

Medical experts warn of a 'breakout' of AIDS disease

by Dr. Jonathan Tennenbaum

While the Atlanta Center for Disease Control (CDC) and officials of the U.S. administration continue to cover up the truth about the global epidemic of Acquired Immune Deficiency Syndrome (AIDS), experts from around the world are sounding the alarm: AIDS is breaking out of the supposed regional and minority "limits" and threatens to attack entire populations.

In an interview the third week in September with Swedish television, Belgian experts, including the world famous specialist in tropical diseases, Dr. Clymeck of the Hospital Saint Pierre in Brussels, estimated the number of AIDS-infected persons in the central region of Africa at 30 million. In Rwanda alone, this includes an estimated 1 out of every 5 persons, in Zaire 1 out of 6. Of these, the experts warned, a large percentage, if not the majority, will probably die within a few years.

The present AIDS epidemic in central Africa, Dr. Clymeck reported, is potentially so large that he would tend to consider the entire population of Africa as the "risk population."

Other scientists are reportedly intensively working on the hypothesis that AIDS in Africa cannot be explained merely on the basis of transmission by sexual contact, blood transfusions, or drug misuse alone (uncleaned hyperdermic needles). Some have pointed to insects as possibly a major carrier of the disease, together with other, "not yet identified" mechanisms.

The findings of Dr. Clymeck and Belgian doctors interviewed on site in Rwanda, directly contradict the assurances of the Atlanta CDC and the World Health Organization

(WHO) and other official agencies, that the AIDS epidemic will be confined to the so-called "risk groups"—homosexuals, drug users, hemophiliacs and other recipients of AIDS-infected blood transfusions.

The World Health Organization and Atlanta CDC are scrambling to try and "shut out" all evidence and hypotheses that there may be a relationship between the economic breakdown in Africa and the widespread outbreak of AIDS among its heterosexual population. For instance, Dr. Assad, an expert on AIDS at WHO in Geneva, emphatically stated to a direct inquiry on this question: "If we can account for 90% of the transmission in this way [sexual and direct blood transmission], why should we dissipate our efforts on other causes! We should concentrate on the main ones."

WHO has just completed a seminar chaired by Prof. Friedrich Deinhardt of Munich, West Germany. In material which will not be released until it has undergone a several week review, the seminar will strongly propagate the view that the general public is "mistakenly" comparing AIDS to Middle Age pestilence. Despite this assertion, the actual seminar proceedings contained an assessment that the finding of a vaccine to AIDS will be "a long term project in view of the multiple strains of the virus."

Other researchers from Europe report that in laboratories at this moment the question of possible mosquito and other insect transmission is being hotly debated. If AIDS can be communicated by insects and other factors rampant in economically depressed areas, then the disease can be expected to break loose throughout the rat- and insect-infested U.S. inner cities, in depressed farming regions and areas with

inadequate sanitation *as well as* homosexual centers such as San Francisco, where an estimated 15% of the population already carry the disease. Once a threshold density of infected population is reached, AIDS will spread to the remainder of the country. In other words, *the "risk population" is the entire population.*

The Belgian reports on spread of AIDS in Central Africa corroborate the findings of Dr. Mark Whiteside, of the Institute of Tropical Medicine in Miami, Florida (see *EIR*, Vol. 12 No. 38, Sept. 27, 1985). Whiteside reports compelling evidence of "other factors" of transmission of the disease, including most probably insects, in the town of Belle Glade, Florida.

'We don't know enough': Pasteur Institute

EIR representatives discussed the AIDS situation and the findings of Drs. Whiteside and Clymeck with Dr. Sonigo, a researcher with the Yves Montagnier group at the Pasteur Institute in Paris. This group was first to identify the AIDS-virus LAV back in 1983. Dr. Sonigo commented that the spread of AIDS by "other mechanisms" beyond the limits of the supposed risk groups is "entirely conceivable," especially under conditions of poor hygiene.

He underlined the fact that standard epidemiological definitions of risk groups always presuppose a certain standard of living. While a high living standard tends to strongly limit the range of modes of transmission of a given disease, breakdown of hygiene and life styles may "change the epidemiological configuration," and lead to a multiplication of possible paths of infection.

"Most of what you hear about AIDS is at most working hypothesis, not proven fact," Sonigo stated, emphasizing the rudimentary state of biomedical knowledge concerning even the most basic properties of retroviruses—the virus group to which the AIDS-virus, or viruses, belong. Among the crucial, unanswered biomedical questions concerning AIDS, Dr. Sonigo pointed to the following:

1) **How variable is the AIDS virus?** Up to now, only a handful of AIDS viruses have been cloned and studied in detail, but it is suspected that there are at least 10-14 varieties in existence. If the AIDS viruses are able to mutate as rapidly as common cold viruses, constantly generating new varieties with changing immunological properties, big trouble.

2) **How many people have fallen ill with AIDS?** Nobody knows for sure, said Dr. Sonigo. Official figures, such as the figure of 14,000 cases in the U.S., include only *identified and reported cases*. Many cases are not identified as AIDS, others not reported. (In West Germany, for example, doctors are not obligated by law to report AIDS cases.) The real figures could be much higher. Sonigo cited estimates that approximately 45% of all homosexuals in large cities of the West have been infected by the virus.

3) **What proportion of persons infected with the virus, will actually fall ill?** Dr. Sonigo stated that the commonly

cited figure of "between 1 and 10%" is really only a guess, and is not based on solid knowledge. On the basis of present knowledge, he said, we have no choice but to assume that the *majority* of infected persons will actually come down with the disease.

Pasteur Institute researchers believe that the AIDS virus belongs to the sub-group of retroviruses known as "slow viruses," which have extremely long incubation times. In other words, the virus can infect a cell, inserting its genetic material into the controlling genes of the cell. This "Trojan Horse" genetic material can remain dormant for a long time, or perhaps indefinitely, until some unknown stimulus or stimuli cause the disease to break out: The cell starts producing enormous numbers of copies of the original virus, and eventually dies. Dr. Sonigo pointed to the probable role of hitherto unidentified "cofactors"—other diseases which, through nonlinear interaction with AIDS, may cause dormant cases to "break out" and assist the spread of AIDS infection in a population.

A Belgian specialist reports that the present AIDS epidemic in central Africa is potentially so large that he would tend to consider the entire population of the continent as the "risk population."

4) **How can AIDS be cured?** At present, no treatment or drug has proven its efficacy. There are indications that Interferon and related substances may be of use in certain cases. There appear to be no cases of a complete cure.

5) **Is it possible to induce immunity to AIDS by known methods of inoculation?** At present, nobody knows. Four different working groups, in Europe and the United States, have succeeded in cloning the LAV/HTLV-III virus believed responsible for AIDS, and have obtained a complete genetic map of the RNA in the virus. On this basis, researchers are now engaged in synthesizing the protein coat of the virus, by methods of genetic engineering.

It may be possible to use this protein as a vaccine against AIDS, Dr. Sonigo indicated, as was done in the case of Hepatitis B. He emphasized, however, that in the state of present knowledge it is impossible to predict whether or not such a vaccine would work. One thing is for certain, he added: If the international campaign mounted by environmentalist groups against genetic engineering had succeeded, we would today be nearly powerless to defend ourselves against AIDS and future viral diseases which may threaten mankind.