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## Conference Report—Part 2

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# From Alma Ata to AIDS: the Russians' WHO operation to destroy Africa

by John Grauerholz, M.D.

The International Symposium on African AIDS, held in Brussels, Belgium, Nov. 22-23, could have been the beginning of a major mobilization to stop the deadly spread of AIDS in Africa, which has now been reported by some doctors to have infected from 10 to 32 million people in Central Africa alone. But the Soviet Union, acting through the World Health Organization and its Eastern European tools, went to the conference determined to stop such action—and they succeeded.

The Soviet line was delivered in private conversations with African delegates to the conference by a group of 12 Yugoslavs and 6 Poles, working under the supervision of two officials of the same Soviet Ministry of Health, which gave us World Health Organization (WHO) Assistant Director General Sergei Litvinov. AIDS is a result of CIA-Pentagon biological warfare, the Soviets said, and to discuss the way IMF conditions have spread AIDS in Africa is "racist."

The KGB asserted that the conference itself was a Western plot, by Western colonialist powers, to blame AIDS on the Africans. As a result, the conference opened with rumors of an African boycott, and with a whisper campaign that it was an illegitimate conference. This latter line was put out by the WHO and certain networks in the United States associated with the Centers for Disease Control and the National Institutes of Health.

The Russian-WHO operation, playing on the Africans' fear of being blamed for AIDS, had its effect. On the last day, the Africans met as a group and produced the following document:

### Recommendation of the African participants

1. a) During this symposium, papers presented did not show any conclusive evidence that AIDS originated in Africa. It is a global problem and *not* an African problem alone. Therefore, efforts directed in African association with AIDS do not contribute to future control programmes.

b) There is no evidence of any relationship between AIDS and endemic Kaposi sarcoma in Africa.

2. The group considered important aspects related to AIDS management in Africa. These include:

a) Knowledge of the epidemiology of the disease.  
b) Clinical definition of AIDS with characteristic features to Africans.

c) Development of simple and inexpensive laboratory procedures for diagnosis.

d) Combined actions in control measures.

3. Recognize that heterosexual promiscuity with multiple sexual partners is one of the high risk factors for AIDS and therefore the public should be informed.

4. Intensified research and training efforts need to be made at the regional, subregional, and national levels.

5. That these controlled efforts should be aided and funded by active participation of WHO, OAU, major donor agencies and national STD control committees.

The Africans were thus hoodwinked into suppressing the information necessary for a massive public health campaign, which could clean up the conditions of economic collapse which have led to the pandemic outbreak in Africa.

The full effect of this operation was evident at the final press conference, when Dr. Nathan Clumeck of St. Pierre University Hospital in Brussels, the chief organizer of the conference, told the press it should not print stories about AIDS in Africa because they might offend the Africans, while the Africans on the panel were blaming all the problems on "Western media." The final irony was the recommendation to turn the problem over to the WHO, since the major reason for convening the conference in the first place, was dissatisfaction with the way WHO is handling the problem.

### The Alma Ata conference

In order to understand this situation, it is necessary to go back to the 1978 World Health Organization Conference on Primary Health Care. This conference, which took place Sept. 6-12, 1978 in the Soviet city of Alma Ata, marked the formalization of a decision that no investment in major health or sanitary infrastructure would be made in the developing sector, and that capital-intensive, high-technology medical

care would also be deemphasized, to the extent possible, in the West. Instead, the emphasis was to be on "Primary Health Care" and "problem centered, as opposed to institution centered health care."

The coherence of this approach with the IMF and World Bank policies toward the developing sector is exemplified by the following description of "appropriate" health technology from the report of the Alma Ata conference:

An important factor for the success of primary health care is the use of appropriate health technology. The word "technology" means an association of methods, techniques and equipment which, together with the people using them, can contribute significantly to solving a health problem. "Appropriate" means that besides being scientifically sound the technology is also acceptable to those for whom it is used. *This implies that technology should be in keeping with the local culture.* It must be capable of being adapted and further developed if necessary. In addition, it should preferably be easily understood and applied by community health workers, and in some instances even by individuals in the community; although different forms of technology are appropriate at different stages of development, their simplicity is always desirable. The most productive approach for ensuring that appropriate technology is available is to start with the problem and then to seek, or if necessary develop, *a technology which is relevant to local conditions and resources* [emphasis added].

