Ibero-American officials are eager to learn truth on AIDS

EIR's medical editor, forensic pathologist Dr. John Grauerholz, M.D., F.C.A.P., is the co-author of EIR's *two* Special Reports, *"Economic Breakdown and the Threat of Global Pandemics" (1985), and "An Emergency War Plan to Combat AIDS and Other Pandemics" (1986). He was interviewed after a recent tour to Brazil, Colombia, and Venezuela, which he visited at the invitation of the Schiller Institute and local health officials. Dr. Grauerholz addressed an estimated 3,000 people during his 10-day trip.*

EIR: Is AIDS as big an issue in South America as it has become in the United States and Western Europe?

Grauerholz: AIDS is an area of major concern, certainly to military and governmental layers in all three of the countries that I visited. All of these people perceive a serious problem; it is especially so in Brazil. As a matter of fact, I was at a meeting at which Jonathan Mann, the head of the World Health Organization (WHO) AIDS program was also present, and the data that were presented indicate that there is already a serious problem, that they have at least 1,200 officially reported cases and that 30% of these cases conform to the African models. Dr. Mann subsequently made a statement that in the next few years, Brazil could surpass the United States in numbers of cases.

EIR: Since your trip, the U.S. government's Centers for Disease Control (CDC) came out against taking measures to stop the spread of AIDS, a position like that advocated by the homosexual lobby. Did you find that a homosexual lobby controls policy in South America?

Grauerholz: The health ministries in these countries tend to echo the official WHO/CDC line. The military and other governmental people do not believe them, and are seriously concerned about the problem.

The line is that this is primarily a sexually tranmitted disease, also spread by needles, and fundamentally the line opposes mandatory testing to identify the extent of the problem and the application of classical public health measures that one would institute with any other communicable disease. This has never made any sense to me, and does not make any sense to the people I talked to in South America.

There is a vocal homosexual lobby in Colombia, apparently, but still, we had 400 people at our meeting. These were health professionals, governmental, and other layers.

EIR: What kind of questions were you asked?

Grauerholz: One thing which popped up just about every where I went was: Could this thing have been cooked up in a laboratory by somebody?

It is possible for the AIDS virus to have been created in a laboratory. There is abundant evidence in the literature that these viruses recombine with other viruses, and so forth. However, I think it unlikely that this accounts for the problem, because we are seeing a whole series of different viruses arising both in Africa, and also, interestingly enough, in some of the economically depressed parts of Venezuela. And it is more likely that what we are seeing is the surfacing of viruses which were present in some reservoir, animal or human, and which are now being expressed under the appropriate environmental conditions. I say this because the environmental conditions in which all of these viruses appear to have arisen are quite similar.

EIR: What contribution do you think can be made by the South Americans to combatting the disease?

Grauerholz: The ability of the South Americans to participate in this revolves around the fact that there is a pharmaceutical industry in Brazil, there is one in Argentina—which I didn't visit. The rest of the countries don't have a great deal of indigenous pharmaceutical capability. There are valuable people, for example, in Brazil, a large country with a number of medical universities and capable researchers.

The problem in South America goes back to the economy. These people are already fighting malaria, and losing; they're fighting dengue, and they're losing; they're fighting chagas disease, and they're losing. What we have is, this thing, AIDS, sprinkled on top of everything else that they have. Obviously what they have to have is the capability to implement massive public health measures, not only to deal with AIDS but to deal with all these things. A proper approach to the AIDS problem would deal with all of these other problems, because they are part of the same package.

EIR: Could you describe some of the particular features of each of the three countries?

Grauerholz: In Brazil, I spoke before military people, I

spoke before a physicians' union in one of the civilian hospitals, and I spoke to a mass meeting in Sao Paulo that was convened by my colleague Ricardo Veronese of the Brazilian Society of Infectious Diseases.

