

AIDS experts admit, 'We are running out of time'

by Carol Hugunin

Experts at the Tenth International Conference on AIDS, which opened in Yokohama, Japan on Aug. 7, agree that the global epidemic of Acquired Immune Deficiency Syndrome (AIDS) is careening out of control. Prospects for a cure or vaccine are looking very slim, given the policies that currently govern the research effort and the funds allocated to it. The conference involved more than 10,000 people from 140 countries: researchers, AIDS activists, public health workers, homosexual groups, and others interested in the disease. "Anyone with HIV [Human Immunodeficiency Virus] won't find much solace at this meeting," said Dr. Mervyn Silverman, president of the American Foundation for AIDS Research. "It has outsmarted us so far, and most of us would predict it will continue to," said Dr. Mark Wainberg of McGill University in Montreal. Dr. Jonathan Mann, director of the International AIDS Center at the Harvard School of Public Health, said that the conference was characterized by a "distinct, although muted, sense of unease."

These "big names" in the AIDS field have themselves to blame for the present magnitude of the crisis. Following their advice, the world's governments have followed an utterly ineffective program that emphasizes condoms and "safe sex," and throws a few pennies at selected AIDS researchers, but in no way addresses the alternative, proposed by Lyndon LaRouche and *EIR* as far back as October 1985: an all-out war against AIDS. LaRouche demanded a halt to the economic austerity policies that are making populations vulnerable to the spread of epidemics; the application of classical public health measures, as earlier applied to tuberculosis and other infectious diseases; and a "Manhattan Project"-style crash program to develop a cure for the disease. These measures were—suicidally—opposed by homosexual activists, Hollywood, the Centers for Disease Control, and the World Health Organization (WHO). Instead, year after year, the "experts"

now convene at international conferences to wring their hands, as the death count rises.

The latest reports from the WHO and Pan American Health Organization (PAHO), and the recently released "Global HIV/AIDS: A Strategy for U.S. Leadership" (Washington, D.C.: Center for Strategic and International Studies), all emphasize that AIDS and tuberculosis, which often accompanies it, are conquering greater portions of the globe, overwhelming health facilities. Each day, over 6,000 people become infected with HIV. Last year, 3 million people became HIV-positive, with one-third of those being in Asia.

Africa hit the hardest

Of the total of 17 million people globally infected with HIV, 10 million are in Africa. Many regions of Africa have been hit so hard that the entire family structure, the social and economic fabric of civilization, have been wiped out, leaving nothing but death, abandoned villages, and AIDS orphans.

In Africa, it was the most productive who became infected and died first. In the Masaka district in Uganda, for example, almost half of all deaths are caused by AIDS. But among those under 35 in that district, 90% of all deaths are caused by AIDS. According to the Center for International Research at the United States Bureau of Census, most of the rest of Africa will, within five years, achieve that same horrifying status.

One-third of the world's population is infected with tuberculosis, but under normal circumstances, a person's immune system keeps the infection walled off in a limited area, preventing the development of clinical TB. In places like Africa, however, where AIDS destroys the human immune system, TB has become resurgent, as a co-epidemic, overwhelming any medical capacity to contain it. And with the

epidemics of TB and AIDS feeding each other in an increasingly weak population, deadly drug-resistant TB has become a major problem.

Spreading fastest in Asia

Although Africa has the greatest total number of AIDS cases, this year's conference was held in Asia, because HIV is spreading the fastest there. So far, India, Burma, and Thailand are the hardest-hit. There is a real fear that much of Asia will soon look like Africa looks today. In Thailand, 4% of all military recruits now test HIV-positive, and 1.5% of all pregnant women. However, in parts of northern Thailand, 20% of young men are HIV-positive.

The situation in Asia shows the discriminate way in which AIDS moves as a pandemic. A country like Japan, which is heavily industrialized, has good infrastructure and a high standard of living, has a much lower caseload of AIDS patients relative to population size. In Japan, two-thirds of AIDS patients acquired the disease from contaminated blood transfusions. But in countries like Thailand or India, which are relatively underdeveloped in real economic terms and where prostitution is a significant factor economically in the "tourist" trade, AIDS spreads like wildfire. AIDS was only introduced into Thailand in 1987, yet already it is so widespread as to be virtually unstoppable.

