

Will Western civilization survive the AIDS pandemic?

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The present AIDS pandemic—the worldwide spread of a disease which is 100% lethal—is far, far deadlier than full-scale thermonuclear war. Since viruses do not recognize frontiers, the potential battlefield is global, and the very survival of Western civilization may well be decided on that battlefield. Current estimates indicate that perhaps as many as tens of millions of individuals worldwide are presently infected with the AIDS virus, and the doubling rate of those “infected” with the disease may be increasing so rapidly that within several years, mankind in general could be imperiled, if global public-health measures are not implemented.

For example, were the doubling rate of those infected to be merely once per year from a starting base of, for example, 50 million infected worldwide, 100 million would be infected in 1986, 400 million by 1988 and, sometime between 1989 and 1990, the figure would surpass 1 billion people. And in this hypothetical extrapolation, before 1992—barely seven years from now—the number of infected would *hypothetically* surpass the then currently living human race. Since the AIDS virus is an unusual “lentivirus,” or “slow virus” those infected could break out with the full-blown symptoms of the lethal disease in wave after wave over the remaining years of this century and into the 21st century.

But will the AIDS infection rate always continue to double in this linear way? Not necessarily. There are two possibilities, and only two possibilities:

1) The AIDS infection rate will accelerate and take off even faster than doubling once per year worldwide. It could suddenly spread in non-linear fashion at an even faster rate, with one deadly disease “piggybacking” upon another, as they recombine into ever more deadly strains or revive endemic diseases such as plague.

2) The spread of AIDS will be halted through the implementation of traditional public-health measures. Throughout history, “pandemics” have not been stopped with “miracle cures” but by society imposing strict public-health measures.

Furthermore, since it has been exhaustively shown that one of the primary ways in which AIDS has spread throughout America, Europe, and elsewhere is through the drug abuse community, the War on Disease is synonymous with the War on Drugs.

But we have no margin of error in waiting to declare the War on Disease. The basic issue for all mankind at this moment is stopping the biological holocaust in Africa. Herein lies the great test for humanity.

Leading scientists of Belgium put the figure of Africans already infected in the nine countries of the so-called AIDS Belt alone, as upward of 32 million. Scientists from France's leading research institutes have indicated their agreement with this order of magnitude for Africa.

Dr William A. Haseltine of the Dana Farber Cancer Institute at Harvard Medical Center estimates the number infected in the AIDS Belt in Africa as over 10 million. One scientist in the United States recently told a colleague of mine that all of these figures are grossly conservative because they only take into account nine countries; for Africa as a whole, he estimates that up to 50 million may already be infected when northern Africa and southern Africa are included.

Leading researchers of several nations would go so far as to assert that, on the continent of Africa, the *entire* population—more than one-half billion persons—is at risk.

Tropical disease specialists in the United States and Europe as well as physicians on the scene in numerous Ibero-American countries are convinced that there has been massive under-reporting of the AIDS cases in Ibero-America and that, next to Africa, it may be the worst situation. The Asian and European situations are also far worse than is being reported. For example, one leading West German scientist asserts that there are at least five times more AIDS cases in his country than the official statistics show, with West Berlin being the epicenter of the disease. Simultaneously, East Germany and East Berlin claim to have zero cases. I know no scientist who could make a case for the existence of so precise an “AIDS Curtain.”

The overall situation in the United States is best summarized by a recent statement by Dr. Myron Essex, the chairman

of the Department of Cancer Biology at the Harvard School of Public Health: "We must act fast enough so that we won't have 20 to 40 million Americans infected and several million with AIDS."

While every area of the world is now being overwhelmed by AIDS, it should be noted that the viruses seem to be afraid to march into Soviet territory. It is a fact that the Soviet Union and its militarily-allied states claim to have only a handful of cases, and none among native-born Russians.

The present health policy coordinating institutions such as the Soviet-controlled Swiss-based World Health Organization have proven themselves entirely inadequate to the crisis and subject to manipulation by political forces which either a) are committed to *not paying the necessary costs* required for research, emergency public-health measures and alleviating the economic squalor which breeds disease, or b) would find it desirable for Western nations to be crippled by the deadly disease AIDS while the nations of the Warsaw Pact were relatively unscathed, or c) have a deep philosophical commitment to encouraging the spread of AIDS and other deadly diseases in Africa, Asia, and Ibero-America as a specific means of drastically reducing what they believe to be "excess" populations in what they call "overpopulated" areas of our planet.

