
Biological Holocaust

The AIDS epidemic four years later: LaRouche was right

by John Grauerholz, M.D.

Watching the course of the AIDS epidemic over the past four years is like seeing a train wreck in slow motion. It combines a sense of inevitable disaster with the impotent hope that maybe it won't happen. In the wake of the Sixth International Conference on AIDS, held this past June in San Francisco, two things are clear: AIDS is still spreading, and there is still no serious commitment to stop it. The most significant symptom of this lack of commitment, is the continued incarceration of Lyndon H. LaRouche, Jr., the person who clearly articulated and advocated an adequate response to the epidemic.

LaRouche foresaw the potential implications of the epidemic as early as 1984, and his concern over those implications caused him to announce his presidential candidacy in 1985. He outlined the strategy to combat the epidemic in a Feb. 15, 1986 *EIR* Special Report, "An emergency war plan to fight AIDS and other pandemics." His approach to the epidemic, and a flood of hysterical distortions of that approach in the media and from Hollywood personalities, became a *cause célèbre* in 1986 because of the California ballot initiative Proposition 64, which would have applied standard public health procedures to AIDS. On June 4, 1988, during LaRouche's presidential campaign, he devoted a half-hour paid national TV broadcast to the topic, "Nothing short of victory: war against AIDS."

LaRouche's critics said he was crazy, a "political extremist." The World Health Organization (WHO) and the Centers for Disease Control (CDC) led the medical establishment in insisting that only "high-risk" groups, like homosexuals and drug users, could get AIDS. They denied that environmental factors played a role. They denied that there was any link between AIDS and tuberculosis. They pushed "safe sex" and "clean needles," and blocked the only programs that could prevent the disease from becoming a new Black Death.

Who was right?

At the end of June of this year, the WHO was forced to drastically revise upwards its estimates of those infected with AIDS globally, from 6 million to 10 million by the end of July. The new estimate is based on alarming figures from sub-Saharan Africa, and on the rapid AIDS spread in Asia,

particularly Thailand and India, and in Ibero-America. In 1988, the WHO was claiming near-zero reported AIDS cases in Asia, but now it admits that there have been 500,000 cases reported. As for sub-Saharan Africa, the WHO is now estimating 5 million cases, as against 2.5 million estimated in 1987. Whereas previously, the WHO said that 1 in 50 adults in sub-Saharan Africa, was infected, it now puts the figure at 1 in 40.

The WHO is also warning that AIDS is now spreading rapidly among women and children, a different trend than earlier.

In this and the accompanying article, we review the political battle over AIDS policy, starting with Proposition 64, and then present some of the additional dramatic evidence of how AIDS is conforming to the forecasts and warnings made by LaRouche and this magazine.

The fight over Proposition 64

Proposition 64 was a California ballot referendum, initiated by associates of LaRouche, which defined AIDS as an infectious, contagious, and communicable disease, and the condition of being a carrier of HTLV-III virus as an infectious, contagious, and communicable condition, and placed both on the list of reportable diseases and conditions mandated by the California safety code. It mandated that the same regulations and procedures that applied to the other diseases on the list be applied in the case of AIDS and HIV (at that time HTLV-III) infection. The list in question already covered 55 other diseases, from measles to syphilis to rabies. It would have empowered the state health commissioner to conduct a testing program to determine the extent of infection, a program he was already on record as wanting to conduct. It would have effectively de-politicized the issue and dumped it in the lap of the public health authorities, where it belonged.

The proposition was sponsored by the Prevent AIDS Now Initiative Committee (PANIC). Their slogan was, "Spread Panic, Not AIDS!" This was a response to the uniform line of the health establishment that the most important thing was to "prevent panic," rather than stopping the epidemic itself. Nearly 690,000 voters signed petitions to place the proposi-

tion on the November 1986 election ballot.

The response was electric. Every medical organization in the state condemned the measure, and the California Medical Association made some truly incredible statements about the uselessness of public health law to control infectious disease. They persuaded the governor to cut the state AIDS budget, one of the largest in the country, by 20%.

Hollywood turned out in force to defend the virus from the California health codes and the California State Health Department. Ironically, so did the California State Health Department. Dr. Kenneth Kizer, the state health director, sued the proponents of Proposition 64 to remove his name from their ballot argument for the initiative—not because they said he supported it, but because they mentioned the fact that he had called for expanded testing for the presence of infection. Had the proposition passed, he would have had the authority, and the responsibility, to do it. So the defeat of the proposition absolved him from having to act on his better judgment and risk the wrath of the virus's defenders.

