

Africa, were infected with the AIDS virus. He reported that AIDS had raged as an epidemic for over 10 years in Africa before the first case had been diagnosed. (See *EIR*, Oct. 4, 1985, "Doctor tells Congress: Ten million Africans are infected with AIDS.")

The warnings of Dr. Essex and Dr. Haseltine are corroborated in recent interviews given to *EIR*'s task force by world experts on tropical diseases, including Dr. John Seale in England, Dr. Clymeck in Belgium, the Yves Montagnier group at the Pasteur Institute in France, noted West German scientists such as Dr. Hunsmann of Göttingen, and Dr. Mark Whiteside of the Institute of Tropical Diseases in Miami, Florida. (See *EIR*, Oct. 4, 1985, "Medical experts warn of a 'breakout' of AIDS disease," and *EIR*, Sept. 27, 1985, "We have a public health emergency": the real story of AIDS in Florida.")

Orders to lie

Every one of these world experts is courageously speaking out the truth in the face of massive counterpressures organized by the Geneva WHO and the Atlanta CDC. The assistant secretary of health of one of our nation's largest states recently confessed to a colleague of mine that, although she viciously tried to impeach our evaluation of the threat to the United States and Africa with preposterous lies before the media, she only did so because she was "under orders to do so," even though she entirely agreed with what we were saying.

Never before in the history of Western civilization has mankind been so threatened with such a deadly disease, while its public health institutions use KGB-style thuggery to prevent the implementation of the necessary public health measures. Why are KGB tactics of disinformation and intimidation being used? Who ultimately benefits?

Any official of the WHO—a notorious "cutout" institution that provides KGB and Western intelligence operatives with "health professional" covers—or the CDC, or any other institution which persists in covering up the real story on AIDS, may in fact be doing so to compromise national security. The true nature of the Swiss-orchestrated intelligence "courtesy arrangements" between East and West, orchestrated by the Swiss under WHO auspices, is of vital security concern.

We are dealing with a deadly gang of Malthusians who view lethal disease as a convenient way to drastically reduce what they consider to be "excess populations" and "useless eaters." They are in league with the Soviets, who have their own military-strategic reasons for crippling the West with the AIDS pandemic.

The first line of defense of the West is to declare a full-scale global war on AIDS, beginning with the implementation of traditional emergency public health measures. Any individual or official getting in the way of that effort must be held fully accountable for his or her actions.

Interview: Dr. John Seale

AIDS and the security

Dr. John Seale of London has been intensively studying the outbreak of AIDS in tropical areas, particularly Africa. Until the late 1970s, Dr. Seale was at the Venereal Disease Division of St. Thomas/Middlesex Hospital. He was interviewed by EIR's Dr. John Grauerholz on Oct. 3.

EIR: Do you think that there are any national security implications for the West from AIDS? Is there any Soviet angle to the spread of the disease?

Seale: Yes, I do. I have written a few things in relation to national security. I wrote as long ago as May 4, 1983, over two years ago, to the bureau chief of *Newsweek* in London, and to the bureau chief of *Time* magazine in London. In the letter, I wrote: "If my hypothesis is correct, and we wait perhaps 20 years before we take drastic preventive action, half the population of the Western world will be wiped out. Meanwhile, the communist countries, sheltering behind their closed frontiers, will watch capitalism collapse in a way never predicted by Marx."

I haven't changed my views. I did have a paper published in Germany, written at the to *Newsweek* and *Time*. Since then I've had a stream of requests for reprints, coming from countries behind the Iron Curtain, from Bulgaria, Czechoslovakia, Romania, Hungary, and one or two from the U.S.S.R. That made me think again. And I wrote a letter on Aug. 19 to the editors of the major London papers and to four or five of the major medical journals. It's headed "AIDS and National Security." What I said was:

"Once the AIDS virus gets into an intravenous drug abusing community, it spreads even faster than among homosexuals. Long before even half the NATO forces and their reservists were infected with the AIDS virus, the West would be a pushover for the Soviets. Employing the AIDS virus is much less messy and self-destructive than using nuclear weapons or nerve gas. Its spread is easily prevented in a totalitarian state, unlike incoming missiles containing nucle-

of the Western world

ar or chemical warheads. The Soviets did not deliberately start the AIDS epidemic as a form of biological warfare, but only a moron or an idiot in the Kremlin could fail to see its potential in the East-West power struggle, now that it is here. Gorbachov could easily contain the AIDS epidemic behind the Iron Curtain using methods far less draconian than those employed by Stalin in the '20s and '30s. And if he makes sure that heroin and cocaine keep flooding into the West, and the porno industry keeps pumping out propaganda glorifying ever more promiscuous and bizarre effects, he could be laughing all the way to world domination by about the year 2000."

