Leading scientists sound the global alarm on AIDS

by Warren J. Hamerman

More of the world’s leading experts on AIDS have publicly joined with the growing number of specialists who are warning that AIDS could become a global catastrophe far worse than even full-scale thermonuclear war. In a series of exclusive interviews given to this magazine at the end of September, Belgian tropical-diseases expert Dr. Clymeck has put the minimum figure of Africans infected with AIDS, in the nine-nation so-called AIDS Belt, at above 30 million people. Both he and Dr. Sonigo of the Pasteur Institute’s research team on AIDS, in independent interviews to EIR, stated that they would consider the “risk” population for AIDS in Africa to be the entire African population.

Additional world authorities on the subject of AIDS have confirmed to us the true, shocking dimensions of the global AIDS breakout. Dr. John Seale was, until the late 1970s, at the Venereal-Disease Division of St. Thomas/Middlesex Hospital. Dr. Seale in an exclusive interview to EIR, asserted that in his assessment of the AIDS situation, “We are heading toward a world disaster.” He stressed: “Complacency is the worst possible reaction!” Dr. Seale emphasized that his evaluation of the global threat of AIDS was not unique. “This Haseltine of Harvard said AIDS may be the worst problem mankind has ever faced. And this young William Cates, of the CDC, talked about the potentialities of this for becoming a global disaster.”

The ‘slow virus’

Dr. Seale reported to EIR that one of the aspects of AIDS which caused himself and other researchers the greatest concern was the very nature of the virus itself. AIDS is a “slow virus, the lente virus. In previous years, there had been three known viruses of this general kind, a subfamily of the retro-virus, one being the onco, or cancer-causing, the second being lente, and the third is not so important. For one and a half years, it had been thought that the so-called AIDS virus had been in fact an onco virus, and, in this case, 1 in 100 get cancer. But, the lente virus is what is involved, and we see, in the cases of visna and meidi in sheep, there is a sequence similar to what we are perceiving in AIDS in man. This is creating one of the most disastrous known situations.”
Seale added that the lente virus had a very long incubation period. In sheep, it is between 2 and 8 years, but sheep live only about 12 years, so you are talking about two-thirds of the actual life-span! "It’s that sort of virus we are talking about. In the cases of lente viruses, like the kinds found in horses and goats, they have an infection for the rest of their lives. If it behaves the way we believe it does, all will remain infected for the rest of their lives. What proportion of the humans we are talking about will get full-blown AIDS and die? Some are saying 5%, some 10%, some 20%, but this is all a pure guesstimate! Nobody knows for sure. It may be 5, it may be 10, it may be 15, but it may be 99.5%. We can’t know, and because of the nature of the virus, most of what is said misses the point. It’s never affected man before. It’s a new type of virus. Modern medicine has no experience with anything like this. The virus alone makes it an extremely sinister situation. And, in almost every conceivable way, science has gotten it wrong.

"Look, it’s not only a question of immune deficiency, but it attacks the brain directly! We have done post-mortems, where the brain has been shot. This is what is referred to as dementia. Bob Gallo has done work on this. There’s the San Francisco group, of Jay Levy, a virologist there, at San Francisco General Hospital. Both of these have published papers, I know their work, about how the virus hits the brain as well. So, in the first report, you get people who are dying of brain disease, without AIDS, as AIDS is defined by the CDC! The problem is, it picks off the brain before it picks off the cells.”

He also reported that the Pasteur Institute in France, in mid-September, grew AIDS virus from lungs. “This opens up a new can of worms. In later stages, it may be the case, that the virus attacks the lungs, and becomes a respiratory disease, like tuberculosis.”

Professor Viggo Faber, head of the Epidemiology Department at the Danish National Hospital in Copenhagen, at the end of September commented to the Danish newspaper Aktuelt on the implications of the fact that tens of millions of Africans are known to be infected with AIDS. “An epidemic of the extent we see in Africa will inevitably become a threat in Europe,” stated Professor Faber.

"It is necessary that the Western countries allocate substantial resources on information in the stricken areas. We have to go out in the bigger cities and the villages, where there is no radio or television. . . . But the same thing is probably going to happen to us here. It takes too long a time before the authorities wake up. And when finally the AIDS has exploded as a real black plague, it might be too late." Faber continued: "We know that the number of AIDS-victims is of shocking extent in that part of Africa. But if it is of the magnitude referred to by the Belgian researcher, Phillip Ven-dette, we will know with certainty in about a month, when there is going to be an international medical conference in Brussels."

