

them back into operation, as Franklin Roosevelt tried to do, with some degree of success, between 1933, when he was inaugurated—even before he was inaugurated—until the time he died, in 1945.

In times of crisis, you must look at history. You must look backwards, to find the good times, when problems and crises of the type you face today, occurred then. And, you look to a time, when somebody came up with solutions, that worked—that worked as well as those things we did between 1933 and 1945, in getting out of the Depression, and getting through the war. The things that were done between the United States and Western Europe between 1945 and 1965, to rebuild prosperous economies, which generally benefitted all of the people in them (at least in those parts of the world), during that period. Incomes increased, the standard of living improved, employment increased, and so forth and so on. Life expectancy increased. Conditions of life improved.

So, we will have to go back, to things that we did, to the kinds of policies that worked in the past, especially between 1933 and 1965: those morals. Because, we can show the people that *these things worked*. Whereas the things that have been done, increasingly, since 1965, have not worked, have brought us to a disaster.

Therefore, put that toothpaste back in the tube! It can be done, and it must be done. And, in the meantime, we can go on to some of the great things, that we can do beyond that.

AIDS Plague Won't Reach Peak for 40 More Years

by Colin Lowry

The AIDS epidemic is still increasing worldwide, and in Africa it threatens to literally wipe out entire nations. In December 2002, UNAIDS released their epidemic update, which estimates, that globally there are now 42 million people infected with human immunodeficiency virus (HIV). At least 5 million people became infected last year, and 3.1 million were killed by AIDS. The vast majority of cases, about 30 million people, live in Africa. Previous forecasts by experts that the epidemic had reached a “natural limit” have been proven false, as four countries in southern Africa now have HIV prevalence rates higher than 30% of their populations.

The Presidents of Botswana and Malawi have declared that their nations may become extinct, unless drastic interventions to halt the spread of the disease are made. The U.S. National Intelligence Council has projected that one-quarter of the population of the nine countries of southern Africa will die from AIDS in the next decade. The death toll, already at 24 million, will continue to rise as the impact of AIDS rolls virtually unchecked across Africa.

Could this devastation by AIDS in Africa be only the beginning? The National Intelligence Council (NIC) report of October 2002 predicted that the epidemic will move east, striking India, Russia, China, and Southeast Asia, and that if current trends continue, 70 million more will worldwide die from AIDS over the next 20 years. Even so, once HIV is set loose in Asia, home to the majority of the world's population, it may not peak for 40 years, killing hundreds of millions.

Impact on Africa

In six countries of southern Africa, HIV prevalence is at 20% or higher. The hardest hit are Botswana, with an astounding 40%, and Zimbabwe with 34%. However, prevalence rates do not show the real story of the epidemic. The damage being done by HIV is worse than could be accomplished by conventional warfare. The biggest casualties are the women of child-bearing age (see **Figure 1**), and the youth. Life expectancy has plunged to only 38 years in Botswana. Half the pregnant women in Botswana are infected with HIV.

Child mortality has skyrocketed in every southern African nation. In South Africa, 5.6% of children between the ages of 2 and 14 are HIV infected. South Africa estimates that it will lose 12% of its workforce to AIDS by 2005. Schoolteachers

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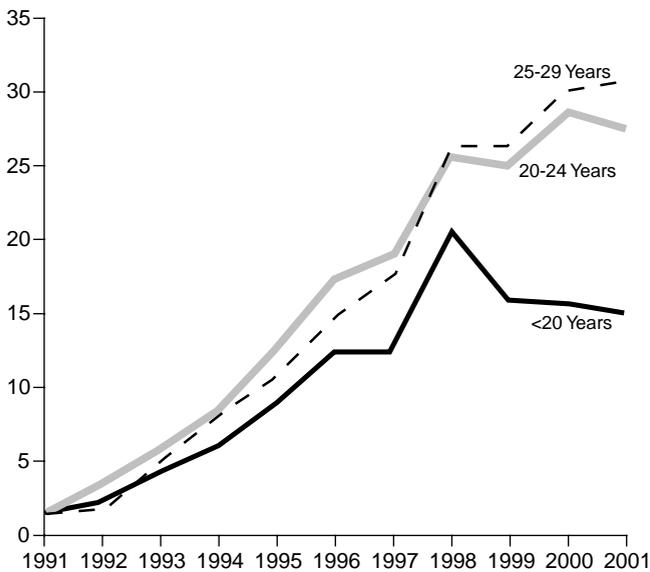
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FIGURE 1
HIV Prevalence by Age, South African Pregnant Women, 1991-2001

(Percent)



Source: South Africa Department of Health, 2002.

are dying twice as fast as new ones can be trained to replace them.

