

Africa and AIDS: Economic collapse must be reversed

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The AIDS pandemic is a "marker" for economic problems of Africa. Let us examine the economic problems of Africa from the standpoint of the challenge of AIDS. . . .

Contrary to the lies spread by many governments and supranational institutions, AIDS is not a sexual disease. The concentrations of the infection found in human sexual fluids is tiny, compared with the titers in the blood or saliva of infected persons. AIDS is essentially a blood disease, of a type which is usually readily transmitted mechanically by biting insects.

AIDS is a "slow virus," akin to the highly fatal slow viruses found in some species of animals. The human form of this virus is new in medical history. Apparently, AIDS appeared in Africa at about the same time it appeared in North America and Western Europe. Indications are, that the spread of the disease began during the 1960s and accelerated during the 1970s, to explode during the 1980s. However, it is threatening now to render entire African nations biologically extinct. What is the relevant difference between Africa and Western Europe, which accounts for the higher rate of spread in Africa?

The answer is elementary. There are two factors chiefly to be considered, to see quickly why AIDS spreads more rapidly in Africa.

First, we need but to recognize that AIDS is spread in many ways, including the now proven fact that biting insects can carry the infection mechanically. Apparently, the deciding factors are the concentration of the virus in the bodily fluids transmitted, and the immunological potentialities of the person exposed to that contamination. From the standpoint of biological science, therefore, the rate of spread of AIDS is affected by the same conditions which affect the rate of spread of any highly dangerous form of contagious infection. Where populations have poorer conditions of nutrition and health, where unsanitary and crowded conditions prevail, the disease spreads more rapidly.

Second, where poor conditions are combined with the conditions of a tropical-disease region, the disease tends to spread at electric speeds. In the United States itself, the famous example of Belle Glade, Florida, illustrates the point. Wherever the conditions of life in the U.S. most nearly approximate the conditions prevailing in the tropical-disease regions of Africa, the rate of spread of the disease among non-homosexual, non-drug-user populations tends to mirror the pattern of spread of the disease in Africa.

No cure or vaccine for AIDS is in sight during the early future; at least, no government has evidence that a cure is likely earlier than 10 years ahead, and the best biological specialists warn us not to expect a cure earlier than that. There is nothing medical practice can do, except to make the sick more comfortable, and perhaps delay death by improved methods and procedures of care.

The only weapon we have available for action today, and during the next years ahead, is the kinds of governmental public health measures proven for all kinds of dangerous contagious infections: Detect the infection, and isolate those infected from persons who are not infected, while also improving nutrition, health, and sanitation of the population generally. Otherwise, the only alternative, to save entire nations, would be to do what was done with similar kinds of infection among animals: kill those who are infected, to prevent them from spreading the disease. Unless we are prepared to resort to the inhuman action of killing those discovered to be infected, we must isolate them, and care for them, hoping to keep them alive until a cure can be developed. That will cost a tremendous amount, an amount larger than present military budgets.

Look at the plight of black Africa accordingly.

The focal point of danger is large urban centers which have large concentrations of poor people living on poor nutrition, in crowded unsanitary conditions. The worst case, is such urban centers within regions of highest degree of proneness to spread of tropical diseases, such as malaria, tuberculosis, dengue, arboviruses generally.

Technically, we can make cities in hot, humid tropical-disease regions relatively as safe as cities in any other climate, on condition that housing, public sanitation, and en-

ergy supplies are adequate. This requires per capita and per hectare energy consumptions on the level of wealthier districts of cities of industrialized nations.

The alternative, is to concentrate cities in regions in which the tropical-disease potential of the environment is less. Unfortunately, the lack of development of basic economic infrastructure in African nations as a whole, is such that population tends to be concentrated in the few urban regions which have sufficient transportation and energy supplies needed to support urban economic activities.

So, the AIDS pandemic in Africa warns us to stop the expansion of slum-ridden, established urban centers. We need new urban centers in environmentally preferable portions of the nations, but this requires the development of basic economic infrastructure to the degree needed to support such new urban centers as functioning, and economically viable units.