I did write a letter for publication to the editors of the *Times*, the *Telegraph*, and the *Guardian* on Sept. 3, the 46th anniversary of the outbreak of World War II as far as the British were concerned. I asked a number of questions: Can the totalitarian Soviet system easily prevent the spread of the AIDS virus? The answer, I am sure, is "yes." Another very important question: Can the speed with which the AIDS virus spreads amongst our people be accelerated by actively encouraging a permissive attitude toward drug abuse, homosexual promiscuity, and various bizarre forms of heterosexual anal sex. And the answer is, obviously, "yes." And then, would the provision of disinformation and misinformation in the West about the many ways in which the virus is really spread, would that speed up transmission? And the answer clearly is "yes." My last two questions were: Does the Politburo in Moscow believe that the answer to all these questions is "yes"? Has World War III already started?

In the last thing, which I sent to the editor of *Time* on Sept. 12 and which was not published (my previous letter was not published either), I said that there are some people who are actively encouraging the use of heroin and deliberately accelerating the spread of the AIDS virus throughout our country (referring to England, but it applies to the Western world). It is merely naive to believe otherwise. And it is in their interests to give it a push, a helping hand. No one

could prove that they were, and secondly, there is no risk involved. Employing the AIDS virus, transmitted on a drug addict's needle, is an infinitely more cost-effective strategic weapon and far less self-destructive for the U.S.S.R. than using nuclear warheads or conventional forms of military might.

EIR: What is your assessment of the problem of AIDS?

Seale: We are dealing with a major new virus infection with an unknown mortality after infection which may well turn out to be in the order of 100%. We just do not know what the mortality is going to turn out to be. The second great problem is the enormously long incubation period between infection and the time that people realize there is anything wrong with them. It can take one or two years before someone becomes ill, and in some cases as long as 10, 15, 20, or 25 years. The problem is potentially enormous. As far as the magnitude is concerned, in various parts of the world, at the moment, the Central African area is the most affected, with by far the largest number of cases. As for South America, Brazil is particularly aware that it is a major problem in its major cities, with the cases initially appearing who are homosexual men, and to a lesser extent, drug addicts. The Brazilian authorities themselves accept that they just do not know what is happening in the slum towns, where it is so much more difficult to make a diagnosis of AIDS, under conditions of poverty.

EIR: How do you evaluate the vulnerability of various populations to AIDS?

Seale: The virus in tropical Africa started there some time in the 1970s and the most likely thing that happened is that the virus that is present in the green monkey, and caused no harm, went across to man. What has now happened is that the extensive use in Central Africa and other similarly poor parts of the world, of very large amounts of modern medicine, medicines, without sterilizing the needles in between, has spread the disease. The needles are used again and again. The ability to transmit the virus among intravenous drug addicts in New York City is very well known, and it is obvious that the same thing can happen with medical needles, if they are not thrown away each time.

EIR: Who exactly are the people at risk from AIDS?

Seale: We have to get people to realize the nature and the scale of the problem. As long as people think it is not a particularly big problem, or is not going to affect them, but only what are repeatedly called "risk groups," and that ordinary nice people don't get AIDS, then nobody will do anything. It is essential to get people to understand what the problem is, or almost certainly will be. People are not going to take any strong or effective measures, measures that would curtail their own or anybody else's freedom, or their behavior, if they believe it is really a problem that is very small or only affects other people.

AIDS has been known to be around for the last four years, and really no effective steps have been taken at all up to the present to curtail its spread.