The Soviet role

In one of the most cynical and outrageous series of lies ever promoted, the Geneva-based World Health Organization has just completed an African Workshop on AIDS under the coordination of the Soviet-controlled Dr. Fakhri Assaad. The WHO workshop reached the preposterous conclusion that there has not been an out-of-control AIDS epidemic in Central Africa because *no black African country notified WHO of a single case of AIDS*.

Fakhri Ayyad Assaad, the head of the AIDS Task Force at the World Health Organization (WHO), directly reports to his superiors in the WHO chain of command—the Soviet official Dr. Sergei K. Litvinov, head of the Communicable Diseases Division of the WHO in Geneva, and his deputy T. A. Bekhtimirov, head of the Virus Disease Section at WHO, who is also Russian. The head of the sub-unit on psychosocial aspects of disease is Dr. Jablensky, a Bulgarian. The head of the Smallpox Eradication Unit is Dr. Jezek of Czechoslovakia, and head of WHO's unit of "Biological Psychiatry" is also a Russian, Dr. Morosov.

Thus, the Soviet specialist on African Infectious Disease, Dr. Sergei K. Litvinov, who is currently still a top official in the Soviet Federal Ministry of Health itself, is literally in full command at WHO of all principal divisions and subdivisions for the surveillance, control, and supposed prevention of virtually every deadly disease known to man, including: AIDS, tuberculosis, malaria, smallpox, leprosy, venereal diseases, diarrheal diseases such as cholera, and all parasitic

and viral diseases in general.

Litvinov's superior in the explicit Soviet chain of command is not only the Soviet deputy minister of health, but also the personal physician of all recent Soviet heads of state and a member of the Central Committee. His name is Dr. Yevgenii Chazov, and he has just been named co-winner of the 1985 Nobel Peace Prize in his capacity as co-founder of the International Physicians for the Prevention of Nuclear War (IPPNW). When the Nobel prize announcement was made, in fact, Chazov was in Geneva at the WHO headquarters.

From Bangui, Central African Republic, in late October, the Soviet-controlled Dr. Assaad announced that WHO will now take hands-on control of all AIDS work in Africa directly through three on-site laboratories—one in Zaire, one in Gabon, and one in the Central African Republic.

WHO is desperately attempting to put the lid back on the reality of the African situation that—through a combination of conscious actions by the International Monetary Fund and Swiss-orchestrated Malthusians—tens of millions of Africans have already been infected by AIDS and large numbers have already died of the disease. Their repugnant philosophy of brutal population reduction is also the commitment of the evil State Department of my nation, which wrote the infamous *Global 2,000* Report. . . .

As part of the WHO attempt to put the lid back on the African AIDS pandemic, two new Soviet-WHO lies are being circulated. The first is a typical WHO "accountant's trick" to try to cover up the true magnitude of AIDS cases by simply renaming AIDS cases in Uganda by another name—the so-called "Slim Disease." Secondly, the official newspaper in Ghana carried the blatant Soviet racist propaganda line denouncing whites for "trying to blame" the start of AIDS on black Africans. The editorial says there is no scientific basis for saying AIDS came from monkeys, adding, "In the white societies of Europe and America where rabies-carrying dogs . . . keep the company of women and even some homosexuals, these are not deemed to be a probable or even just possible cause of AIDS," and African media should be wary "not to push this latest whiteman's burden to the doors of the blackman." The dangerous propaganda piece mocks the "white supremacist propaganda" as a "New Form of AIDS."

The line that AIDS should be blamed on "degenerate America," and "AIDS is *not* an African-originated disease," will lead to the mass murder of millions of Africans by disarming any potential emergency public-health actions. This line is also the official Soviet policy line. Not only has this line appeared in Soviet journals over the past weeks. In early October, Sergei K. Litvinov himself, while sitting in his Geneva WHO office, told a European journalist that exaggeration and panic "*on AIDS are spread from the country where AIDS originated—the United States of America*."