Professor Faber and Dr. Seale are the latest international AIDS experts to speak out, despite a World Health Organization (WHO) and Atlanta Centers for Disease Control (CDC) cover-up. As reported in the last issue of EIR, Dr. William A. Haseltine testified before the Senate that more than 10 million Africans are already infected with AIDS in a so-called
AIDS Belt. Dr. Haseltine is the chief of the Laboratory of Biochemical Pharmacology, Dana-Farber Cancer Institute, Harvard Medical School, and he testified at the Special Hearing on Funding for AIDS chaired by Sen. Lowell Weicker before the Labor-HHS-Education Subcommittee, Sept. 26, 1985.

Dr. Haseltine testified that, in the United States, over 1 million people are now carriers of the AIDS virus, and in what he called “the AIDS belt” in Central Africa, almost one-tenth of the entire population is now infected. He further testified that an epidemic of AIDS had been raging in Central Africa for up to 10 years before the first African AIDS diagnoses were made!

Risk population: all Africa

The statements by Dr. Haseltine are consistent with other revelations from European scientists. In an interview during the third week of September with Swedish television, Belgian experts, including the world famous specialist in tropical diseases, Dr. Clymec 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. Clymec reported, is potentially so large that he would tend to consider the entire population of Africa the ‘risk population.’

WHO equals IMF

We know that these scientists are speaking out in the face of massive pressure mounted by the World Health Organization (WHO) in Geneva, Switzerland. WHO has tried to cover up the grisly facts of the AIDS pandemic in Africa and in other collapsed tropical hellholes. They fear that if the true magnitude of the crisis were revealed, nations would be forced to break with the brutal austerity and conditionalities policies of the International Monetary Fund (IMF) and World Bank which have devastated these areas. The World Health Organization and Atlanta Centers for Disease Control (CDC) are scrambling to try to “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, why should we dissipate our efforts on other causes? We should concentrate on the main ones."

Other researchers from Europe report that in laboratories at this moment, the questions raised by Dr. Whiteside of the Tropical Institute of Medicine in Miami, Florida on the evidence of AIDS in nearby Belle Glade, are being hotly debated, as perhaps symptomatic of an African-type breakout in the United States.

EIR representatives discussed the AIDS situation and the findings of Drs. Whiteside and Clymec with Dr. Sonigo, a researcher with the Yves Montagnier group at the Pasteur Institute in Paris. This group was the 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.

AIDS is a threat that requires that governments around the world act immediately to implement emergency public health measures. A task force established 11 years ago by EIR founder Lyndon H. LaRouche, Jr. forecast that exactly this type of deadly pandemic would occur if the economically brutalizing policies of the world financial oligarchy were not reversed.

World populations will only be protected if given the necessary protein-rich diet, reconstructed sanitation systems, rebuilt water-delivery systems, and fully funded medical/health care. This necessary public-health infrastructure has been collapsed by the IMF and World Bank. Now it is the cost of these measures which the IMF and its financial circles refuse to pay to save the human race.

Overthrow the accountants

When governments, emphatically the U.S. government, say they are constrained by budget costs, the costs they speak of are tribute to the IMF, and should not be respected.

That this preposterous situation has in fact ruled American policy formulations is documented in a shameless policy statement signed by Dr. James O. Mason, acting assistant secretary of health in the September-October issue of Public Health Reports, the journal of the U.S. Public Health Service. The memorandum in question was entitled “Public Health Service Plan for the Prevention and Control of Acquired Immune Deficiency Syndrome (AIDS).”

Listed as a primary “assumption” of the government’s program is the following statement:

“Demonstration and evaluation projects are needed to determine the efficacy and cost-effectiveness of prevention and control strategies.”

If populations are not to be overwhelmed by AIDS, we must overthrow the dictatorship of the accountants from the Office of Management and Budget (OMB), the IMF, and the Federal Reserve with their “Rule by Cost Effectiveness” mentality.

Whatever the true circumstances involved in the removal of Secretary of Health Margaret Heckler from the cabinet, the fact of a change presents the United States with a critical opportunity. The new secretary of health must be the vehicle for an Emergency Public Health program to wage a global War on AIDS with the mandate to spend whatever it takes to accomplish the objective on a “crash program” basis.