

# Beyond Pandemic: Biological Holocaust

by David Shavin

Aug. 26—During the bubonic plague of the 14th Century, it is said that parts of the population reacted to the horrors and seeming insolubility of the crisis, by assuming that God was angry with the human race and simply was punishing mankind. Unable to summon up any more appropriate response, they decided to join God in punishing mankind by whipping their own backs, by flagellation. It did little to stop the plague, but at least one could feel one was on the right “side.” Minds can go to strange places in such circumstances.

It is now about a year since the world climbed to over 250,000 new (official) COVID-19 cases/day, never to look back. People have gotten accustomed to various waves of the pandemic, ebbing and flowing between 400,000 and 800,000/day, and not flinching at 8,000-12,000 deaths/day. It is the new normal. A weariness sets in, along with an underlying cynicism: Since we’re not really going to fight the enemy, and we’ve been waving a white flag, why won’t it just tell us what it wants and then go away.

Even epidemiologists give defeatist council: The best we can do now is to wear our masks, try to keep the hospitals from being overwhelmed, and fight a war of attrition, eventually turning COVID-19 into an endemic fact-of-life-like influenza. The vaccines will keep coming and we can minimize the severe cases and deaths. However, this ignores a significant problem—we’ll have made an armistice with a seething pool of breeding viruses. Such behavior risks prolonging a single-enemy coronavirus pandemic into a rout of the human immune system, and that of other higher-order species, by primitive species—a biological holocaust. And we’ll have done so, primarily because our minds flinch at addressing how we got into this mess. We just accept the will of an unjust God.



DoD/Carlos M. Vazquez II

*Getting a vaccination, wearing a mask, and keeping your distance will not keep you safe in a world of widespread poverty, largely without clean running water, adequate and wholesome nutrition, and access to modern medical care—conditions that breed a biological holocaust.*

## Covid, Vaccines and Variants

Presently, every day witnesses about 600,000 new known cases of COVID-19, with about a quarter of them in the United States. Death rates are rising again, now at about 10,000/day and likely to increase in the immediate future. Worldwide, vaccinations are proceeding at about 36 million/day, but almost half of that is from China (12 million/day) and India (5.2 million/day).

A total of at least 11-12 billion vaccine doses are needed worldwide. The total of doses administered so far is 5 billion, with almost 2 billion of them in China, and around another two billion in the combination of India, the EU, the U.S., Brazil, Japan, Germany, Turkey and the UK. All other countries share the last one billion. Overall, 82% of the doses have been applied in the upper middle- and high-income countries, while only 0.3% have found arms in the low-income countries. There are 124 countries that are below 40% in vaccinations—the minimal level where there is some indication of the infection rate being slowed—and over half of these 124 countries are below 10%. There is not one low-income country that has vaccinated above 10% of



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*In March and April, the U.S. turned a deaf ear to India's persistent requests for vaccines. In April, COVID-19 cases surged in India to the highest one-day tally anywhere. Shown: one of the 400,000 COVID-19 patients in late April 2021.*

its population. The continent of Africa as a whole has applied 6.7 doses per 100 people, or enough for about 3% of their population.

Besides being way too little, it has also been way too late. It is as if there was a decision to maximize the creation of new variants of the virus.

In March and April 2021, the United States turned a deaf ear to India's persistent requests for vaccines, while stockpiling 60-100 million doses of AstraZeneca, with a solid delivery system from Pfizer and Moderna that could have allowed 100-200 million more doses to be exported, while still securing more than enough doses for every American willing to roll up their sleeve. That "too-clever-by-half" refusal of the United States to act in a competent and timely fashion saw India's known new cases soar to 400,000/day in April and May.

And the variant that emerged from that stew was the Delta one, now driving the new wave in America—surely, hoisted on our own petard.

Delta proves to be significantly more transmissible (an estimated 40% more) than the previously troublesome Alpha variant, first detected in Kent, England. Now largely forgotten, Alpha seems like the "good old days" of variants. An offshoot of Delta, AY.3 (called "Delta-plus"), is now responsible for almost half of the Delta cases in Missouri and Washington state. It shares a mutation with Beta, the variant first detected in South Africa.