There are four aspects to the Soviet-run World Health

Organization coverup of the real story of AIDS: 1) They want to blame the mass murder of Africans through the AIDS epidemic and other diseases on the United States. 2) They want to buy time for the murderous International Monetary Fund. The lesson of Africa makes very clear that to rid the world of AIDS means massive upgrading of nutrition, sanitation, and many ambitious development programs. The WHO is located in Geneva, near the Bank for International Settlements (BIS) whose policy is to subvert development. They want to protect the IMF and the bankrupt global banking system. They have time to gain. 3) Finally, the individuals who started and continue to run the WHO have an overall Malthusian policy; they've stated in print that these areas in Africa are overpopulated. Their philosophic outlook is that of Bertrand Russell. They actually believe that disease is the *natural* way to reduce population. I recall a 1977 statement by Robert McNamara when he was president of the World Bank. He stated that the world must deal with rampant overpopulation, and drastic population reduction must be imposed against the will of individuals. He stated that there were only two ways to do this. One way was to *curtail the birth rate*, but this way was not being sufficiently effective. The only other way he stated was, of course, to *augment the death rate*. Through what means? The natural means, he argued—famine and disease.

One European physician recently revealed the details of a specific instance in which WHO deliberately set up an African-disease lie. The disease in question was smallpox, which is most significant. The Soviets used their control points at the WHO to officially declare that smallpox had been eradicated, and that therefore there was no need for nations to go on producing the vaccine. Nonetheless, Dr. Litvinov was recently stimulated to assert that the Soviet Union is currently producing, and will continue for at least three years, to produce the vaccine for "security reasons."

The European physician had been practicing in a country in the middle of the African AIDS Belt in the 1970s. There, in a hospital servicing a rather large city and the region around it, about 7 to 10 patients were treated for smallpox every week. One day, a WHO official came to prepare the official yearly epidemiological report. He visited the hospital once, and stayed in the city for several weeks, apparently spending much more time in dinners, lunches, and other social activities than either in the hospital or in the field. When the last day of his stay came, he gathered some of the physicians working in the hospital to write up his report. When smallpox was mentioned, he said, "Okay, smallpox, zero cases."

One of the physicians said: "What? But we *do* have smallpox cases, about 7 to 10 cases per week. You can't write that." The WHO official then proceeded to explain that smallpox had officially been eradicated from Central Africa and that he could not report any new case there. WHO would not accept such a report.

Furthermore, he claimed, the President of the African country would refuse such a report, and that would create problems; should he file a report speaking about smallpox cases, he would be labeled "a racist." And anyway, he added, "If you insist these smallpox cases be reported, you'll probably lose your job here. . . ."

As the story documents, the Soviet-controlled WHO uses standard KGB methods to impose its policies. The hypocritical Soviets are the biggest racist genocidal butchers in Africa. Their lies and methods have led to the mass murder of millions of Africans. The blood of disease-killed Africa is on Russian hands.

Therefore, the AIDS pandemic is the ultimate global showdown.

The global risk

From the standpoint of the overall magnitude of the disease, the explosion of tuberculosis cases on a world scale in the past few years is very important. In July of this year, the Pasteur Institute of France succeeded in isolating the AIDS virus from the pulmonary secretions of a 30-year old Haitian woman. In a scientific paper which we have just published in *Executive Intelligence Review*, Dr. John Seale of England comments on this result by stating that AIDS transmission may be directly associated with tuberculosis-style respiratory aerosol modes of transmission in the tropics. Furthermore, several scientists point out that the people who are dying *now* of AIDS are dying of immune suppression, but we expect a second larger wave of cases to crop up over the coming years, of people who will die of brain and lung infection. AIDS and tuberculosis, the classic disease of economic breakdown which spreads in crowded and unsanitary conditions among malnourished people, will develop in tandem. . . .

Institutions such as the World Health Organization have the cart before the horse. They say AIDS generates secondary infections, such as tuberculosis, but there are many cases where people already have TB in inactive form, then get AIDS, have their immune system suppressed, and the TB breaks out into active form and they die of TB. WHO and America's Centers for Disease Control (CDC), which has been irresponsibly covering up the real story on AIDS in the United States, classify this as a "TB case" and not an "AIDS case." The implications are huge.

Approximately *two billion* people in this world have inactive TB. America's CDC officially lists 10 million Americans "infected" with TB, with over 20,000 new cases a year in the United States alone. The tuberculosis situation is very ugly on a global scale; there were massive increases in France last year, for example. Much of today's active tuberculosis is in fact reactivation of previous infection in individuals immune-suppressed by AIDS virus. When people are immune-suppressed they rapidly develop progressive military tuberculosis, which is why TB is such a precise "marker"

disease for AIDS. How can people be immune-suppressed? One way is through malnutrition; another is through infection with AIDS. If you look at the figures, about one-half of the world's population has exposure to tuberculosis, i.e., they are carrying the bacillus in an inactive state and have the potential to develop active disease under conditions of immune breakdown. This is the immediate real time bomb mankind is now confronting.