Brazil has a number of problems. One is the whole subculture of *Carnival*. The most interesting aspect of that subculture is the tremendous number of transvestites in Brazil. These people are highly promiscuous. They supposedly average 3,800 sexual contacts a year. At least 27% of them are presently infected with the AIDS virus. Some 70% of them use some form of drugs. Many of these transvestites use steroids such as cortisone which are immune suppressants, to reduce the body's immune reaction to the silicone injections that they use to augment their breasts. As a consequence, you have this huge population, potentially hundreds of thousands of these individuals, immuno-suppressed, with high frequencies of sexual contact with many people. This population is totally transparent to the transmission of this disease, and provides a tremendous reservoir in the major cities. Then, you go up north to places like Pernambuco, and you have literally African conditions prevailing.

So, Brazil has the worst of both worlds. The conservative estimates are that between 300,000 and 500,000 are already infected in the country. This is a matter of great concern to both the civilian and military people I spoke to.

EIR: What about Colombia?

Grauerholz: The problem appears—and I have to stress, *appears*, because we're just beginning to look at the data—that they have a significant problem in Cartagena among the prostitutes. Colombia certainly has significant poverty, both in the cities and in the rural areas. And we don't yet know what is going on in terms of these viruses in these areas. They have a malaria problem, and the one new strain of AIDS virus that I mentioned in Venezuela is highly associated with malaria.

The real point is, they are just beginning to see cases, 50-100, in each of these countries—other than Brazil which has the second-largest number of officially reported cases in the world—because they're just beginning to look.

There is a high degree of concern with the whole question of insect vectors. The insect problem is much more palpable in these countries generally than it is in the United States where it might be limited to areas like Belle Glade and other parts of southern Florida and southern Texas. These are countries where you have a year-round problem of not only mosquitoes but numerous other biting insects, such as these large kissing bugs which spread chagas disease.

LaRouche program dominates CDC meeting

When the Centers for Disease Control (CDC) convened their much-publicized AIDS conference in Atlanta Feb. 24, presidential candidate Lyndon LaRouche's program quickly came to dominate the proceedings. The conference was originally publicized as a "national public hearing" on mandatory AIDS testing; however, CDC restricted its format after spokesman for LaRouche made clear they would be present. The "in-house" effort failed, however.

Participants were greeted with copies of LaRouche's statement, "My Program to Stop AIDS." Many requested additional copies.

During the workshop period, a panel on the rights of AIDS victims, featuring CDC head William Curran and Dr. Levine, Dr. Novick of Yale protested measures to outlaw sodomy, calling it "the legitimate expression of love between two men." The first two speakers talked of budget constraints. The third railed against the danger of LaRouche and waved a copy of Proposition 64, the California ballot referendum on AIDS endorsed by LaRouche.

The next speaker rose, and identified herself as Belinda Haight: "I am an associate of LaRouche." She said she was most concerned about "the rights of the uninfected." Citing a British skin graft patient who contracted AIDS, she asserted that much remains to be known about modes of AIDS transmission. Referencing the key points in LaRouche's program, she also asserted that there is no rational alternative to universal screening and humane quarantine. The conference participants' efforts would be better spent in a political lobbying effort to break loose funding for a Biological Strategic Defense Initiative, she said.

Members of the panel just shut up, while speaker after speaker discussed LaRouche's program. Finally, a panel member declared, "Although no one on this panel has raised or supports the idea of mandatory quarantine, it seems to have become an issue. I'd like a show of hands of all those public health experts in the room who support this policy."

Haight and one other person raised their hands. The panelist smugly continued, "Now let
hands of all those who oppose such measures." Of more than 150 people, fewer than 20 raised their hands.

Pandemonium broke out. Haight was besieged by reporters and surrounded by howling "homosexual activists" who attempted to drown out rational discourse.

EIR: How does the picture look in Venezuela?
Grauerholz: The picture in Venezuela is again a very preliminary one. As I said, one of the strains of this virus apparently originates among Indians in the remote Orinoco region of Venezuela. They have a small number of officially reported cases, 50 or so, and all of these appear to have come into the country or to have been associated with contact outside Venezuela. But the number is increasing, and I know that the military hospital in Caracas is quite concerned; they have problems getting the nursing staff to handle the bodies.