The Lambda variant has ripped through Peru and erupted through large sections of South America. The first 1,500 or so Lambda cases have now been detected in the United States. One of its mutations, L452Q, is a close cousin of a key Delta mutation, L452R. Yet another recent variant, B.1.621 (it has not yet earned its Greek letter) seems to have arisen out of Colombia, and is already about 2% of the cases in the U.S., and around 9-10% of the cases in Miami. It also shares mutations found in the South African Beta variant.

Dr. Lucio Miele of Louisiana State University's Health Genetics and Precision Medicine Lab estimates that the coronavirus will generate offspring at the rate of about 25 notable variants in a year. The density of infection and how long the breeding is allowed to go on, are two key factors. Consequently, the fact that the world maintains 400,000 to 800,000 known new cases/day, and has done so now for over ten months, is a recipe for disaster. It is also the case that if a roll-out of the vaccine in a country is too extended over time, mutations might occur in response to the semi-



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*The COVID-19 Lambda variant is now in South America. Shown: a medical team vaccinating door-to-door, August 26, 2021.*

vaccinated environment itself. This undermines what would have been, otherwise, a fully effective vaccine. An armistice with the coronavirus, especially in a world with undernourishment and with challenges to the human immune system, threatens a biological holocaust.

## LaRouche: Destroy Economy, Incur Physical Breakdown

In 1974, Lyndon LaRouche took a sober look into the consequences of drinking the IMF “Kool-Aid”—that is, of believing that nations could treat their sovereign currencies as betting chips in a worldwide casino. In the real world, he said, the failure to invest in areas of basic R&D that would enable 10- to 30-year projects of actual infrastructure—that is, power, water and transportation—would loot human living standards, weaken immune systems, and turn sections of the human race into human “petri dishes” for the breeding and enhancement of lower-order viral and fungal species. It is as basic as the principle, that if one fails to brush one’s teeth, the cavities will come.

LaRouche, in 1989, described his earlier (1974) intervention:

I commissioned and outlined a study of the epidemiological effects globally of changes in monetary policy, which had been initiated during 1970-72 under Kissinger and Nixon.... The study focused upon the signal role of an outbreak of cholera in the Sahel region of Africa during the first half to middle of the 1980s, as the key signal of the outbreak of this general epidemiological crisis globally.... I emphasized ... that these were precisely the conditions for the emergence, such as cholera, typhus, bubonic plague, and so forth; but these were the conditions in which new types of viral pandemics and epidemics might explode.... So, we were looking from that time onward for the danger of a new type of viral, global pandemic or pandemics breaking out, if these epidemiological conditions persisted, and if the economic conditions producing these epidemiological potentials were to persist, that is, the present drift in monetary and economic and financial policies.

He pulled together a conference of scientists in 1985, as governments were showing an inadequate response to the human immune-deficiency virus (HIV), which was producing the disease called “Acquired Immune Deficiency Syndrome” (AIDS). LaRouche stressed that the human race could out-mobilize and outflank the virus, if molecular biology was made adequate to the task. Methods of nonlinear spectroscopy

were required at the core of a fundamental R&D crash program, then in the proposed range of \$3 billion/year. The expansion of hospitals and clinical outpatient care would cost a lot more. Treatment in the earliest possible stages would require nationwide testing.

LaRouche pointed to indications in the history of the HIV virus, even noting, presciently, that “signs of the eruption of the infection coincide with ... the 1950s and early 1960s.” Recently, it was discovered that HIV, though long thought to have originated in the U.S. in the 1980s, was evidenced in a 1959 blood sample of a man in Kenya. The Chinese Foreign Ministry pointed this out, as an example of the intricacies of origin-tracing necessitating more than overnight solutions.

*EIR’s July 1, 1985 [Special Report](#), [Economic Breakdown and the Threat of Global Pandemics](#),*



EIRNS/Stuart Lewis

*In 1974, Lyndon LaRouche warned of the danger of a new type of viral, global pandemic or pandemics breaking out, due to the depressed economic conditions brought on by changes in monetary policy.*

made clear that a “weak link” was created by IMF-enforced backwardness, where new diseases could be created from the increased rate of mutations from already endemic diseases. Specifically, malaria, tuberculosis and yellow fever were cited as “bubbling kettles” of disease-generation. HIV, new on the scene, was described as the grandson of infections that had existed in monkeys for centuries, ready to move into a “weak link” when the opportunity presented itself. The Report was widely circulated at the time. Vice President George Bush promised his “close attention” to the report, while the Centers for Disease Control and Prevention Director and Acting Secretary for the Department of Health and Human Services, Dr. James O. Mason, responded: “We are much more optimistic

about the general health of mankind.”