Not to be outdone, March Fong Eu, the California secretary of state, brought suit on behalf of the opponents of Proposition 64 to remove "false and misleading" statements from the arguments in favor of the proposition. These statements related to scientific evidence of the potential for transmission by means other than sex or needles. The offending statements, regarding insect and respiratory transmission, were struck from the ballot pamphlet by a judge who, while holding the evidence in his hand, claimed he couldn't see it.

The most hysterical reactions centered around the issue of quarantine. Almost every opponent referred to the proposition as a bill to quarantine AIDS carriers, and invoked images of concentration camps and leper colonies. This was in spite of the fact that the California health and safety laws had been on the books for many years, and there was no precedent for such a use.

As LaRouche observed:

All that Proposition 64 does, is to require the government and public health agencies of the state of California, to take those normal measures already prescribed by law for diseases ranging from measles, through tuberculosis, diphtheria, and bubonic plague.

Obviously no sane person should be opposed to Proposition 64. Yet, there are many reasons that some people are opposing the Proposition. Actress Liz Taylor, for example: Because her scheduled Turin, Italy "Live AIDS" rock concert was discovered to be a rally for Satanism, the churches and others shut the concert down. Patty Duke, the leader of the kookish faction in the Hollywood Screen Actors' Guild, has been sponsoring wild exhibitions against the proposition in the streets. Forget Liz Taylor and Patty Duke's crowd: Why are some people, who seem normal, opposing Proposition 64? Their motive can be explained in one

word: "Money."

Money means three things:

- 1) Public health measures to block the spread of the infection;
- 2) Adequate medical care for those infected with AIDS;
- 3) A "crash program" of medical research, to develop better treatment and also a cure for the infection.

Proposition 64 was voted down in the November 1986 elections after one of the most intense media campaigns of vilification against both the proposition and Mr. LaRouche personally. Nonetheless, over 2 million Californians voted for it. Commenting on the result, LaRouche said that within six months, those who opposed it would be calling for the same measures the proposition would have allowed. Indeed, in early 1987, James Chin and Donald Francis, two California AIDS experts who testified against Proposition 64, wrote an article in the *Journal of the American Medical Association* calling for such measures as contact tracing for partners of infected individuals.

AIDS and poverty: the case of Africa

In 1973, LaRouche had commissioned a report on the biological and environmental consequences of World Bank President Robert McNamara's policy of triaging so-called Fourth World countries, such as the central African states. These countries were later to form the "AIDS belt" of the African continent. The 1974 report, prepared by the Fusion Energy Foundation and entitled "The potential threat of biological holocaust," predicted that under the squalid conditions imposed by the World Bank and International Monetary Fund, new plagues would arise along with the more classical epidemics such as cholera, tuberculosis, and malaria. One of its specific predictions was that a cholera epidemic would originate in Africa in the 1984-85 period. The cholera epidemic in the Ethiopian and Somalian refugee camps came right on schedule.

The *EIR* Biological Holocaust Task Force updated the 1974 report as a 1985 *EIR* Special Report, "Economic breakdown and the threat of global pandemics." LaRouche wrote an appendix on "The role of economic science in projecting pandemics as a feature of advanced stages of economic breakdown." The appearance of AIDS in Africa, in precisely the areas which McNamara had targeted for triage in 1973, showed that the biological holocaust was unfolding as predicted.

It was also evident from the demographic distribution of the disease in the United States and in Africa that AIDS was an environmentally based disease and *not* a sexually transmitted disease, as claimed by the WHO and the CDC.

The work of Drs. Mark Whiteside and Caroline MacLeod in Belle Glade, Florida provided clinching evidence for the environmental hypothesis. In this dilapidated rural slum,

with the highest ratio of AIDS cases to population in the world, over half of the afflicted did not belong to any of the known risk groups. For reporting the results of the most careful and thorough environmental studies done on AIDS to date, the doctors were subjected to vilification and ostracism. But the evidence was clear: In conditions of environmental collapse, AIDS was no respecter of persons.

Immediately after the defeat of Proposition 64 in November 1986, Dr. Halfdan von Mahler, director general of the World Health Organization, admitted that AIDS was out of control, especially in Africa.

