

"Of course, the problem is, we can't educate drug addicts overnight who are using the same needles, or we can't educate homosexuals who are promiscuous overnight, and we can't overnight, get heterosexuals to use rubber condoms, where they should be. We need education, education, and information, information.

"But, to say AIDS is comparable to the pest, to the plague, is absolutely ridiculous! In Africa, too, only *intimate* direct connection transmits the disease. The mode of transmission, the size of the problem—most of this is not proved. . . .

"Panic is absolutely wrong! It is irresponsible to advocate panic! This kind of attitude is creating some terrible fear in the population, and there is no reason for it! We are creating new colonies of lepers, and we shouldn't be."

Dr. F. Assad

In an Oct. 7 telephone discussion, WHO Division of Communicable Diseases head Dr. Assad, coordinator of the newly-created international WHO Task Force on AIDS and immediate assistant to Soviet Dr. Sergei Litvinov, downplayed the danger of AIDS. Assad's comments here are similar in content to comments made in a press release distributed by WHO on Oct. 1, following a special late-September meeting on AIDS. Assad said, in part:

"My reaction to the fears on AIDS, is that, this is a disease, and anybody who does not have certain practices, won't get it. The most important thing is a good information system.

"It's tied up with certain sexual practices, and drugs, and that's all! It's the kind of disease, that you have to go yourself and get it. It's hard to get. You have to work hard to get it.

"Everyone is free to speculate, but responsible people should restrain themselves, we shouldn't have panic. . . . The WHO is planning another meeting in December, and we will set guidelines for the whole world."

He said that this meeting would be preceded by a WHO meeting in Africa, at the end of October, on AIDS.

Dr. Jean Hamon

On Oct. 10, Dr. Jean Hamon, WHO director-general in charge of the Divisions of Environmental Health; Epidemiological Surveillance, Health Situation and Trend Assessment; and Public Information and Education for Health, said of AIDS:

"The only people who can speak responsibly on AIDS here, are the director-general, Dr. Mahler, the assistant director-general for communicable diseases, my Russian colleague, Dr. Sergei Litvinov, and Dr. Assad, the head of the Task Force on AIDS for WHO. . . . The importance of AIDS seems to vary tremendously with lifestyle. Homosexuality is the main cause of transmission. There is also blood transfusion, for financial remuneration. The question of AIDS being the potential new black plague has not even been discussed here!"

WHO, the U.N., and the genocide lobby

by Mark Burdman

In one of its pieces of organization literature entitled, "WHO Within the United Nations System," the WHO writes of itself:

"It is a constitutional requirement that WHO should collaborate with the United Nations and with the other specialized agencies. . . . WHO contributes to the work of the numerous other United Nations bodies established for special purposes and cooperates in the execution of several important U.N. programmes. It also contributes to the major international conferences that the U.N. convenes from time to time, such as the U.N. Conference on the Human Environment in 1972, and the World Population Conferences in 1954, 1965, and 1974. . . ."

The World-Federalist 'visionaries'

It is not surprising that the WHO would be a regular participating body in the "Population" and "Environment" functions of the United Nations. The U.N. Population Conferences, particularly the 1974 event in Bucharest, Romania, have set the standard for population-reduction policies in various governments around the world.

The WHO derives from the group of neo-Malthusian world federalists, primarily from Great Britain, whose post-World War II aim was to set up globalist institutions that would destroy the sovereign nation-state, put a brake on scientific and technological progress, and create the conditions for the radical lowering of the world's population. The world-federalists, who advocate a one-world empire, have so weakened the nations of the West, that they have created the conditions for the capital of that empire to be situated in Moscow.

Organizations like Julian Huxley's UNESCO and John Maynard Keynes' International Monetary Fund, grew out of the same world-federalist group. So did the Pugwash group of Bertrand Russell, the British Lord who advocated the mass-extermination of large segments of the world's population through disease.

As one well-placed British influential puts it today: The WHO grew, in part, from a "small circle of visionaries." These included Dame Margaret Mead; British psychological-warfare coordinator Dr. John Rawlings Rees; and Canadian

senior health official Brock Chisholm, appointed WHO's first director in 1948.

These were the inner core of the "world mental health movement," the movement which studied, in-depth, how populations and nations can be psychologically manipulated and controlled. Rees's Tavistock Institute in London studied, in enormous detail, how the Propaganda Minister Josef Goebbels worked, and how such techniques could be "sanitized" to work in a less "messy" way.

