
Conference Report

'Experts' perpetuate WHO's cover-up of the AIDS epidemic

by Wolfgang Lillge, M.D.

The Second International Conference on AIDS which took place in Paris June 23-25 could be viewed as an "interesting" science meeting, if the stakes for mankind, given the worldwide AIDS epidemic, were not so high. But "interesting" science conferences are not enough to defeat one of the most dangerous pandemics that has ever faced the human race.

At the outset, this conference, bringing more than 2,500 medical doctors and scientists from all parts of the world to the Paris Conference Center, seemed destined to finally break the cover-up of the real dimensions of AIDS by agencies like the World Health Organization (WHO) and the Atlanta Centers for Disease Control (CDC). Alas, that proved not to be the conference organizers' purpose at all, and they did not allow it to happen.

Bila Kapita, the head of the Infectious Disease Center at the Kinshasa General Hospital in Zaire, and also a WHO representative, reported that 6% of the African population has been infected by the AIDS virus, HTLV-III/LAV, and there is a spread of the infection of 1% each year.

These figures come from a previously secret study of Africa conducted by the World Health Organization. The study was worked out in cooperation with the U.S. government, Zairean authorities, and the Antwerp Institute for Tropical Medicine. The French press, in particular, ran headlines on the results of the WHO study, which states that 2 million Africans are infected, and 50,000 have come down with the full symptoms of AIDS.

This rare piece of truthfulness in reporting on the AIDS catastrophe on the African continent fully confirms the conclusions of *EIR's* Biological Holocaust Task Force on the true dimensions of the AIDS pandemic. Kapita reported: "AIDS is striking more and more people every year, and the number of infections, illnesses, and deaths are multiplying at a disturbing rate. For Africa in general and Zaire in particular, we can say there is a hidden epidemic under way."

These statements represent a sudden change, at least in reporting of statistics: The Soviet-dominated WHO has officially listed only 378 AIDS cases on the entire African continent.

Probably even more alarming are figures from East African countries like Ruanda and Uganda, and the West African nation of Senegal, where the rate of symptom-free carriers of the AIDS virus stands at 18-23% of the population. In the bigger cities, the carrier ratio is 10%. In the Zairean capital, Kinshasa, 180,000 of 3 million people are infected.

The sudden recognition of reality on the part of the WHO, however, is restricted to the reportage of more accurate statistics. When it comes to the more decisive questions of epidemiology and prevention of AIDS, Kapita quickly returned to the same old WHO line, that AIDS is exclusively a sexually transmitted disease. Kapita refused to talk about the obvious economic and environmental factors, poverty, breakdown of the health infrastructure, and immune suppression by multiple infection with other tropical diseases as co-factors in AIDS. Incredibly, he had only one recommendation for the African population: "Learn to change your lifestyle"—as if African victims frequent gay bathhouses!

AIDS and tuberculosis

At this huge conference, on only one occasion known to this author was there any officially sanctioned talk about environmental factors. This was a small afternoon session on AIDS in Africa, where Dr. Nzilambi of the Zaire Health Department, who collaborates with Dr. Kapita's group, presented a revealing picture of AIDS in Zaire, which is in sharp contrast to the WHO line on "AIDS, the purely sexual disease." He reported on a study of patients in a tuberculosis sanatorium in Kinshasa and demonstrated that, in Africa, the first manifestation of AIDS may very well be tuberculosis. The AIDS infection was discovered in 247 tuberculosis patients examined by Dr. Nzilambi.

EIR's task force insisted on the tuberculosis link to AIDS as early as 1984, when it became known that a massive increase in tuberculosis cases in New York City was very probably triggered by the immune-suppressive effects of the AIDS virus. People have died from a sudden flare-up of a drug-resistant strain of tuberculosis, and only *post mortem* was it found that they were infected by the HTLV-III virus.

Typical of WHO/CDC methods of cover-up, these are listed as TB deaths. All the AIDS-related cases from New York City, Africa, or elsewhere are not counted in any official statistics for AIDS cases or deaths. They do not fit the WHO or CDC "definition."

In the subsequent question-and-answer period in the Africa session, the significance of malnutrition for weakening the immune system and activating the AIDS virus was mentioned. But this did not compensate for the otherwise complete WHO/CDC control over the conference proceedings.

Work on the possibility of insect transmission of AIDS in the tropics, which Dr. Mark Whiteside from Florida wanted to present to the conference, was banned outright in the preparatory phase of the conference. Studies which do not quite fit the WHO guidelines were, if anything, referred to the "poster sessions," where, in a tiny space, an "abstract" of potentially significant work could be presented.

No cure in sight

In contrast to this, the special sessions on virology, epidemiology, and psychiatry of the AIDS disease were packed with presentations about the latest little details of molecular biology, gene sequencing, immune reactions, etc. Overall, one's chief impression was the astounding lack of any real science at this Second International Conference on AIDS.

Even Dr. James Curran of the CDC was forced to admit that there has been no major breakthrough in AIDS-related research in the last year. He estimates that by 1991 there will be 74,000 AIDS cases per year in the United States, and an additional 29,000 cases must be assumed, due to "underreporting." The overall health care costs per year for AIDS victims in the United States alone would, by then, amount to \$8 billion!

While this is only a linear projection of the heavily underreported figures of today, Curran admitted that he had no idea what the incidence rate for AIDS would be in the future. In one graph, he presented three options for the way in which AIDS' incidence might develop: The worst case is a continuous acceleration of the number of cases; he ruled this out as unrealistic, because the CDC based its statistics on an alleged decrease in the doubling rate of AIDS. Second, a virtual stop of the AIDS incidence rate. While such might be accomplished in the case of transmission by blood transfusions, more broadly, this, too, he called unrealistic, and not to be expected generally. So, third, the CDC assumes a linear extrapolation of the current incidence!

There was not much comfort, somehow, in Curran's promise that CDC would be vigilant in watching for possible changes in the rate of AIDS' spread—especially after Curran stated that, given the lack of an effective drug or vaccine, the single most effective factor in influencing the incidence rate would be "a change in the behavior of gay men." This, in a situation in which AIDS is about to wipe out the whole African continent.

The "stars" of AIDS research like Robert Gallo, William

Haseltine, and Luc Montagnier did not contribute to bringing about a change of orientation. In their view, research must be exclusively focused on the laboratory aspects of molecular biology. They imagine their work will be completed as soon as an effective drug or vaccine for AIDS has been developed. What about the economic conditions that produced AIDS, and are already producing other, new, perhaps more deadly hemorrhagic fevers? How many more vaccines will be needed?

Ironically, the Paris conference destroyed any illusions about early prospects for an anti-AIDS drug. All reports on clinical trials with different substances produced rather disappointing results. A vaccine against AIDS, according to Dr. Gallo, is still a possibility, but nobody believes in an early success.

Dr. Hervé Fleury, a virologist from Bordeaux, who spoke at a Fusion Energy Foundation conference in honor of the great Louis Pasteur in Paris two weeks earlier, stated at the end of this conference: "This conference was a hoax. Beyond that, I come away with the conviction that we have no treatment in sight, and I would even say no hopes of one if we continue on the present path."

Another scientist who has specialized in documentation of the relationship between environmental factors and the spread of AIDS in the tropics, had earlier expressed doubt that WHO and CDC could successfully exercise control over AIDS research. "The best thing," he said, "is to forget this conference as fast as possible. . . . People are satisfied when they have run their gene sequences in the laboratory and don't care about what is going on in Africa or the Caribbean."

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