The FEF model

In October 1986, LaRouche requested that the *EIR* Biological Holocaust Task Force and the Fusion Energy Foundation (FEF) collaborate to develop a model for forecasting the future spread of AIDS. Using the epidemiological data available at the time, and an understanding of epidemics as physical processes, the team produced a preliminary model in early 1987.

The model forecasted, among other things, that the infection would spread in two waves in the United States: an initial rapid spread in the "risk groups," followed by a slower, but inexorable spread into the general population. The basis for the forecast was that in the initial stages of the epidemic, when few people were infected, highly efficient behavioral means of transmission were necessary to spread infection. Once a critical mass of carriers was reached, however, infection would spread by less efficient environmental means, especially if the environment were in a state of collapse anyway (Figures 1-2).

A refined version of the model projected an "autocatalytic" reaction between HIV infection and tuberculosis. This model was based on the demonstrated ability of HIV infection to activate latent tuberculosis and the reciprocal ability of tuberculosis to activate latent HIV infection.

The scientific and political challenge mounted by LaRouche and his associates against the policies of the Establishment—on the AIDS issue, the Strategic Defense Initiative, and other vital issues—constituted a threat that could no longer be ignored, particularly after two "LaRouche Democrats" won the Illinois Democratic Party primary race for secretary of state and lieutenant governor in March 1986. In October 1986, four hundred heavily armed local, state, and federal officers, backed up by helicopters, armored personnel carriers, and tanks, surrounded the farm where LaRouche was living in Leesburg, Virginia and seized the offices of organizations affiliated with his political and economic ideas. In April 1987, the U.S. government preempted the publication of the FEF AIDS model by illegally placing the tax-exempt Fusion Energy Foundation into involuntary bankruptcy and stopping publication of *Fusion* magazine. By January 1989, LaRouche had been jailed, the victim of a judicial railroad unprecedented in U.S. history.

Meanwhile, AIDS continued to spread, just as LaRouche and the FEF model predicted.

Proposition 69

LaRouche supporters placed a second initiative on the California ballot in the June 1988 primary elections. Proposition 69 was identical to Proposition 64, except for including "infection with any other virus capable of causing AIDS" in the definition of reportable carrier states. LaRouche and his associates argued, among other things, that widespread testing was necessary to identify infected individuals before they became ill, in order to reduce their exposure to cofactors that would cause them to develop full-blown AIDS. Laurens White, M.D., and Mark Madsen of the California Medical Association called this argument "bizarre" and "mean-spirited."

LaRouche's proposal to treat AIDS victims in hospitals, instead of killing them in hospices, particularly enraged Madsen and White. LaRouche's associates pointed out that the current practice amounted to a policy of letting the uninfected become infected, of letting the infected become sick, and of killing off the sick as quickly and cheaply as possible. On June 4, 1988, in a national TV address, LaRouche reiterated his call for an Apollo-style "crash program" of research to develop a cure for AIDS, mass testing and provision of health services to those infected, and a large-scale program of hospital construction to handle the anticipated load of those requiring health care.

The proposition was defeated.

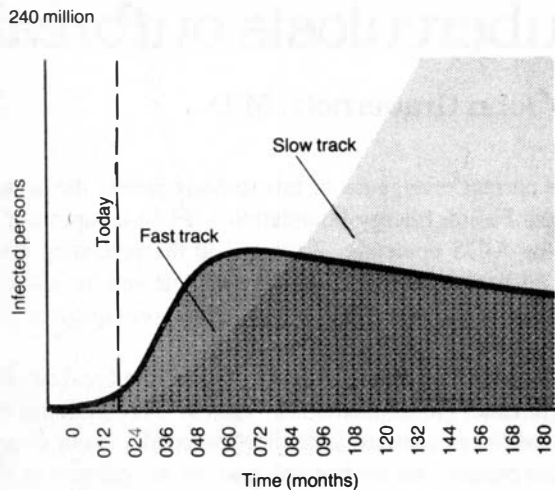
On April 20, 1989, with LaRouche locked away, the *San Francisco Chronicle*, the San Francisco AIDS Foundation, and various health officials called for testing of high-risk people for HIV. Dr. Tim Wofford, the foundation director, said they had changed their position because of breakthroughs in preventing AIDS-related pneumonia and because of benefits of early use of the drug AZT. Dr. David Werdegar of the San Francisco Department of Public Health was quoted in the press saying, "Times change. . . . Earlier is better. Earlier introduction of health care works better. That's true of all health situations, and it's true of HIV."