Continued inaction by the government prompted two other notable interventions: the early 1986 *EIR* [Special Report](#), “An Emergency War Plan to Fight AIDS and Other Pandemics” and the Summer 1988 *Special Report* “AIDS Global Showdown: Mankind’s Total Victory or Total Defeat.” The material was distributed to the World Health Organization; international health associations; every state health department; many national health departments, hospitals, and university medical and public health departments; every member of Congress; every department of the U.S. government; and the IMF and World Bank. The case was made for classic public health measures, emergency state-of-the-art medical programs, a crash program of biomedical research, and upgrading food, sanitation, housing, water management and basic infrastructure in Africa and elsewhere.

### Consequences of Censoring LaRouche

Further, LaRouche’s scientific approach to economics was extended to address health: The Earth as a single system requires higher rates of energy-flux density to sustain itself. Human bodies need nutrients—proteins, fats, carbohydrates—lest the human race cannibalize itself. Lacking such, the immune system, an energy-dense system, is among the first to break down, weakening the resistance to disease and co-infection. More pathogens can then be passed back and forth, increasing the chances for variants, including some which jump species. Energy flows shift over to the bacteria, viruses, and fungi. The weakened sections of the population become the transmission centers to healthier sections.

Echoes at that time of LaRouche’s obvious approach, such as careful mentions by academics of the connection of epidemics with financial austerity policies, were deemed out of bounds. In 1995, World Bank officials protested to the journal *AIDS* when Dr. Peter Lurie tied the AIDS epidemic to IMF/World Bank “structural adjustment programs” that increased unemployment and poverty, decreased government spending on health, destroyed agricultural self-sufficiency, preempted industrial development and increased prostitu-

tion and drug trafficking. It was “unacceptable” to publish such.

However, a January, 2000 [report](#) by the National Intelligence Council, “The Global Infectious Disease Threat and Its Implications for the United States,” reflected some of the results of the inaction:

Twenty well-known diseases—including tuberculosis (TB), malaria, and cholera—have re-emerged or spread geographically since 1973, often in more virulent and drug-resistant forms. At least 30 previously unknown disease agents



cc/Olympia Wereko-Brobby

*Although completely controllable by DDT and proper water management, and treatable, unchecked malaria claims about 500,000 victims every year in Sub-Saharan Africa alone. Shown: a malaria clinic in Tanzania.*

have been identified since 1973, including HIV, Ebola, hepatitis C, and Nipah virus, for which no cures are available.... Acute lower respiratory infections—including pneumonia and influenza—as well as diarrheal diseases and measles, appear to have peaked at high incidence levels.

The National Intelligence report cited “malnutrition, poor sanitation, poor water quality, and inadequate health care....” It even referred to the health impact of shifting food production out of the country, writing that the 1990s increase in food imports contributed to “tens of millions of food-borne illnesses and 9,000 deaths that occur annually” in America. That

report preceded the 2003 epidemic of severe acute respiratory syndrome (SARS) which spread to 24 countries, followed by the Middle East Respiratory Syndrome (MERS) of 2012.

## Disease, Africa and Biological Holocaust

Malaria claims about half a million victims per year in sub-Saharan Africa alone, primarily babies and toddlers. Spread by mosquitos, it is completely controllable simply by DDT and proper water management systems. (Further, when contracted, malaria is completely treatable. In 2020, deaths from malaria increased by over 20%, largely because anti-malaria treatments were logistically disrupted by the COVID pandemic.) About 50% of Africa's deaths are from infectious diseases (compared to about 2% in Europe), with malarial and diarrheal diseases accounting for around one million deaths/year. (Reported COVID-19 deaths in Africa are about 10-15% of this amount.) The victims die awful deaths primarily for the lack of systems of clean running water. Given decades of acceptance of such a horror show, can there be much surprise that there was a cavalier response regarding vaccines in Africa to combat COVID-19?

