

My 15-year war on pandemic disease

by Lyndon H. LaRouche, Jr.

This speech by Mr. LaRouche was delivered on his behalf to the World Conference on HIV-AIDS and Global Depopulation, held in Philadelphia on Nov. 28-30, 1989.

My name is Lyndon LaRouche and apart from my notability as a former candidate for the U.S. Democratic presidential nomination, I'm by profession a physical economist, that is, a specialist in the relationship between man's effective use of scientific and technological progress and increase of man's physical productivity in our relationship to nature, to the planet, and implicitly to the Solar System and to the universe at large.

My concern, like that of Leibniz, who is the founder of this branch of physical science, and of Hamilton, who was a follower of Leibniz in this respect, is to increase the standard of living and the level of culture and freedom of the individual through increase of the average productive powers of labor of society in energy-intensive, capital-intensive modes.

In the course of things, my encounter with what is called popularly "AIDS," or better, the HIV virus, or retrovirus, began implicitly in 1973-74, when I commissioned and outlined a study of the epidemiological effects globally of changes in monetary policy, which had been initiated during 1970-72 under Kissinger and Nixon. A study was conducted based on that outline, and the result published, which indicated that if the then present monetary and economic policies of the early 1970s were continued as a trend of policy-shaping, then we could expect that by the middle of the 1970s, the world would be gripped by a major epidemiological disaster or the onset of a major epidemiological disaster.

The study focused upon the signal role of an outbreak of cholera in the Sahel region of Africa during the first half to middle of the 1980s, as the key signal of the outbreak of this general epidemiological crisis globally.

In the context of that study, I emphasized, and was supported in this by the other professionals working to prepare the study, that these were precisely the conditions for the emergence, not only of *old* types of pandemics and epidemics, such as cholera, typhus, bubonic plague, and so forth; but these were the conditions in which new types of viral pandemics and epidemics might explode. For instance, we considered at that time such things as Lassa fever, which was confined then to a certain part of Africa, but might under

these conditions become globally pandemic or epidemic in some variety, or something of that sort. So we were looking from that time onward for the danger of a new type of viral, global pandemic or pandemics, breaking out if these epidemiological conditions persisted, and if the economic conditions producing these epidemiological potentials were to persist, that is, the present drift in monetary and economic and financial policies.

In the course of time, by the early 1980s, especially by 1983, it became apparent to us that there was a connection between what was then called AIDS, or HLTV, and those we had studied, that perhaps this was the kind of viral disease, pandemic or potential pandemic, which we had feared might erupt when we projected our study back in 1983 and published it in the course of 1984.

In the course of events, I had the occasion to bring together a group of scientists during 1985, scientists representing the medical profession, biologists, especially biologists from the field of nonlinear spectroscopy, nuclear physicists, plasma physicists and so forth, and we took a look at these problems, this disease so-called, this infection, with the idea of determining what might be the nature of the problem, what might be the measures that we should take, to deal with the disease, with the infection.

So, we came up, as a result of this, with a three-point program, which emphasized that this was a new type of disease, which the medical profession had never encountered in its clinical practice heretofore, a so-called lentivirus, retrovirus, which veterinarians knew in the animal kingdom, but the medical profession dealing with human patients had not experienced clinically previously, and therefore did not realize what they were up against; whereas, biologists would tend to understand more quickly, the potential of such a lentivirus.

Secondly, that the ordinary methods of treatment and cure would probably not work; that molecular biology would play a useful but limited role in dealing with the effects of this infection, but would not be an adequate answer; that a new approach, including resort to the technology of nonlinear spectroscopy, would be required, to find not only a means of controlling the disease, and attempting to prevent it, but also ultimately of curing people infected with it—that is, the hope of eliminating the virus from their system, or eliminating it as a potential factor in their health and as a communicable disease in their system.