I emphasize curtailing the spread because there is a very naive assumption going around that in two or three or four years' time, the clever scientists are going to come up with a vaccine and we won't have to worry. This is, I believe, just cloud-cuckoo land. From the nature of the virus, what we already know about it, and what we know about similar viruses, the likelihood of having a vaccine that is effective in the 20th century is, in my view, virtually zero, and the likelihood of having a cure is even less.

So the only practical way of dealing with it is to stop the spread. We must obviously look for a vaccine. But remember there are many other diseases, like malaria, where we have been looking for a vaccine for a hundred years, and maybe we'll come up with one soon, but we haven't yet. There are very few diseases where we actually have a vaccine.

If one accepts that we must not look for a vaccine and a cure just around the corner, when it's not there, and secondly, that we must get people to realize that it is a disease that affects everybody, potentially, irrespective of their behavior, then you can begin to talk about practical steps.

There is one step which is absolutely critical in my mind, and that is for the Western world to realize to what extent drug addiction, heroin addiction, is a threat to them. If you look at the United States, for instance, at women and children who have been infected, you find that about 70-80% of them are either drug addicts themselves or are living with drug addicts or are the children of drug addicts. One area where I would have thought that the general public would have no doubts at all, would be to take much tougher action against heroin addiction. You have the situation in New York City, where up to 80% of the intravenous users of heroin are already infected. With that percentage, any new person who becomes addicted is likely to be infected within a few weeks. I believe I am right in saying, as a rough estimate, that one is talking about several hundred thousand people in New York City alone. Some of the figures that are coming through now concerning European cities show similar situations.

In Milan, a study showed that about 60% were infected; in Zurich about 35%; in Madrid about 40%; and in London a year and a half ago about 2%—the reaction in England was, "Oh, aren't we lucky, our dope addicts were not infected"—but we haven't bothered to check again, and we might find now its 25-30%.

If one cannot act seriously as a society to stamp out heroin addiction, I don't think we can stamp out anything.

EIR: What is our understanding of the way an AIDS infection proceeds?

Seale: What has become clear in the last few months is that the AIDS virus has not just knocked out part of the immune system, and that people then die from other infections, which has been the conventional wisdom of the immunologists and

the medical profession. I think that this is fundamentally misconceived. It so happens that that's how it first showed up in the Western world, people dying of secondary infections or opportunistic infections because of immune deficiency. But the cause of the deficiency is the AIDS virus which is affecting certain of the white cells. But what is now quite clear is that it is transported in those white cells, and in most, and probably in all people who get infected, the virus quite rapidly moves up into the brain and there it very slowly develops and eventually itself causes a progressive destruction of the brain or encephalopathy. This is like what is known with other so-called slow virus diseases—one or two rare ones are known to occur in man—but is very like the disease known as visna, which occurs in sheep. What has now transpired is that the virus which causes this progressive brain disease in sheep is extremely similar in its nucleotide sequence, or genetically, to the AIDS virus. So more than half of the people who have died from AIDS have severe brain deterioration, and an autopsy in the majority of cases

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finds extensive wasting of the tissues of the brain because of destruction of the nerve cells.

What is now clear is that people are dying from progressive brain disease caused by the AIDS virus without in fact becoming immune deficient, to the extent of being diagnosed as AIDS as presently classified by the Centers for Disease Control in Atlanta. So people are dying from the AIDS virus destroying their brain, but they haven't got AIDS, as it is classified at the moment.

What is even more worrying is that the AIDS virus quite clearly also causes lung disease, irrespective of any secondary infection. This is rather belatedly being recognized by the Centers for Disease Control, who revised their definition of AIDS in their publication at the end of June of this year. They included in their definition of AIDS, children under the age of 13 who have what they call chronic lymphocytic interstitial pneumonitis, which is a chronic progressive form of pneumonia, which has been found in many of the children, before they die. In Haiti and in Central Africa, a lot of adults develop a similar pneumonia, and the probability is that if people are infected with the AIDS virus and their immune systems act up fairly quickly and then they die, then they

don't go on to develop this pneumonia; but if their immune system does not act up, then the chances of developing pneumonia are very much higher.

A further nasty twist to this is that most of the sheep that are affected by the visna virus, which is similar to the AIDS virus, do not actually die from brain disease, they die from a progressive pneumonia, and in the United States, the name of the disease, among farmers and veterinary surgeons, is progressive pneumonia.