As many as 7 million farm workers in Sub-Saharan Africa have died from AIDS, leaving agricultural output at dangerously low levels in many countries. It is not surprising that the countries currently suffering severe famine have already been heavily hit by the epidemic. There are 14.4 million people at risk of starvation in Malawi, Lesotho, Mozambique, Swaziland, Zambia and Zimbabwe.

In Malawi, HIV prevalence is 15% and climbing. As many as 470,000 children under age 15 have been orphaned by the death of their parents from AIDS. The epidemic is fueling the starvation that threatens 3 million people, as farm workers are lost, and farm families struggle to earn cash elsewhere to cover basic expenses. Surveys in central Malawi have found that 70% of households suffered family labor losses due to HIV—many farms are being run by children and their grandparents, with losses of up to 50% of their crop yield.

There are now at least 10 million children in Africa who have become orphans due to AIDS. A study by Natal University in South Africa released in January warns that between 15% and 25% of children in 12 African countries could become “AIDS orphans” by the end of this decade.

This pattern is being repeated across Africa, as the NIC report estimates that AIDS is spreading rapidly in Nigeria and Ethiopia, reaching 10% prevalence. Nor are these countries

alone in rapid increases, as Cameroon, Ivory Coast and Central African Republic are all at approximately the same 10% HIV prevalence rate. This can be compared historically to the situation in South Africa in 1994-95. There, once the 10% threshold was crossed, the epidemic increased its spread by 30-50% in the next five years.

Overall, the number of HIV-infected people in Africa is projected by the NIC to double, to 60 million by 2007. That would approach 10% of the entire African continent’s population, and show how wrong was the idea, only two or three years ago, that the African pandemic was exhausting itself and peaking.

The Epidemic Moves Eastward

As horrible as the picture of the epidemic is in Africa, the spread of HIV into Asia has the potential to create human destruction on an even more massive scale. Dr. Peter Piot, Director of UNAIDS, has said that India may surpass South Africa in total number of cases in the next few years. The U.S. NIC estimates that India and China may surpass all of Africa in total HIV infections by 2020.

In the case of India, there is a political aspect to the various figures about AIDS, that reflects the pressure from the International Monetary Fund (IMF) and related financial institutions. It has been suggested to the Indians that if they cannot control HIV, their health expenditures would increase, and they would be unable to meet their debt payments. Several non-governmental organizations (NGOs) have made their own estimates of the HIV epidemic in India, and their figures are much higher than those of the Indian government; they are also higher than UNAIDS’ official estimate of 4 million HIV cases.

Now, very detailed studies published by the U.S. Census Bureau show the previous, officially accepted figures to be fraudulently low.

The Census Bureau released its report in July 2002, and while it does not make an estimate for all of India, the data from their surveillance sites indicates that the extent of HIV in the country of 1 billion people is much more serious than the official 0.4-0.7% HIV prevalence would claim. The Census Bureau studies found that in four very large Indian states, 2% of pregnant women tested positive for HIV at antenatal clinics. In the states of Tamil Nadu and Maharashtra, 10% of women treated at clinics for sexually transmitted diseases, were HIV-infected. Also, in these states, the rural areas have higher HIV prevalence than in the urban areas, which does not fit the classic models of HIV spread.

In the four states with 2% prevalence among pregnant women, if one projects that onto the population of about 210 million, there are 4.2 million cases of AIDS in those four states already. But that may still be low, because there are many hot spots of high HIV incidence rates in India. For example, in the state of Manipur, HIV prevalence in intravenous drug users grew from a few percent in 1997, to 80% in

'Mass Murder By Complacency'

Discussing the Group of Seven countries' response to the AIDS pandemic, UNAIDS envoy to Africa Stephen Lewis insisted that "those who watch the pandemic unfold with a kind of pathological equanimity must be held to account. There may yet come a day when we have peacetime tribunals to deal with this particular version of crimes against humanity."

Speaking to a press briefing at UN headquarters on Jan. 8, Lewis reported that at every stop of his four-country visit in December to Lesotho, Zimbabwe, Malawi, and Zambia, he had been struck by the determination with which the African people and their governments were prepared to do battle against the plague. "I am weary to the point of exasperated impatience, at the endless expressions of doubt about Africa's resolve and Africa's intentions and Africa's capacities. Africans are engaged in endless numbers of initiatives and projects and programs and models which, if taken to scale, if generalized throughout the continent, would halt the pandemic."

