Despite what de la Garza considers the urgency of the situation, he said it doesn't appear to have top priority in the Bush administration.

"The long-term national security of the United States depends on a stable Mexico and time has run out," de la Garza said. "We can't look back and say we wished we could have done this, done that. A politically, socially and economically stable Mexico is necessary for the national security of the United States."

De la Garza said he and Ambassador Petricoli are "basically in agreement" on a number of debt restructuring options and that "the long- and short-term interest of the United States is a stable Mexico, and this can't do anything but help us if we help them."

Houston surgeon takes medical relief to wounded in war-torn Afghanistan

HOUSTON (AP) — Kermit R. Veggeberg, an orthopedic surgeon looking to spread some goodwill and do a little traveling to faraway places, could have gone to the Dominican Republic in 1977. He chose Afghanistan instead.

Veggeberg has since made 11 trips bestowing medical aid to the people of that remote country beset by turf battles, holy wars, drug runners and the Soviet Union occupation — and he is about to make his 12th.

It was in 1985 that an Afghan girl captured his heart. She was 6 years old, and her name was Hawa.

"When I saw her I went on my own jihad (holy war)," he said. "She had been shot in the hip by the Russians, her parents told me, and whether it was a stray shot or deliberate, or an accident, I don't know."

"All I know is that she set something off in me, and I decided I would do what I could as a doctor to help those people."

Veggeberg saw the girl in the Afghan Surgical Hospital in Peshawar, Pakistan, just across the border from Afghanistan.

He could not operate on her then because he did not have the proper equipment, but he promised to return in six months and he did.

By then she had disappeared. He never saw her again.

In between trips, Veggeberg practices at the Spring Branch Hospital, and makes preparations for more medical aid to Afghanistan.

"There are 50,000 people in Afghanistan that need artificial limbs," Veggeberg said. "They lost their arms and legs in the war, to mines or gunshots," he said, adding that many of the maimed are children.

"All the bad things you have heard about the war in Afghanistan are true," he added, including booby-trapped ball point pens and tennis balls the Russians distributed, and which Afghan children played with.

"In most cases, the U.S.-backed rebel forces were without proper medical care," he said. "Anyone who suffered a chest wound, or a belly wound, died."

He found the Afghanistan people to be resilient and determined. "There are no beggars in Afghanistan," he said.

If Veggeberg has his way, he and his medical teams from Houston will see that there are 28 hospitals in

place in Afghanistan, one in each province, within a few years.

The only obstacles are financial support for the team and getting the hospitals, which are PDHs, or packaged disaster hospitals. In the 1950s, the U.S. government distributed 1,100 of these hospitals around the country to be used in case of a nuclear attack. They ended up in the hands of civil defense agencies. Each one consists of 60 crates and weighs 14 tons.

Each PDH includes five operating tables, operating instruments, anesthesia equipment, an X-ray machine, three operating room lights, 200 cots and other equipment.

"It's not the Mayo Clinic, but it'll do," he said.

Veggeberg's effort over the years

"You can practice medicine there as you were trained. There may be danger in Afghanistan and Pakistan, but there is no malpractice insurance."

— Dr. Kermit R. Veggeberg

to get medical aid to the Afghans has led him through a political labyrinth.

That labyrinth included visits to the Soviet embassy in Washington, where he tried to convince the Russians to call a cease fire in each of Afghanistan's provinces, one at a time, so that medical care could be given to the wounded.

The Soviets politely referred him to the People's Democratic Party of Afghanistan.

He also met in Geneva with the man in charge of taking care of the Afghan refugees in Pakistan to ask for financial aid. Both times he was refused.

He has the enthusiastic approval of the U.S. State Department, but no government money.

Those political missions also brought Veggeberg into negotiations with the seven Mujahedeen (tribal) groups, which have been fighting the Russians — and sometimes each other.

When Veggeberg finally emerged from the labyrinth, he had touched all the bases, raised all the flags and

notified all sides of his peaceful intentions.

His last trip was on Dec. 27, when he traveled from Houston to Peshawar, Pakistan, and then to Asadabad, in Afghanistan, 30 miles away through the Nawa Pass.

"In the past month about 2,000 Afghan refugees have fled to Pakistan through the pass," he said. "The night before we arrived, four children died in the pass from the cold and malnutrition."

He returned to Spring Branch Jan. 16.

Veggeberg, a former U.S. Navy flight surgeon, is scheduled to fly for Asadabad via London, Islamabad and Peshawar on April 1.

This time he will have a complete team with him.

Members of the team are from Spring Branch and Sam Houston hospitals. They are doctors Mohamad Taleh, Hooshang Gulak, Jim Drake, Ahsav Allahverani and Jeff Hannon; nurses Barbara Beck, Mae Kearns and Carolyn Williams; radiologist Chuck Neese, therapist Kathy Falcon and Karen McDevitt; and Don Berry, a pharmacist in West Columbia.

Veggeberg's aim is to restore a 20-room hospital in Asadabad that the Russians stripped before they abandoned the area in October.

"They even took the light fixtures," he said.

One of his first stops in Pakistan will be at Peshawar to pick up the portable hospitals and take them to Asadabad.

The hospital is being flown to Pakistan by the Pentagon's Office of Humanitarian Assistance, as part of the Afghanistan relief program.

How in the world did a 59-year-old doctor who smokes too much, who suffered a heart attack 20 years ago, and who had a heart bypass operation 10 years ago, get involved in this imbroglio?

In 1977, his children grown, his financial position secure, Veggeberg volunteered to use his medical knowledge and experience for thopedics Overseas, Inc. He wanted to help the Dominican Republic of Afghanistan. Afghanistan sounds more exciting.

"You can practice medicine there as you were trained," he said. "There may be danger in Afghanistan and Pakistan, but there is no malpractice insurance."

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