EIR commented in an editorial:

In the period of time which elapsed since Propositions 64 and 69, many persons have been infected with HIV, many of the infected have become sick, and many of the sick have died, some of them assisted with a little euthanasia on the way out. If widespread testing will help now, it would have helped even more at that time, when the numbers were smaller. It is obvious that many now infected would not be infected, many now sick would not be sick, and many now departed would still be among the living.

How many? This is more than an academic question, and the answer would be a quantification of avoid-

FIGURE 1
Early phases of U.S. AIDS epidemic



Source: EIR Special Report "AIDS Global Showdown: Mankind's total victory or total defeat," August 1988.

Assuming that 20 million Americans are susceptible to fast-track transmission, the model forecast that within five years, more people would be infected in the general population than in "high-risk" groups.

able human suffering and death. It is a question that were most fittingly asked, and an answer sought, at a new Nuremberg Tribunal at which officials such as Dr. White, and institutions, such as the San Francisco AIDS Foundation, are called to account for policies whose consequences they knew or should have known.

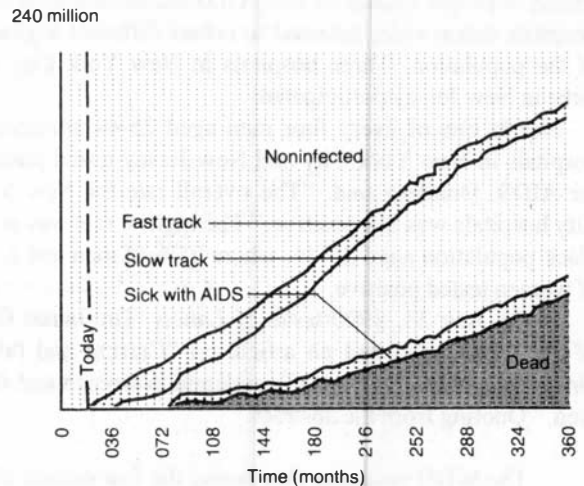
It is but one more indication of the fascist police state which we are becoming that a man who called attention to the homicidal consequences of present policies now languishes in prison, while those responsible for thousands of deaths can nonchalantly decide to change their policy once they are satisfied that an adequate death toll will be achieved.

Current extent of the problem

In the United States, the epidemic is conforming to the forecasts of the FEF model. We see saturation of the high-risk groups, with the epidemic among urban homosexuals probably peaking in 1988. Infection continues to spread among intravenous drug users, but as they become saturated, the rate of new infections will decline. Meanwhile, infection continues to spread, and more and more cases occur which cannot be explained by sexual transmission—homosexual or heterosexual—or needle injection or blood transfusion.

Because the dogma of heterosexual transmission of HIV infection was not based on scientific fact, but served as a cover to avoid the role of environmental factors, the anticipat-

FIGURE 2
Projection of AIDS epidemic in the United States



Source: EIR Special Report "AIDS Global Showdown: Mankind's total victory or total defeat," August 1988.

By the year 2014, continuing the model run in Figure 1, more than 80% of the U.S. population will be infected, sick, or dead.

ed epidemic among middle-class heterosexuals has not materialized. Instead the infection is spreading among men, women, and children in the most impoverished areas of the world.

In early 1988, Roderick Wallace of the Department of Epidemiology and Social Medicine at the Albert Einstein School of Medicine in New York, published an article entitled "A synergism of plagues: 'planned shrinkage,' contagious housing destruction, and AIDS in the Bronx." The article appeared in volume 47 of the journal *Environmental Research*, and documented that AIDS was interacting with a deliberate policy of housing destruction to produce "shock waves" of depopulation. Wallace observed that "AIDS in the Bronx and similar areas, like tuberculosis, seems increasingly a marker disease of extreme poverty, and again like tuberculosis, may form an important reservoir for further spread or resurgence of the disease."

In June 1989, *New York Post* columnist Earl Caldwell reported that 105 of 169 persons in a homeless shelter on Wards Island, New York tested positive for exposure to the AIDS virus. At the Fifth International Conference on AIDS in Montreal, researchers from Miami, Florida reported that 14 of 126 persons tested positive at a clinic for the homeless in Miami. Seven of these people denied any risk factors for acquiring the infection.