He cited, in particular, Zimbabwe—which, "whatever the level of political turbulence, has created a sturdy municipal infrastructure for the purpose of dealing with

AIDS." In Malawi, the government is going to treat free of charge, and deliver anti-retroviral medication through the public health sector to 50,000 people.

Explaining that hunger and AIDS "have come together in a Hecate's brew of horror," Lewis spoke about a visit to the pediatric ward of the University Teaching Hospital in Lusaka, Zambia. "The infants were clustered, stick-thin, three and four to a bed, most so weakened by hunger and ravaged by AIDS that they really had no chance. We were there for 45 minutes; every 15 minutes, another child died, awkwardly covered with a sheet, then removed by a nurse, while the ward was filled with the anguishing weeping of the mothers. A scene from Hell." About the AIDS orphans, he noted that this is a new phenomenon for which the world has no evident solution. "Public health has confronted terrible contagions of communicable disease at other moments in human history. One day the same will be true for AIDS. But we've never before confronted the selective destruction of parents that leaves such a mass of orphans behind." Lewis noted that there is no way to deal with this. "They wander the streets as orphan gangs, bewildered, lonely, disenfranchised from all reality."

Lewis forecast the UN Global Fund for AIDS, launched by Secretary General Kofi Annan in mid-2001, will be in financial crisis after January 2003. And, "If there is a war in Iraq come February, then the war will eclipse every other international human priority, HIV/AIDS included."

2001. Sex workers in Bombay have HIV infection rates of 50%. Studies of migrant workers have found that infection rates for HIV are about 10%.

Taking these factors into account, a realistic estimate of HIV cases in India would range from 11-19 million.

Estimate 5% of Russians by 2005

Russia is experiencing the fastest growing epidemic of HIV in the world. The number of HIV infections has doubled each year since 1997. Conservative estimates put the number of people infected at over 1 million at the end of 2001. The epidemic is ravaging a population whose health has already been weakened by lack of medical care, malnutrition, and the resurgence of multi-drug resistant tuberculosis. The major target of the epidemic so far has been the youth, as 80% of the cases since 1998 have occurred in people under age 29. Large increases in intravenous drug use among the youth, and in the military, have fueled the spread of HIV. In St. Petersburg, there are 17,000 registered cases of HIV infection, but the real number is likely to be closer to 100,000 in this city of 5 million. The number of registered cases increased fourfold between 2000 and 2001. In St. Petersburg, it is esti-

ated that 60-80% of new HIV infections are caused by intravenous drug use and needle sharing.

However, the epidemic is spreading quickly to the general population, and at St. Petersburg's Botkin Hospital, the number of HIV-infected mothers has tripled in the last nine months of 2002, compared to the previous year. The hospital is in such short supply of medications, that patients are instructed to purchase some of their medicines at private pharmacies and bring them to the hospital. Only about 6% of patients infected with HIV can afford adequate treatment, and only about 1% actually get treatment with the latest anti-retroviral drugs. The Russian government spent only \$5 million on national AIDS programs last year.

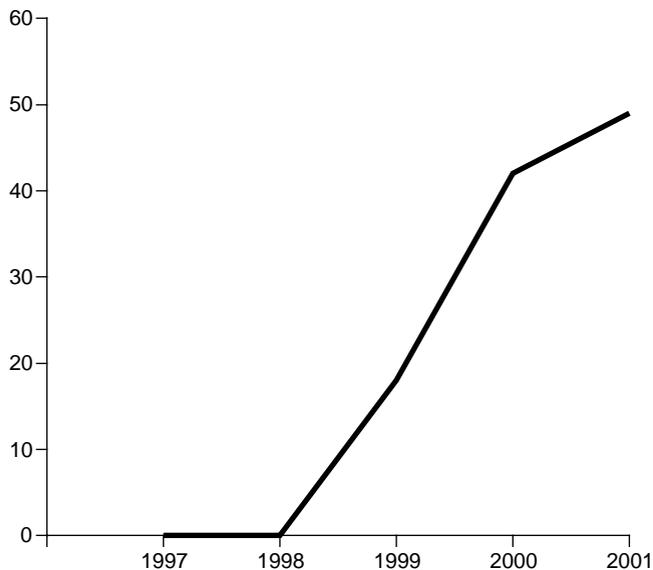
The situation in Moscow is similar, but there, 15% of sex workers are HIV-infected, and the ratio of infection in men and women is about 2-1. In Leningrad, HIV infection in intravenous drug users has increased tenfold in the past year. The worst is yet to come, as tuberculosis and HIV combine to produce an deadlier dual epidemic. A study by researchers at Imperial College in London predicts that within five years, 5% of the population of Russia will be infected with HIV.

