

WHO ascribe the remaining 40% to contaminated blood and to unsterilized needles. Surely this does play a role, but here again, they haven't looked at other environmental factors. So-called "risk groups" in the United States and Europe have high rates of exposure to hepatitis B, presumably acquired by the same direct and indirect blood mechanisms discussed earlier.

Arboviruses and AIDS

For several years, Dr. MacLeod and I have been studying the role of certain arthropod-borne viruses (arboviruses) in relation to AIDS. The introduction of AIDS into the Caribbean in the late 1970s corresponds with epidemics of insect-borne viral diseases. Dengue type I (from Africa) was introduced for the first time in the Western Hemisphere in 1977, causing disease throughout the Caribbean; and dengue hemorrhagic fever occurred for the first time in 1981-82. Other new viral agents were probably introduced at the same time, but many remained undetected.

We became fascinated with concurrent epidemics of arboviruses and AIDS associated with deteriorated public health conditions in Africa, the Caribbean, Latin America, and parts

of the United States. We were surprised to find a "tropical link" between our early AIDS patients, most of whom either traveled to the tropics (for example, Caribbean), or had sexual contact with persons from these areas.

We have postulated that repeated exposures to certain arboviruses silently destroys the immune system, allowing HIV and other opportunistic infections to cause more severe disease. The variable incubation of AIDS could be explained by the phenomenon of immunologic enhancement of infection, in which repeated exposure to closely related viruses leads to worse disease. Dengue hemorrhagic fever is the *in vivo* model of immunologic enhancement of infection, where low (sub-neutralizing) concentration of antibody to one dengue subtype makes infection with a second dengue subtype over time potentially much more lethal.

Certain arboviruses are known to destroy reticuloendothelial and neurologic tissue. Prodromal symptoms, hematologic changes (lymphopenia, monocytosis, thrombocytopenia) and immunologic abnormalities (B-cell activation, hypergammaglobulinemia, immune complexes, elevation of monocyte lysosomal enzyme, anti-T-cell antibodies, etc.) are similar between AIDS and arbovirus infections. Arboviruses

'Do not accept the policies of the WHO'

The following message was sent to the Bangkok AIDS conference by Dr. John Seale, a member of the Royal College of Physicians, from London, England July 6.

I regret that I have been obliged to cancel my visit to Thailand. I would like to relay this message to the people of Thailand:

Do not accept the policies for controlling AIDS advocated by the World Health Organization without first considering the following facts most carefully:

1) WHO claims to be taking action on a global scale to contain the AIDS epidemic. It states that the only effective action available is education, and the key defensive weapon is the rubber condom.

2) The modes of transmission of the AIDS virus are very similar to those of Hepatitis B virus, but most people in Southeast Asia are infected with hepatitis B virus as children, before they become sexually active. Consequently, WHO's faith in the condom seems to be misplaced.

3) Official World Health Organization policy rejects any restriction on the international movement of people

infected with the AIDS virus.

4) Official WHO policy rejects the testing of people for the AIDS virus as a requirement before entering a country in which AIDS is not yet epidemic.

5) Doctors from the Soviet Union for the last 10 years have held the key positions within WHO responsible for the control of viral diseases worldwide.

6) Contrary to WHO policy, the Soviet government compulsorily tests people for the AIDS virus before they enter the Soviet Union. It promptly deports all foreigners found to be positive, and segregates its own infected citizens from the rest of the population.

7) Agencies of the Soviet government have stated repeatedly since October 1985, that the AIDS virus was developed artificially, as a weapon of biological war, by injecting lethal viruses from other animals into humans used as guinea pigs. The Soviet statement about the origins of the human AIDS virus is scientifically possible, but the claim that American war scientists started the epidemic by infecting the American population by mistake is not credible.

Conclusion: Serious consideration must be given to the possibility that the Soviet government's actions within the Soviet Union are designed to minimize the spread of AIDS in the U.S.S.R, but that Soviet policy, as expressed through WHO, is aimed at maximizing dissemination of the virus throughout the populations of the rest of the world.