However, the issue is the toleration of endemic diseases that weaken the human immune system. The human immune-deficiency virus (HIV) is still killing about 750,000 people per year in Africa, as are lower respiratory tract infections—each at about six times the COVID-19 level. Besides HIV, there are: the Ebola, Zika, Nipah (NiV) and Chikungunya viruses that are active and problematic; outbreaks of plague; and new organisms, such as Rickettsia felis and Tropheryma whipplei, that enter into the fray. Besides what has already been mentioned, Africa has seen over the last twenty years outbreaks of measles, yellow fever, monkeypox, Rift Valley fever, tick-borne relapsing fever and a new genetic variant of Mansonella. There is every indication that prolonged conditions of economic deprivation weaken the collective immune systems of mankind, allowing for an increased rate of mutational activity of infectious agents.

During the recent peak of COVID-19 in India, there was also an outbreak of black fungus (Mucormycosis) amongst survivors of COVID-19, with over 45,000



*The lack of clean running water and the toleration of endemic diseases weakens the collective immune systems of mankind, allowing for an increased rate of mutational activity of infectious agents. India recently recorded nearly 12,000 cases of "black fungus." May 27, 2021.*

cases and over 4,300 deaths. It strikes the nose, eyes and even the brain, typically 12-18 days after recovery from Covid. It is thought that the fungus seized the opportunity of immune systems overtaxed by the pandemic. In the United States, a fungus, Candida auris, developed from health care facilities in New York in 2019, in part took advantage of the overtaxed and overcrowded hospitals of 2020, to become a super-fungus in 2021. Infections were discovered in Texas and Washington, D.C., resistant to all three levels of antifungal medications currently in use.

Presently, 60% of the deer in Michigan test positive for SARS-CoV-2. (They don't acquire the disease, COVID-19, but they remain as a reservoir of the virus.) Coronaviruses, known to scientists since the 1960s, can lie relatively dormant in various animal species. The SARS-CoV-2 virus, if, as is likely, it originated amongst Chinese horseshoe bats, would have brewed for some period amongst one or more intermediary species, such as pangolins and civets.

It also works the other way, as problems festering amongst humans can radically benefit or damage other species. The higher reality is that other species depend upon *this* species, that is, the human species, e.g., to transform barren areas such as deserts into fruitful (and carbon-dioxide consuming) greenery, and to make revolutionary scientific breakthroughs that the Earth and its biosphere depend upon. The breakdown of the human species will not return nature to a pristine state, but rather turn the planet over to the lowest and meanest of life-forms and processes.



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*China has shown the world how to fight and conquer COVID with massive testing, vaccinating, tracing, quarantining, and treating. Here, COVID testing in Yangzhou City, China, August 20, 2021.*

### **China: Living Proof COVID Not Invincible**

Ironically, the first country to face the virus's full assault actually showed the world how to fight and conquer it. China's medical community rallied to the frontlines, risked their lives, and the city of Wuhan emerged completely free from the virus. The mobilization included caring for those showing up with the previously undiagnosed illness, a push for therapeutics, personal protection equipment for the frontline health workers, isolation of the infected, tracing out and tracking down all of their contacts, quarantining whole neighborhoods, a massive deployment of public health workers and masks, the testing of broader and broader areas of the population and even the rapid building of new hospitals, care facilities, and testing capacity. If you're in a war, it is smart to do what it takes to win, because losing costs a lot more.

It takes a little effort to think back to February and March, 2020, when the fight for human life in China inspired the world. For those who need a refresher course, China was just hit again, over the last month, with 1,200 Delta cases. They had slipped up when an airplane cleanup crew in Nanjing failed to properly cleanse an incoming flight that had an infected passenger. The infection spread from the crew to the area near the airport and then to other cities. With massive testing, tracking and tracing, they located, quarantined and treated every case in the country. They caught infections in their early stages and won the fight for every patient. (Not one person has died from COVID-19 in China since January.) On August 23, they announced that they had finally gotten back to zero domestically-transmitted cases.

They had also identified 37 infections amongst individuals that same day traveling into the country, and were able to isolate and begin treating them.

So, no one in China is transmitting the disease to anyone else in China. China's "zero tolerance" policy against the virus was tested by the world-beating Delta, and China won. Yet voices in the West grumble at the Chinese success, complaining that they are somehow fighting too hard.