The following statement on medicinal drugs is exemplary of this policy:

Medicinal drugs are an important component of health technology. It is universally agreed that fewer drugs are necessary than the number at present on the market in most parts of the world. A model list of about 200 essential drugs is now available, prepared after international consultation. The number of drugs necessary for primary health care may be lower than 200, but this list can be used as a basis from which to select those drugs required in specific local circumstances. Drugs for use in the community should be simply and clearly labelled, carry clear instructions, and be safe for community health workers to use.

The president of this conference, which was jointly organized and sponsored by the World Health Organization and the United Nations Childrens Fund, was Professor B. Petrovskii, minister of health of the U.S.S.R. Participants also had the opportunity of visiting a number of exhibitions relating to primary health care including the health system in the U.S.S.R., organized by the Soviet government, and appropriate technology for health, organized by UNICEF and the Kazakh S.S.R., according to the conference document published by WHO and UNICEF.

At the Brussels conference on African AIDS, attempts by the African delegates to raise the question of environmental cofactors, such as biting insects, were dismissed by the speakers. The emphasis on heterosexual transmission of AIDS was extremely intense, with some lip-service being paid to the question of transmission by contaminated, re-used disposable needles. The response to the question of re-use of disposable needles was to propose that some way be sought to safely re-use them, since provision of adequate numbers to avoid this problem was out of the question.

On a related topic, one of the Belgian physicians proposed that since hepatitis-B is a relatively mild disease, whereas AIDS is fatal, it might be necessary to eliminate screening of donor blood for hepatitis-B and substitute screening for AIDS. The plain implication being that it would be too costly, and hence, inappropriate technology, to screen for both. Another European physician asserted that too many unnecessary blood transfusions were given in Africa, prompting an angry response from one Nigerian physician that they could barely find blood for emergency transfusions.

In this atmosphere, the Soviets and their Yugoslav and Polish errand boys conducted their campaign among the African delegation. Many of the African delegates, however, were aware of the true nature of the problem they were facing, and a number of copies of *EIR's* report, *Economic Breakdown and the Threat of Global Pandemics*, were quickly taken up by them and became one of the most sought-after items at the conference. One African stated to one of the authors, "The title of your report defines the real problem."

The IMF is recognized as the major problem by the Africans, and a great deal of the anti-Americanism voiced by the Africans is directly related to United States support for the IMF and its austerity policies, which are presently devastating the continent. There is tremendous receptivity among the Africans to any policy for real development, combined with a cynicism verging on despair, that any such policy will be forthcoming from the present international agencies. As one African stated in response to the material on the Soviet operations in WHO, "How come nobody made a fuss when the British, French, and Americans were running it?"

A number of the American scientists present indicated that *EIR's* analysis of the Russian operations at WHO explained a great deal of the difficulty they were encountering in some of their work internationally. Dr. Myron Essex of Harvard, who presented material on the existence of a virus closely related to the AIDS virus in African green monkeys, was particularly heavily pressured to disavow any implication that AIDS originated in Africa.

What became evident at the Brussels conference is that there is heavy targeting against individuals who are attempting to deal with the true seriousness of the AIDS pandemic, and that that targeting is arising from Soviet, and other Malthusian, networks at WHO, and other agencies committed to depopulation policies in the developing sector and deindustrialization of the West.

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- **It is probable that AIDS can be transmitted by respiratory aerosols** as in tuberculosis, and by "mechanical" vectors such as insects in the tropics. It is not merely a sexual and blood disease, but a disease of economic breakdown—the IMF causes AIDS!
- **The Soviet Union controls information flow on AIDS.** Soviet health nistry officials under Sergei Litvinov run the relevant sections of the World Health Organization, and are responsible for the "guidelines" blocking measures of quarantine, prevention, and medical treatment in the West.

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