With this disease, when you are just beginning to see the cases, the thing has already been there for five or more years, and has infected a lot of people. But you have to be able to diagnose that infection. I don't think the [testing] kits are as widely available as they are in the United States, because of financial and other reasons. They are going to have to be able to acquire the kits or produce their own, in order to test their population and to find the true extent of the problem. They are concerned to not repeat the mistakes of the United States, of not starting to look diligently until they've had a million or more people already infected.

EIR: So one of the first steps is to make the tests widely available?
Grauerholz: Yes, the test has to be widely available, and the test has to be applied, and the public health measures of quarantining where necessary have to be applied. Now, if they have a small problem confined to risk groups in these countries, all well and good; they will have a small problem which they can keep small. But the longer the implementation of these measures is delayed, the more generalized the problem is going to become.

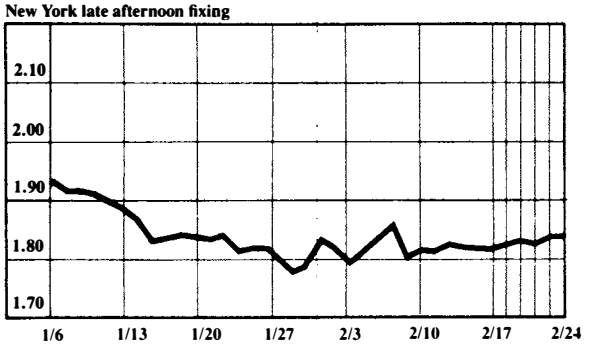
EIR: You showed some slides of the computer model run projecting the spread of AIDS under various policies in the United States. What was the reaction to that?
Grauerholz: Well, they were quite impressed since the model run [see *EIR*, Vol. 13, No. 48, Dec. 5, 1986] indicates that about the year 2014, 80% of the U.S. population will be infected, sick, or dead, absent the implementation of some sort of public health measures to stop the spread of this disease.

The one thing I was impressed with in these countries is that there is still more of an interest in survival among these populations than in the industrial nations of the West. They have not come into the extreme cultural pessimism of the United States and Western Europe. Some of the cultures such as Brazil are bizarre, but fundamentally, they are growth-oriented cultures. This is one reason why they are certainly more receptive to the truth about the disease, because I think they are much more concerned with actually trying to do something to stop it. They are not viewing this, as I think a great deal of the United States tends to view it, as the fulfillment of a 25-year cultural death wish.

Currency Rates

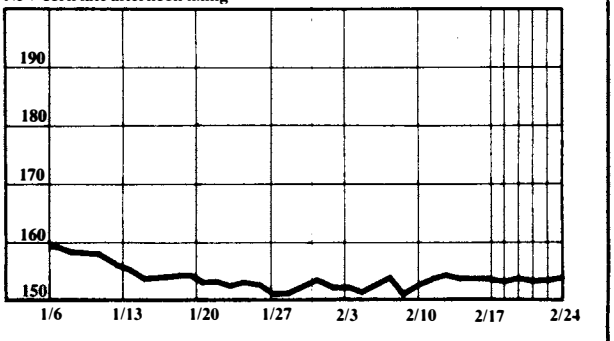
The dollar in deutschemarks

New York late afternoon fixing



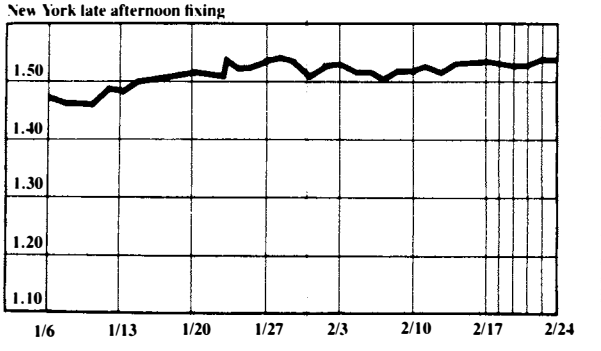
The dollar in yen

New York late afternoon fixing



The British pound in dollars

New York late afternoon fixing



The dollar in Swiss francs

New York late afternoon fixing