### **The LaRouche Factor, Again**

The "new normal" of 400,000 to 800,000 official new COVID-19 cases/day has set in, even if it is impolite to say so. And the same sloppy and immoral

habits of thought in some countries—that we clever people can more or less protect ourselves in bad times and let the hard time fall upon the unfortunates—creep in. The fantasy is that a nation can just vaccinate—three, four, five times or more, as needed—until those poor people overseas stop sending the virus in our direction. The simple, but perhaps hard, lesson still hasn't sunk in. As long as the world plays "whack-a-mole" with the virus, leaving it a permanent reserve to continue mutating, the coronavirus, one of its cousins, or some viral—or even fungal—infection will come back to visit.

For the record, the biggest hole in the world boat during the 20 or so months of pandemic has not been under the seats of those low-income countries, but under that of the United States itself. However, even had that part of the fantasy been true, it would not have mattered. The pandemic fantasy has hit Western populations already beset by their financial fantasy. Many people have been breathing in their own noxious fumes, believing themselves to be geniuses at managing life, or what is almost the same, their 401K plans. The thinking is that we can always learn to live with the occasional financial bubble when it intrudes into the party, simply by issuing new credit based upon nothing in hand, and upon nothing in the works, except the military muscle to keep other countries accepting the arrangement.

Fifty years ago, in 1971, Lyndon LaRouche's forecast, regarding the IMF policies toward the underdeveloped world coming back to destroy the "strong" currencies of the world, was realized with the pulling down of

the Bretton Woods system. LaRouche then spelled out the inevitable consequences to the physical health of the human race, challenging and down-sizing its immunity, leading to pockets of the human race being turned into human “Petri dishes” for the breeding of various infections. The clever still didn’t wish to listen. However, as in Edgar Poe’s “The Masque of the Red Death,” or as with the handwriting on the wall, “*Mene, mene tekel upharsin*,” reality has its way of intruding.

Perhaps, it is objected, there is not enough social cohesion to put up and deal with the COVID invasion. If so, then leaders must rally the country, ignoring both polls and the advice of career managers. What if the present class of ostensible leaders got there by playing to the fantasies of the population, and would not awaken to reality if it smacked them over the head? If so, it becomes an existential question for countries that *potential* leaders gain the confidence and trust of their populations.

How is that possible? Well, since Lyndon LaRouche and his movement have established a track record on just such hard questions, there already exists an efficient pathway forward. It is called “playing the LaRouche card”—and it is refreshing.

### **Lincoln: Pandemics a Message from the Creator**

The war can be won. It *has* to be won. And we must heed Lincoln’s warning as to what happens to us in the process. Near the end of the Civil War, with victory within grasp, Abraham Lincoln addressed just this deep-seated problem. A lot of people had sacrificed for a long period, and many had made the ultimate sacrifice or had to deal with the loss of loved ones. Beyond rallying the population to make a future worthy of the sacrifices, Lincoln addressed also the deep-seated and dangerous proclivity amongst his countrymen to harbor a mean notion of their Maker:

The Almighty has His own purposes. “Woe unto the world because of offences! for it must needs be that offences come; but woe to that man by whom the offence cometh!” If we shall suppose that American Slavery is one of those offences which, in the providence of God, must needs come, but which, having continued through His appointed time, He now wills to remove, and that He gives to both North and South, this terrible war, as the woe due to those by whom the offence came, shall we discern therein any departure from those divine attributes which the believers in a Living God always ascribe to Him?

Fondly do we hope— fervently do we pray— that this mighty scourge of war may speedily pass away. Yet, if God wills that it continue, until all the wealth piled by the bond-man’s two hundred and fifty years of unrequited toil shall be sunk, and until every drop of blood drawn with the lash, shall be paid by another drawn with the sword, as was said three thousand years ago, so still it must be said “the judgments of the Lord, are true and righteous altogether.”



Mathew Brady, 1863

*Abraham Lincoln rallied all Americans, in north and south, to make a future worthy of the sacrifices made during the war.*

Evil had been done. The consequences of that evil must be dealt with. There is lawfulness in God’s Creation. We can’t go forward harboring mistaken views as to how we got into this mess. If 50 years of greed, selfishness and self-consoling fantasies, embedded in financial policies that would seek to enforce permanent backwardness on sectors of the world, can be dealt with by a massive mobilization to conquer poverty, hunger and disease and bring the whole world at least up to 20th-Century standards, well and good. However, if a pandemic can’t shake populations from their fantasies, the biological holocaust in its wake will not be the fault of a Living God.