A three-point crash program developed

So we came up with a three-point program, in which I recommended that \$3 billion be allocated to fundamental research to develop not only pharmaceuticals—AZT now in use was an example of the kind of thing we had in mind—but also to develop a fundamental cure. We specified that we were thinking of a crash program, like the Apollo Program for space, with a target of five years to discover a basic,

feasible approach to a cure, as well as producing amelioratives, such as AZT, to try to contain and slow the disease within persons who are infected.

The second point we emphasized was that we needed a program of nationwide testing for the virus, and we needed an outpatient program of treatment of those who were discovered to be infected. More and more people today are now coming to that view. This was a view expressed by some recently at the Catholic conference on the subject of this disease at Rome, at which it was emphasized that with new devices, new chemicals, it is more and more important to make these things available to people in the early stages, before they become symptomatic, and while they're infected in the early stages, to try to prevent them from reaching the terminal phase of the symptoms, to slow it down, to prolong life.

The third part of our program was to emphasize that indications were that people who did become terminally ill with the infection, the hospitalization costs would reach between \$150,000 per year and up, based on some sample indications from the military and other studies of the cost of care.

It showed us, this investigation, that the costs would be enormous, that with the percentage of the population infected and the likely rate of spread of the infection, that during the course of the 1990s, this disease might approach the order of magnitude of the national defense budget. For particularly the \$3 billion a year not being so great an amount for basic research, but the amount required for mass testing and clinical outpatient care, as well as for in-hospital care, for constructing the hospitals adequate for this kind of disease, would amount to very large amounts of money, which we would have to come up with somewhere.

The alternative, of course, is to put people into hospices when they become ill; hospice is another word for charnel house, or death camp is another kind word for it, where the rate at which people die is accelerated by sharing the various kinds of infection each of them has with the others, all of whom of course, because of their condition, are very susceptible to all kinds of infections, whereas healthier people would be more resistant.

That is the status of things. The question before us is twofold still: 1) the question is the means, the scientific, medical, and related means required to address the problem; 2) equally important, the will and the caring for our fellow human beings, to muster the scientific and medical effort at whatever cost, to meet the problem.

Finally, one point: At the time, in 1985, when we first conducted the study, there were indications to us that this was not a disease which had developed spontaneously. It had not moved spontaneously from the animal kingdom to the human populations. There were no traces, no spoor, no track, none of the things that should be there in evidence, if such a migration had occurred.

Is AIDS the 'Satan bug'?

The likelihood was, in the best opinion of the best experts, that this had been created accidentally. It would have been possible, we thought, for somebody to have created it deliberately, but this being a Satan bug—that is, everybody dies of it, no known cure—we didn't think anybody on this planet with a capability of creating such a disease would have created such a Satan bug deliberately. Maybe we were wrong, but our best estimate, and my personal best estimate to this day, is that this was created accidentally.

In 1973-74, LaRouche commissioned a study of the epidemiological effects of changes in monetary policy, which had been initiated during 1970-72 under Kissinger and Nixon. The study showed that if those policies were continued, then we could expect that by the middle of the 1970s, the world would be gripped by an epidemiological disaster.

We know the capability of doing this was generally known to people from the 1950s on. It could have happened anywhere from the 1950s on. Signs of the eruption of the infection coincide with that, the 1950s and early 1960s. That all fits. And there have been several suggested ways in which this accident might have occurred, all of them all too plausible.

It would be very useful for us to know exactly how it was developed, by what kind of accident it was developed, because this might give us keys as to how to address the problem more efficiently.

But even disregarding that, we come to the other question. Suppose this were not created deliberately, as a means of reducing the population of people of unwanted skin colors or something of that sort; suppose it were just strictly an accident, which got out of control before people realized what had happened. The question is, what is our policy toward it today? Are we willing to allow the disease to take its course, at least to a limited degree, to the effect that the continent of Africa, at least black Africa, is decimated? Other parts of the world are decimated? Or do we consider *every* human life sacred, and are we willing to mobilize the resources, the scientific, medical, and other resources needed, whatever the cost, to save every life, whatever the color of skin, whatever the part of the planet that life represents?