Speaking recently before India's Parliament, Junior Health Minister C. Silveira announced that government-sponsored testing of 2.1 million people found 15,399 of them HIV-positive. He added that "it is not the policy of the government to detect all HIV-infected individuals in absence of a cure." India has fewer than 1,000 reported cases of clinical AIDS, but an estimated 500,000 or more cases of HIV-positive individuals. A doctor from Madras reported on National Public Radio in the United States on Feb. 18, that HIV-prevalence among Indian truck drivers has jumped from 7% to 50% in just two years. Indian truck drivers transport 40-45% of all goods sold in India, so wiping out truck drivers could collapse the economy.

At the Yokohama conference, Dr. Michael Merson, head of the WHO's AIDS program, stated: "It is so urgent to act here in Asia before we get an explosion of infection. We are running out of time." But the WHO prevention strategy of teaching people about "safe sex," using condoms and treating venereal diseases, will do nothing to stop the spread of the disease.

U.S. Rep. Jim McDermott, chairman of the Congressional Task Force on International HIV/AIDS, gave an official report to the U.S. Speaker of the House of Representatives on "The AIDS Epidemic in Indonesia" (1994). Indonesia is a country in which AIDS is just beginning to get a good foothold, and an epidemic could potentially be averted by a serious policy of screening, quarantine, and treatment. But, like the rest of Asia and Africa, latent TB is rampant in Indonesia. Half of Indonesia's population tests positive for

TB. Normally, without the AIDS epidemic, only 10% of those who test positive would go on to develop clinical TB, and would then pass TB on to two or three others. But among those who are both AIDS- and HIV-positive, over 75% will go on to develop clinical TB. The medical costs of treating the TB alone, will be staggering, if the AIDS epidemic continues to develop at its current rate, without even considering the costs of treating AIDS in the same patient.

At the Yokohama conference, Arata Kochi, the manager of the WHO TB program said, "TB and HIV are feeding off each other at an alarming rate." The WHO is predicting that at least 639,000 Asians will succumb to clinical TB in the next six years, as a result of being infected by both TB and HIV. Of these, at least 224,000 will die, dwarfing the number of Africans that have died so far from a combined TB-HIV infection.

AIDS in America

Among Afro-American citizens in the United States in the 25-44 age group, AIDS is the number-one killer. In most U.S. cities, in this same age group, AIDS is the number-one killer among all ethnic groups. Normally, this is the healthiest age group in a society. Already, some U.S. urban centers, such as Newark, New Jersey, have begun to approximate the level of devastation found in central Africa, in which whole communities are abandoned due to AIDS. Ninety-two Americans die daily from this disease.

A hopeful note

The only glimmer of hope presented at the Yokohama conference was the work of Dr. David Ho, head of the Aaron Diamond AIDS Research Center in New York City. He is studying the 5% of HIV-positive patients who show no clinical signs of AIDS, even after 12 or more years of infection. It appears that these patients have a stronger immune response to AIDS, but it also appears that the particular type of HIV they are infected with is not as potent as that normally seen. "The long-term survivors, although rare, provide a ray of hope to affected patients and the research community that it is possible to coexist with HIV without harm," Dr. Ho said. Nonetheless, a successful treatment or vaccine appears to be off in the distant future, at least in the view of most of the participants at Yokohama.

It should be pointed out, however, that not all researchers are so pessimistic. On April 1, 1994, *EIR* published an interview with Dr. Abdul Alim Muhammad, medical director of the Abundant Life Clinic in Washington, D.C. and minister of health for the Nation of Islam, in which he reported that extremely promising results have been obtained with low-dose Alpha Interferon, Kemron, and other AIDS medications pioneered in Kenya. Dr. Alim's work with these drugs has been hampered by the National Institutes of Health, which has delayed the start of clinical trials for what can only be surmised to be political reasons.