

April 4, 1990 issue of the newspaper *New York Newsday* reported that Dr. Timothy Dondero had released the most comprehensive results to date of the Sentinel Hospital Survey. For two years, CDC carried out large-scale anonymous testing of people treated for non-AIDS-related ailments at 26 hospitals nationwide, selected to reflect different segments of the population. Three hospitals in New York City and three in New Jersey participated.

Nearly one of every four men aged 25-44 admitted to hospitals in New York City and New Jersey tested positive for AIDS. Dondero said, "The overall rate for New York City hospitals was 8% positive." The highest rate was in the black population aged 25-44, where 24% of men and 8.1% of women tested positive.

In the July 28, 1990 issue of *Lancet*, Dr. James Chin of the WHO published an article on "Current and future dimensions of the HIV/AIDS pandemic in women and children." Quoting from the abstract:

The WHO estimates that during the first decade of the HIV/AIDS pandemic there were about 500,000 cases of AIDS in women and children, most of which have been unrecognized. During the 1990s, WHO estimates that the pandemic will kill an additional 3 million or more women and children worldwide. HIV infection among heterosexual populations has been increasing throughout the world during the 1980s. AIDS has become the leading cause of death for women aged 20-40 in major cities in the Americas, Western Europe, and sub-Saharan Africa. In these cities, infant and child mortality could be as much as 30% greater than what would otherwise have been expected. During the 1990s, not only can hundreds of thousands of pediatric AIDS cases be expected, but also more than a million uninfected children will be orphaned because their HIV-infected mothers and fathers will have died from AIDS.

Dr. Chin was the chief epidemiologist of the state of California before joining WHO in 1987, and testified against Proposition 64, in spite of the fact that he knew the initiative represented the correct public health approach to the problem. Dr. Jonathan Mann, who later became the director of WHO's Global Program on AIDS, did research in Africa that indicated that AIDS was transmitted by insects, and reported this at the First International Conference on AIDS in 1985, the same conference at which Drs. Whiteside and MacLeod reported on the Belle Glade cases. Mann later changed his story, attacked the idea of insect transmission, downplayed environmental factors, pushed condoms, and became the head of the Global AIDS Program of WHO. Whiteside and MacLeod were ostracized, and LaRouche was sent to jail. Is it really surprising that this pestilence continues to spread, when it has that kind of political clout behind it?

AIDS epidemic fuels tuberculosis outbreak

by John Grauerholz, M.D.

The current resurgence of tuberculosis proves the accuracy of the Fusion Energy Foundation's (FEF) computer model of the AIDS epidemic, discussed in the preceding article. As far back as 1985, Lyndon LaRouche and his associates warned of the potentially catastrophic consequences of the interaction of AIDS and tuberculosis.

A 1985 *EIR* Special Report, "Economic breakdown and the threat of global pandemics," stated: "As conditions in the United States continue to decline, especially in our decaying urban centers, we are beginning to see an increase in childhood tuberculosis being reported. Even if treated, these children are an ongoing reservoir of the disease, which combined with imported and AIDS-related cases, is setting the stage for a major comeback of TB in the years ahead as the standard of living of the population continues to decline."

Today, scientific experts and even the mass media are being forced to admit the veracity of our forecast.

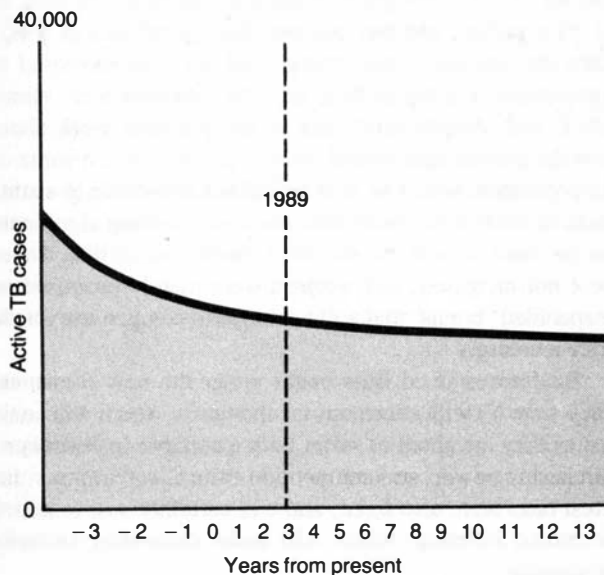
According to the July 15, 1990 *New York Times*: "Borne on a tide of AIDS, homelessness and drug and alcohol use, tuberculosis is re-emerging as a public health threat in the United States, particularly in inner cities. Although the number of tuberculosis cases decreased steadily in the 1960s and '70s, prompting public health officials to predict the disease's near-elimination by the year 2000, that trend abruptly stopped in the mid-'80s. Now a worrisome rise in cases has begun. The number of new cases in the United States rose 5% in 1989 from the previous year to 23,495, about 9,000 more cases than federal health officials had projected early in the decade."