Similarly, through the influence of Dame Mead's anthropological work, this core-group of "visionari" the conception of a universally sound notion of health, whether it be mental or physical. Instead, cultish syncretisms have been promoted to undermine effective medical and biological research.

The most interesting case study in this respect is Dr. Thomas Adeoye Lambo of Nigeria, today the Deputy Director-General of WHO. Dr. Lambo is also a member of the neo-Malthusian Club of Rome, and of the Soviet-infiltrated Pontifical Academy of Sciences.

Dr. Lambo is referred to, by the deceased Dr. Rees's protégés today, as "the first African psychiatrist." He specialized in such studies as "psychological disorders among the Yorubas," one of Nigeria's main tribes. He is lavishly praised in WHO circles for having developed a syncretic method of mental health care, involving arcane combinations of "traditional healers" (usually psychopharmacological "cures," and family-community health care. These have been praised as "cost-effective," and "culturally" sound.

Today, Lambo is engaged in a special operation within the WHO to contain public information flows about the magnitude of the AIDS danger in the world, particularly in Africa.

Fewer people, less health care

The WHO's embrace of the population-reduction lobby has taken on, in recent months, some dramatic aspects.

In May 1985, the WHO held Technical Discussions at that month's World Health Assembly, the parliamentary body of the WHO. The appointed head of these Technical Discussions was Thailand's Meechai Viravaidya, popularly known as "The Condom King."

Meechai has worked hard to earn that nickname. Inside Thailand, he has performed mass vasectomies on Thai men. He has invented children's games and children's artifacts that popularize the use of condoms for "population control." It might not be a joke to surmise that the WHO's advice that AIDS can be contained through wider use of condoms, might have something to do with this fanatical fellow.

In the March, 1985 edition of *World Health*, the official publication of the WHO, Meechai wrote, in part: "The dimensions of the problem of bringing about health for all by

the year 2000 are staggering. If we add to that problem the short amount of time and the limited fun might well be inclined to throw in the towel. . . .

"It is precisely because of these limitations on government that nongovernmental organizations exist. Now is the time for government bodies . . . to acknowledge the role NGOs in bringing health services to hundreds of millions of poor people, and to follow up that acknowledgment with concrete backing and support. . . .

"In Thailand, the Ministry of Public Health has a strong record of encouraging participation of NGOs, with immensely satisfactory results. Collaboration exists on many levels, from mutual representation on governing boards that shape policies and programmes, down to the grass-roots level where activities of the two sectors are coordinated. Such cooperation began, and has had its biggest success, in family planning, where at least four NGOs have actively and continuously played a major role in the national family planning programme. In just 15 years, this partnership has helped Thailand to reduce its population growth rate from 3.30% to only 1.60%, the most *cost-effective* development effort ever undertaken in that country. The Public Health Ministry is now encouraging the NGOs to expand their services into other areas of public health. . . . [emphasis

WHO officials admit that their vaunted "Health for All/2000" program, created at a conference in Alma-Ata, U.S.S.R. in 1978, is actually a catchy phrase for phasing out effective health care around the world.

In the September 1983 edition of *World Health*, the coordinator of the Health for All program, Dr. Hakan Hellberg, identifies health care as a "spectrum," from the to the mother, the family, the neighbor, the traditional healer, the chemist, the volunteer or Red Cross aide, all the way to the neurosurgeon." Asked by the activist in the arch-Malthusian International Planned Parenthood Federation, what his perspective was for "Health for All" by the year 2000, Hellberg answers: "It is too early to talk about this in national programs in developing countries. We have to be very realistic. We have to accept very small increments in development results. And in all the fuss about Alma-Ata and Health for All, expectations have been raised to unrealistic levels." The year primarily as a slogan. The future, one of budget cuts and collapse of health care, will be one of increasing "local self-reliance, using local taxes and local resources," "overdependence on centralization."

Asked when there will be "health for all," Hellberg answers: "In some ways, you can say, perhaps, never."

The WHO is, as of this writing, preparing a study on "cost-effectiveness" in medical care. The division working on this, Health Situations and Trends, is sharing data and policy guidelines with a special unit in the International Monetary Fund, the agency which is the single leading reason for an unhealthy world.