For example, in modern optical biophysics, we have demonstrated the feasibility of developing cheap electromagnetic radiation devices, far more effective than insecticides, for controlling the behavior of selected types of insects, such as moving them away from one place to another, or to kill them cheaply and in great masses. Africa could be virtually rid of locusts, mosquitoes, and other most dangerous pests by such methods.

With progress in modern technologies, we can control our environment in these and other ways, to a very large degree. We can also design housing and other buildings, to provide good housing with effective sanitation at the lowest cost possible. We need not worry much about the costs; over 90% of the costs would be represented by the employment of presently unemployed labor. We need but to provide wages in such forms as feeding, clothing, providing medical care, and educating the households of such labor. Less than 10% would involve imported tools and other capital goods. Provide the tools, and provide work for all candidate-members of the labor force, using those tools for urgently needed purposes. A few billions of dollars worth of technology transfer into each African nation would be sufficient to make possible an economic revolution in Africa.

African nations do not need to borrow money. All they require is lines of credit, which permit them to purchase, on credit, the tools and other capital goods needed to put Africa's underutilized labor to work producing essential infrastructure and some new industries.

At present, in major population concentrations within parts of Africa, we have percentages of AIDS-infected persons running to between 15% and 30% of the population as a whole in those regions. This means, that as high as half of the present populations of these African nations will be dead within about 10 to 15 years—by the time that we might expect a cure for AIDS to become generally available. This suggests a hecatomb of as high as 200 million AIDS-related deaths in black Africa by about the end of the present century.

This pandemic is already in South Africa, as well as the adjoining nations. Under present conditions, that pandemic will spread into urban centers, especially portions of urban centers with large black African populations. Soon, if no change occurs in this pattern, the Africans of European extraction will flee to where they can, not to escape the anti-apartheid forces, but to escape from the African AIDS pandemic lapping at their doorsteps.

We must look death straight in the eye. We must count our AIDS-related deaths as victims of a war fought against disease, and against the economic conditions which foster the spread of such disease. We must look death in the eye, and say, "Death, we shall defeat you." We must fight to victory against the scourge of AIDS.

The Africans of European descent face the same enemy. If they flee to Bolivia, as some propose, it will be waiting to embrace them there. In Australia, it will be waiting for them as they alight from the aircraft or boat. It is spreading in Europe, in the Soviet bloc, and throughout the Americas. It is spreading in Asia. There is nowhere to flee for safety; this grinning mass-murderer is waiting to strike everywhere. We must defeat it where we are.

South Africa's role

Where, in Africa, do we have the technological base on which to draw to take the needed economic and related measures against the spread of AIDS? Take a plane, southward, from Frankfurt or Munich. As you leave Italy, you leave industrial development and basic economic infrastructure behind, until you reach South Africa. South Africa is the only powerhouse of industrial technology in black Africa, a powerhouse which must be unleashed for Africa as a whole. Will the Afrikaners agree to this? They have no choice, but to agree: AIDS is not affected by apartheid; it knows no racial distinctions but that of the human species.

Of course, South Africa alone can not supply all of the technology needed in black Africa. The importance of South Africa is twofold. First of all, it is part of Africa, and essentially part of black Africa. It is the spread of economic development within Africa which is the only hope for the future; we must establish it in centers, and spread it from those centers throughout the continent as a whole. Second, South Africa's production can be expanded to meet a major portion of the needs of southern Africa as a whole. The basic lines of communication, trade, and transport already exist, to be expanded for this purpose.

The priority for Africa is an effective war plan against the scourge of AIDS, a scourge which feeds on the folly of racial and tribal quarrels. All who refuse to join in this war plan, will thus, probably, condemn themselves and their races or tribes to death by that scourge. AIDS is the horrible truth bestowed upon those who refuse to accept truth stated in milder terms. AIDS is the measure of which nation, which people, is really fit to survive. . . .