The April 29, 1990 *New York Times* reported: "To the dismay of public health officials and doctors, the AIDS virus is playing a disturbing role in an outbreak of tuberculosis in Africa. Recent studies of Africans sick with tuberculosis have found that as many as 55% also have evidence of exposure to the AIDS virus, a rate far higher than [in] the overall population. Infection with tuberculosis is common in Africa, with some areas reporting infection rates of nearly 70%. But in most people with functioning immune systems the tubercular infection never takes hold, and the disease remains latent."

In January 1987, the FEF modeling group began runs of a computer model of the interaction of tuberculosis and AIDS. The model took into account the following:

1) AIDS-related immune suppression will "detonate" TB in a considerable percentage of inactive TB carriers.

FIGURE 1
TB cases without AIDS epidemic



Source: EIR Special Report "AIDS Global Showdown: Mankind's total victory or total defeat," August 1988.

Without an AIDS epidemic, and without a reduction in living standards, TB cases would be expected to continue on the decrease.

2) If a person infected by HIV gets active TB, then the resulting stress to the immune system may activate the HIV infection and trigger full-blown AIDS.

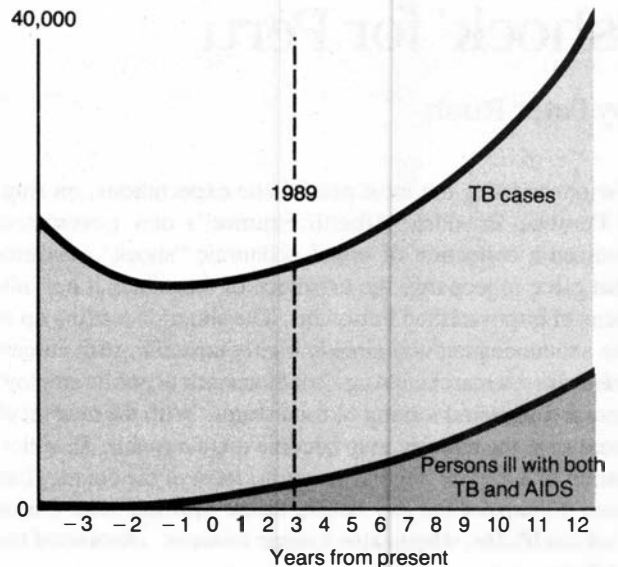
3) An HIV-infected individual who gets active TB, may become highly infectious for AIDS. TB lesions in the lungs provide favorable loci for large quantities of HIV virus and HIV-infected immune system cells to escape from the body. Someone exposed to a coughing, HIV-infected TB case may inhale, and become infected by, the HIV virus as well as the TB bacillus.

4) A person suffering from both HIV-linked immune suppression and active TB may be significantly more infectious for TB than those suffering from TB alone, since the levels of TB bacillus in such a doubly afflicted person may be extraordinarily high.

According to the FEF report:

"The preliminary results so far make it very clear, that the evolution of the AIDS-TB process is highly sensitive to the effectiveness of the medical care system in rapidly identifying and treating active TB cases. If medical care is upgraded to the best postwar levels, then the TB component of the AIDS epidemic process will be relatively minor compared to the direct effects of AIDS alone. However, if medical care standards are allowed to continue collapsing, then we are facing a disaster far worse and far more rapidly developing. . . ."

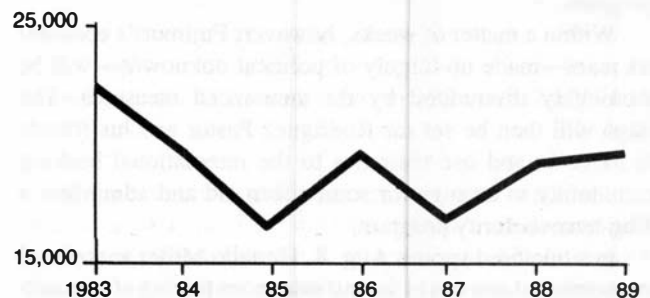
FIGURE 2
Effect of AIDS epidemic on TB cases



Source: EIR Special Report "AIDS Global Showdown: Mankind's total victory or total defeat," August 1988.

With an AIDS epidemic, the number of latent TB cases explodes, while the number of persons ill with both TB and AIDS climbs sharply.

FIGURE 3
Actual TB cases in the United States



Compare this graph of the actual TB cases with the model projections in Figures 1 and 2. TB was indeed declining until 1984-85, when the AIDS epidemic began to hit hard; then, it began to rise, as the model forecast.

The accompanying figures show the FEF forecast of TB cases with and without the AIDS epidemic, and TB cases from 1983 to 1989, as reported by the CDC. Year zero in the first two figures is 1986. As of July 28, 1990, there were 12,080 new cases of tuberculosis reported in the United States, as compared to 11,976 one year before, indicating a continuing rise in the number of cases.