In addition, there exists explicit evidence that in tropical conditions the AIDS retrovirus may be transmitted through multiple bites of infected mosquitoes in unsanitary environments. In Africa, for example, it has been estimated that the average person is bitten by 150-200 insects a night. In the collapsed sugar cane cutting town of Belle Glade, Florida, Public Health officials have massive indirect evidence that AIDS is transmitted, in direct correspondence with traditional tropical arbovirus diseases such as Dengue Fever, through multiple bites of mosquitoes. A recent study of 250 outpatients in rural Zaire, reported on in the British journal *Lancet* on Sept. 7, 1985, directly correlates instances of malaria with instances of AIDS. The authors of the report raise the hypothesis that AIDS and malaria could be transmitted the same way.

While much is not known about AIDS, nonetheless it were prudent to not delay public health actions.

In 1974, eleven years ago, at the initiative of the great economist Lyndon H. LaRouche, Jr., I directed the work of what we called the "Biological Holocaust Task Force," which has been studying the unassailable relationship between economic breakdown and the spawning of deadly pandemic diseases. Eleven years ago our Task Force published a detailed study, complete with charts, maps and graphs, which forecast under Lyndon LaRouche's guidance the consequences to the world's population and the biosphere as a whole, were the blatant Malthusian and "Zero Growth" policies then being implemented by the International Monetary Fund (IMF), Robert McNamara's World Bank and the Swiss-based Bank for International Settlements not drastically altered. There are many individuals in these organizations and among their backers who *knew or should have known* that their policies would lead to mass murder.

The LaRouche "Biological Holocaust Task Force" forecast that, given the policies then being implemented by the IMF, World Bank, and BIS to "triage" essentially the tropical zones of the developing sector, treat them as so-called Fourth World graveyards, and slash the food and energy consumption of the world's population, a global biological holocaust would be the inevitable consequence. These areas were written off as unworthy of any investment. Recently a tropical disease expert now collaborating with our Task Force commented to me:

"If the world is not willing to pay the cost or make the commitment to raising the standard of living in the tropics of

Africa, Asia, and Latin America, then the tropical diseases spawned there will overwhelm the rest of the world. That's the real lesson of AIDS and other tropical diseases."

Our published forecasts 11 years ago warned of the disease pandemics and famine deaths which have come to pass; specifically, we made the following forecasts:

1) A *biological holocaust* would develop in successive waves of famine and disease, ratcheting downward in a succession of exponential step functions, to a final potential general *breakdown phase* of the biosphere—to which we gave the name "Biological Holocaust"—in the period 1987-88.

2) The process would include the emergence of new mutated deadly types of diseases, never before experienced by man, which would have the capacity of overwhelming his collapsed immunological defenses. We asserted that the combination of long-standing lethal pestilences and new "recombined" disease strains would have the potential of causing more general devastation to mankind than did the hideous Black Death of the 14th century.

3) The process between 1974 and 1988 would undergo several phase changes in 1980, 1982, and 1984, as blight and collapse of basic agricultural production capacity were expected to hit Asia, Africa and Ibero-America.

4) We forecast that, preceding the final breakdown, a cholera pandemic would erupt in Africa. We based this forecast on a study of the way in which the British Empire's cholera pandemic in the 19th century overwhelmed the world.

5) Our Task Force presented data estimating that the final phase of the biological holocaust would take a toll far, far greater than did the Black Death. Specifically, we warned that up to approximately one billion persons worldwide would be murdered *directly* by this disease process.

6) We also forecast that the "cost efficient" World Bank programs of Robert McNamara would generate conditions of gross desertification, laterization, and erosion of top soil, as ecological collapse takes place in fragile jungle zones. The growing desertification and destruction of photosynthetic-dense jungle areas would have global consequences on weather patterns.

As the great Louis Pasteur once commented with respect to the returning virulence of plague: "An epidemic in which the enfeeblement of the virus has been attained can flare up again by the restrengthening of the virus under certain conditions. . . . The plague is a virulent disease peculiar to certain countries. In all these countries its virus must exist, ready to resume its active form whenever the conditions of climate, poverty, or famine give it a fresh opportunity."

Over the span of human history, pandemics orably resulted whenever an entrenched oligarchy has violated the basic precept of Natural Law: God's injunction that, Man, in his Living Image, "Be fruitful, and multiply, and replenish the earth, and subdue it."