Ukraine has the highest HIV prevalence rate in Europe,

FIGURE 2

HIV Prevalence Among Injecting Drug Users at Center in Jakarta, 1997-2001

(Percent)



Source: UNAIDS 2002.

at 1% of the population, officially. The epidemic there is also shifting into the general population, as the number of persons infected through intravenous drug use is dropping, while increasing numbers of pregnant women are becoming infected. The Baltic states are experiencing sharp rises in the number of new cases, and other former Soviet states such as Kazakhstan and Belarus have rapidly increasing epidemics, though fortunately the total numbers of cases are only in the thousands so far.

Huge Threat in East Asia

The next epicenter of the AIDS epidemic will be Asia, and HIV infections have increased by 10% in Southeast Asia over the past two years. Cambodia, Thailand, and Myanmar have the highest infection rates, at about 3-4% prevalence. Thailand has been battling the epidemic for longer than most other Asian nations, and while there have been some successes in holding HIV in check, AIDS is still on the rise. HIV infection rates in sex workers range from 15-40% in the country. The rates among intravenous drug users are up to 50%, and among pregnant women, to 2-4%. Cambodia is in worse shape, as HIV prevalence in pregnant women is 3%, and in sex workers 30%, with a resulting large number of infections in the military.

HIV was basically unknown in Indonesia before 1997, but since 1998, an alarming increase in infections in intravenous

drug users has resulted in about 50,000 HIV cases. The rate of increase has been steep, going from zero to a nearly 50% infection rate in this group from 1998 to 2001. Now, it is estimated that the number of infections will double by the end of 2003, with a significant number of sexual transmissions of the virus spreading into women. This may be the beginning of a serious epidemic in the world's fourth most populous nation.

China's HIV epidemic is at an early stage, but it has shown no signs of slowing down. This is the epidemic that could create devastation on a scale larger than that seen in Africa, if it is not stopped in time. UNAIDS predicts that China will have 10 million AIDS cases by the end of the decade. China currently has about 1 million HIV-infected people, and reported HIV infections increased by 67% in the first half of 2001. There are localized epidemics among intravenous drug users in nine provinces, including Beijing municipality. The newest outbreaks in this population group in Hunan and Guizhou provinces has shown HIV prevalence rates of 8-14%.

Sexual transmission is on the rise as well, as in Guangxi, where HIV prevalence among sex workers increased from 1% in 1996 to 11% in 2000. A similar pattern of spread was also seen in Yunnan and Guangdong. In rural areas, such as Henan, unsafe blood donation procedures have caused large numbers of HIV infections, with one study finding that 12.5% of people who were paid for blood donations were infected with HIV. It is estimated that 150,000 people in rural areas have become infected with HIV from unsafe blood donations. If current trends continue, UNAIDS projects that China will have 20 million AIDS cases by 2020.

Stop AIDS, Stop the IMF

There has been an outcry recently from many officials around the world that the response to the AIDS epidemic has been inadequate, and has failed to halt the spread of the disease in the developing sector nations. In fact, Richard Feachem, the director of the Global Fund To Fight AIDS, Tuberculosis, and Malaria, stated in a *Washington Post* op-ed on Jan. 17 that the current effort has done almost nothing to stop AIDS. HIV has swept through Africa as if there were no health-care and education programs to stop it.

Feachem's admission, at this late date, is true. The current approaches have failed, but they have failed because the larger political question was never addressed. No effort to build the required health-care and related infrastructure to lower infection rates and treat AIDS in the developing sector nations can work, under the crushing debt and conditionalities put in place by the IMF global financial system.

If anyone is serious about stopping the AIDS epidemic, the first step is to declare a debt moratorium for all the affected Third World nations; and to eliminate the IMF in favor of the New Bretton Woods proposal of Lyndon LaRouche. Anything short of this, means that the pandemic will keep on marching from continent to continent, and no one will be immune from its impact.