A recently released CDC study found that one out of every four men aged 25-44, admitted to surveyed hospitals in New York City, tested positive for HIV infection. The

April 4, 1990 issue of the newspaper *New York Newsday* reported that Dr. Timothy Dondero had released the most comprehensive results to date of the Sentinel Hospital Survey. For two years, CDC carried out large-scale anonymous testing of people treated for non-AIDS-related ailments at 26 hospitals nationwide, selected to reflect different segments of the population. Three hospitals in New York City and three in New Jersey participated.

Nearly one of every four men aged 25-44 admitted to hospitals in New York City and New Jersey tested positive for AIDS. Dondero said, "The overall rate for New York City hospitals was 8% positive." The highest rate was in the black population aged 25-44, where 24% of men and 8.1% of women tested positive.

In the July 28, 1990 issue of *Lancet*, Dr. James Chin of the WHO published an article on "Current and future dimensions of the HIV/AIDS pandemic in women and children." Quoting from the abstract:

The WHO estimates that during the first decade of the HIV/AIDS pandemic there were about 500,000 cases of AIDS in women and children, most of which have been unrecognized. During the 1990s, WHO estimates that the pandemic will kill an additional 3 million or more women and children worldwide. HIV infection among heterosexual populations has been increasing throughout the world during the 1980s. AIDS has become the leading cause of death for women aged 20-40 in major cities in the Americas, Western Europe, and sub-Saharan Africa. In these cities, infant and child mortality could be as much as 30% greater than what would otherwise have been expected. During the 1990s, not only can hundreds of thousands of pediatric AIDS cases be expected, but also more than a million uninfected children will be orphaned because their HIV-infected mothers and fathers will have died from AIDS.

Dr. Chin was the chief epidemiologist of the state of California before joining WHO in 1987, and testified against Proposition 64, in spite of the fact that he knew the initiative represented the correct public health approach to the problem. Dr. Jonathan Mann, who later became the director of WHO's Global Program on AIDS, did research in Africa that indicated that AIDS was transmitted by insects, and reported this at the First International Conference on AIDS in 1985, the same conference at which Drs. Whiteside and MacLeod reported on the Belle Glade cases. Mann later changed his story, attacked the idea of insect transmission, downplayed environmental factors, pushed condoms, and became the head of the Global AIDS Program of WHO. Whiteside and MacLeod were ostracized, and LaRouche was sent to jail. Is it really surprising that this pestilence continues to spread, when it has that kind of political clout behind it?

AIDS epidemic fuels tuberculosis outbreak

by John Grauerholz, M.D.

The current resurgence of tuberculosis proves the accuracy of the Fusion Energy Foundation's (FEF) computer model of the AIDS epidemic, discussed in the preceding article. As far back as 1985, Lyndon LaRouche and his associates warned of the potentially catastrophic consequences of the interaction of AIDS and tuberculosis.

A 1985 *EIR* Special Report, "Economic breakdown and the threat of global pandemics," stated: "As conditions in the United States continue to decline, especially in our decaying urban centers, we are beginning to see an increase in childhood tuberculosis being reported. Even if treated, these children are an ongoing reservoir of the disease, which combined with imported and AIDS-related cases, is setting the stage for a major comeback of TB in the years ahead as the standard of living of the population continues to decline."

Today, scientific experts and even the mass media are being forced to admit the veracity of our forecast.

According to the July 15, 1990 *New York Times*: "Borne on a tide of AIDS, homelessness and drug and alcohol use, tuberculosis is re-emerging as a public health threat in the United States, particularly in inner cities. Although the number of tuberculosis cases decreased steadily in the 1960s and '70s, prompting public health officials to predict the disease's near-elimination by the year 2000, that trend abruptly stopped in the mid-'80s. Now a worrisome rise in cases has begun. The number of new cases in the United States rose 5% in 1989 from the previous year to 23,495, about 9,000 more cases than federal health officials had projected early in the decade."

The April 29, 1990 *New York Times* reported: "To the dismay of public health officials and doctors, the AIDS virus is playing a disturbing role in an outbreak of tuberculosis in Africa. Recent studies of Africans sick with tuberculosis have found that as many as 55% also have evidence of exposure to the AIDS virus, a rate far higher than [in] the overall population. Infection with tuberculosis is common in Africa, with some areas reporting infection rates of nearly 70%. But in most people with functioning immune systems the tubercular infection never takes hold, and the disease remains latent."

In January 1987, the FEF modeling group began runs of a computer model of the interaction of tuberculosis and AIDS. The model took into account the following:

1) AIDS-related immune suppression will "detonate" TB in a considerable percentage of inactive TB carriers.