

# Fighting AIDS: a Pasteurian approach

by Laurent Rosenfeld

At a public workshop on AIDS on March 26 in Paris sponsored by the Schiller Institute and the Fusion Energy Foundation, Professor André Dodin, tropical medicine and cholera expert at the Pasteur Institute, warned of the out-of-control disease matrix in Africa. The spread of AIDS in Africa intersects transmission of other tropical diseases. He underscored that most of these diseases could be wiped out with minimal public health investments, namely, the access of the population to potable water and the elimination of insects and pests.

Eighty very concerned persons attended the meeting, including diplomats, medical journalists, representatives of biological laboratories, medical societies, insurance companies, military officers, and others.

Garance Upham-Phau opened the discussion by focusing on the epidemiological and medical tradition of François Rabelais, Louis Pasteur, and Charles Nicolle which is required to defeat this deadly disease.

Dr. Jonathan Tennenbaum then presented computer models on the spread of AIDS, especially on the way AIDS propagates from the so-called high-risk groups to the overall population. Professor Mathé, a world-famous cancer expert, discussed the role of various co-factors in the onset of AIDS—stressing that the virus could not be found in many people suffering from AIDS, and that many people having the virus do not have AIDS.

In the afternoon, Dr. Rolf Pauls from West Germany, a medical expert for the EIR Biological Holocaust Task Force, reviewed the measures recently adopted by the Bavarian state government against AIDS, showing that they are the minimum that ought to be done elsewhere. Tennenbaum presented the required revolution in medical research, especially in optical biophysics, and Jacques Cheminade, chairman of the Schiller Institute in France, concluded on the economic and public health measures necessary to fight epidemics in the Third World.

## Not a 'venereal' disease

But perhaps the most lively discussion came in the morning, after remarks by Dr. John Seale, member of the Royal Society of Medicine of London, on the "condom campaigns" run in most countries. He stressed that while AIDS can probably be transmitted in sexual intercourse, like many diseases, it has not been proven to be a venereal disease, i.e., a disease

that is transmitted only, or at least primarily, through contacts with contaminated genital secretions. Dr. Seale ridiculed the idea of such a condom campaign when it has not even been determined whether AIDS is primarily transmitted through the semen. In fact, he said, the HIV virus was only found in two instances in T4 cells present in the semen, but not in the sperm cells or as cell-free virions—whereas it has been found in rather large quantities in saliva.

Therefore, he said, it may be that AIDS is transmitted during sexual intercourse by exchange of saliva, which would make condom use utterly ridiculous. As an evidence of incoherence by the British medical authorities, he gave the example of a leaflet distributed to more than 20 million British households, in which it was written that AIDS cannot be transmitted by saliva exchanged during "French kisses," but on the next page, it is advised not to share the same toothbrush with a suspected AIDS carrier! It may also be, he said, that AIDS is transmitted through sweat, which is usually abundant during sexual relations; in that case, he concluded, instead of condoms, people may have to end up wearing wet suits, including goggles and flippers.

Various people in the room could hardly believe that the presence of AIDS in semen had been so little studied, and claimed that the studies must have been done. In a private scientific seminar the following day, various virologists and other specialists present had to admit that they could not remember any scientific paper proving the presence of HIV in semen, much less giving its titer (amount), but that it had only been admitted as "common knowledge" without any hard evidence.

Several of the physicians involved in this discussion hinted that, in all cases, the virus could come from blood: Blood cells permeate through the prostate and could be the cause of the two instances of infected T4 cells found in the semen; this is especially the case for homosexual or promiscuous people, people having a large number of sexual contacts, in whom the prostate becomes irritated so much that the semen contains many blood cells, to the point of becoming pink or even red.

The same goes for saliva, since the mouth often contains blood (after tooth brushing, for example), for vaginal secretions which often contain sizable quantities of blood (not only during menstruation), and for the lower intestinal tract of people practicing anal intercourse which, one gastroenterologist reported, is often literally dripping with blood.

Interestingly, the French AIDS "pope," Dr. Luc Montagnier of the Pasteur Institute, indirectly vindicated Dr. Seale's long campaign on the saliva issue. Montagnier advised, in an interview with *Paris-Match* April 3: "Avoid sharing the same toothbrush, the same razor and also avoid exchange of saliva, such as the French kiss," to avoid contamination. Montagnier also confirmed Seale's claim that while the HIV virus has been found in T4 cells present in the semen, *it has not been found in the spermatozoons*, i.e., the sperm cells.