That is how they spread the disease, since sheep do not go around injecting each other nor are they heroin addicts, nor, I understand, do the rams have very much fun with each other, they prefer to go to the ewes. The virus is spread by coughing and occurs in epidemic form when the sheep are kept in a very cold part of the world, like in Iceland, where they are crammed together in buildings to protect them from the Arctic winter.

Although I am sure it is not happening to a significant degree yet in the Western world, since the virus has only been in the West for about five years, whereas in Africa it has certainly been around for 10 years and possibly even longer, it could well be that already in Africa, in conditions of overcrowding and so on, that it could be transmitted by the respiratory route. It is quite clear that it is not transmitted like the common cold, but what I fear is that it will turn out to have the same sort of infectivity as tuberculosis, which is not highly contagious, but if you live with a person for weeks or months and the person is coughing, the chances of getting infected are high. You're very unlikely to catch it on the bus or walking down the street.

Another sinister thing that is coming up in Africa, is that, as one would expect, when patients become immune deficient, if they have got tuberculosis, then the tuberculosis goes ahead very rapidly and they are very likely to die from it. That has already been seen with the Haitians in the United States, many of them had tuberculosis. Very few Western Europeans or indigenous United States citizens develop tuberculosis when they have AIDS, because so few people have the TB bacillus within them. But if you have got it in you, then the tuberculosis becomes much more active, and you may then have a most lethal combination, in which a person is coughing up both the TB bacilli and the AIDS virus. And that is what could well be happening in the Third World before very long. And that has a horrific implication.

EIR: There has been a great deal of controversy about letting AIDS-infected children attend public schools. What is your view?

Seale: I think that this is posing one of the biggest problems that humanity has already been forced to face, because you have children that have been infected because they are hemophiliacs or because of blood transfusions, so that it is quite clear to everybody that in no sense can you say that these children have gotten the infection as a result of their behavior, which is what people tend to do in relation to other cases.

The anxiety and concern of the parents of other children is understandable. And one of the things that I think is causing so much panic is that the general public must be beginning to get the feeling that either the doctors and the health authorities don't know what they are talking about, or that they're deceiving them, because the story is changed so many times.

Look back on it. It was originally said that it was a gay plague, that only homosexuals got it. Then it turned out that the drug addicts might have it too. Then there were the hemophiliacs, and now they're talking about women getting it, about it being carried by heterosexual intercourse. Having been told so often before that these things were not possible, then very understandably people think that maybe it can be caused by kids playing in the playing field.

What we know for sure is that the virus is present in the blood and it persists in the blood. What we also know almost for certain is that once people are infected, their blood will remain infected indefinitely. In England, in relation to the children it has been said that there is absolutely no danger at all from ordinary social contact. This is a question of mucking around with words again. If two kids get in a scrap in a playing field, and one falls over and gets a bloody nose, is that ordinary social contact? Because obviously it is possible that with that sort of situation, the virus can be transmitted in that way. It is no good having the authorities or the doctors pretend otherwise, because the general public won't believe them much longer.

So to what extent can the children be protected, both the children that are infected, so that they can have a reasonable schooling and a reasonable, full life, a reasonable social life, and to what extent can other people be protected from them? If one is only talking about one or two children out of a hundred thousand, this is not a great problem, but if you then begin to find that we've got in a big city, hundreds or even thousands of children infected, then you might have to think of a special school for the children. I'm not giving a solution, I'm just saying that society is going to have to face this; there's no point in sticking their heads in the sand and saying it's not going to happen under any circumstances.

If this was smallpox, it would be so obvious that people were infectious. The only reason it is not clear to people *how* infectious this virus is under certain circumstances is because of the enormously long incubation period. If, like with some viruses, people died after seven days instead of after seven years, the effect the virus was having in the intravenous drug-abusing community in New York would have shown up very obviously, because they would have been dying like flies. Whereas in fact only about a thousand or so have died, while about a hundred thousand are infected. But this does not mean that in 10 years time, all hundred thousand may not well be dead.

We are dealing with a virus that certainly is as lethal as smallpox, and possibly much more lethal. Nobody in their right mind would do anything other than restrict the activities of a person with smallpox.