Currency Rates

From the first recorded pandemics in the immediate two millennia before Christ, through the outbreak of cholera and AIDS in the IMF and World Bank-created "Fourth World" graveyards of the tropics today, science can document two basic epidemiological laws of history:

1) Pandemics do not strike productive, expanding populations, but rather follow inevitably as the consequences of decades of oligarchical debt-looting regimes.

2) Although pandemics may first break out among a "high risk" weak-link and localized population, under conditions of overall economic austerity, the world population as a whole is threatened.

As the Bible documents, the very basis of Judeo-Christian civilization was developed as a powerful movement against famine, pestilence, and brutalized slave labor. In 542 AD, after the evil Emperor Justinian tried to reimpose brutal slave labor practices, a hideous plague spread via Byzantium, and wiped out up to 100 million persons. In the 14th century, after the looting regimes of the Bardi, Peruzzi, and Acciaiuoli succeeded, for example, in brutally reducing the population of Florence from 105,000 in the year 1300 to 80,000 in 1347, the Black Death struck the already weakened society and wiped out up to half the population of Western Europe. In the 19th century, the British Empire imposed such brutal colonial austerity that cholera pandemics swept the globe. During this century, the 1918 killer influenza killed more people in six months by a factor of 10 than had died in all the fighting of World War I.

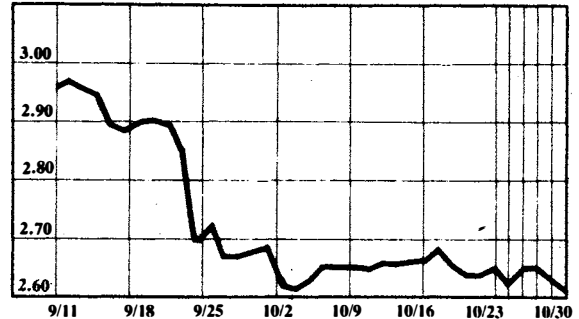
History has relentlessly proven that healthy people live in healthy economies. Therefore, it is our most urgent joint task to resuscitate Africa from the brutal policies which have been imposed on it by the IMF, the U.S. State Department, the Soviet Union, and the Malthusians at the Geneva World Health Organization.

Mankind clearly stands at a monumental crossroads; either civilization as we know it will be destroyed by AIDS or other pandemics, or we will exercise our full capacity in the coming century to create a New Just World Economic Order on Earth, and flourishing "biospheres" *de novo* on the Moon and Mars. In the post-IMF era, the human population could grow rapidly to tens of billions, as we begin our historic mission to "improve" the universe. To accomplish these goals, we will need many, many astronauts and new St. Augustines to provide intellectual and spiritual guidance in that glorious enterprise.

Therefore, we can think of no greater necessity than beginning to treat every African, Asian, and Ibero-American child now as a precious potential astronaut. Scientists already have at their fingertips extraordinary technologies and biomedical knowledge as a byproduct of the space product. We must dedicate ourselves to the goal of making every child on earth as healthy as an astronaut, so that they may have the joyful opportunities to found new "Cities of God" in resuscitated Africa and on foreign planets.

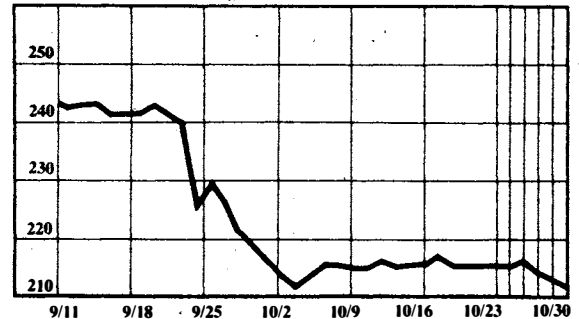
The dollar in deutschemarks

New York late afternoon fixing



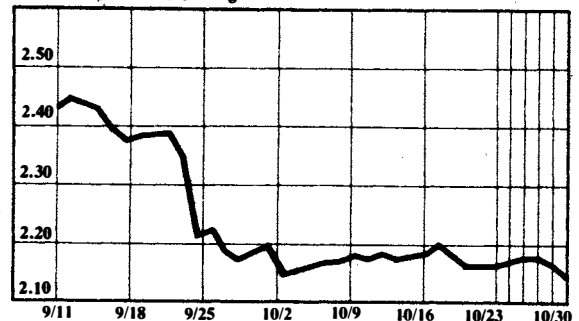
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The British pound in dollars

New York late afternoon fixing

