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## Interview: Dr. Abdul Alim Muhammad, MD

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# We must conquer AIDS as a challenge to our humanity, or seal our fate

*Dr. Muhammad, a longtime collaborator of Lyndon LaRouche, is the Minister of Health and Human Services for the Nation of Islam, and the National Spokesman for Minister Louis Farrakhan. He is Director of the Abundant Life Clinic, Washington, D.C., many of whose patients are infected with the human immunodeficiency virus (HIV), which causes acquired immunodeficiency syndrome (AIDS). In 1991, Dr. Muhammad, a surgeon, travelled to Kenya to investigate the use of low-dose interferon therapy with AIDS patients, a treatment developed by Harvard-trained immunologist Dr. David Koehn.*

*On Jan. 24, Dr. Muhammad joined Democratic Presidential pre-candidate LaRouche and a panel of other experts in New York for a webcast on the crisis in health care. Other panelists were Brooklyn emergency room specialist Dr. Kildare Clarke and EIR economics correspondent Richard Freeman. Participants in the live webcast were from New York City, Connecticut, Buffalo, Ithaca, and Rochester.*

*Lawrence Freeman interviewed Dr. Muhammad for EIR on Jan. 13.*

**EIR:** First of all, I'd like to say to our readers that the subject of AIDS is not a new subject for either Dr. Muhammad or ourselves. Mr. LaRouche began looking at this issue in the 1980s, and forecast that, as a result of the declining economic conditions brought about by the International Monetary Fund (IMF) policy, there would probably be an outbreak of some plague or plague-like epidemic. We published studies to this effect in the 1980s. Dr. Muhammad also became concerned about this issue, and came across some of our writings. So for us, we have been watching this for about 15 years. And even though in some of the discussion we're going to have, the figures are startling, we're not caught completely by surprise by them. I think that's one thing that our readers should know.

The first thing I'd like to say, Dr. Muhammad, is that some of the statistics are amazing. Some of the reports indicate that as many as 33 million people—some say 50 million—have AIDS, and that 70% of the people who have AIDS, are on the African continent, and about 16 million people who had AIDS died of AIDS. Now, just on the sheer numbers of those statistics, what is your first impression, and what does that bring to your mind?

**Dr. Muhammad:** I think that these numbers indicate a trag-

edy of enormous proportions. I think that what is striking about any of these statistics related to HIV and AIDS, and its spread in Africa and throughout the world, is the tremendous degree of imprecision, if you will, in these numbers. That some say 30 million, some say 40 million, some say 50 million, some say whatever. Because the fact of the matter is, that we don't actually know the number of people, in Africa, or any individual nation in Africa, or even in the United States, or any other nation around the world, who have been infected with HIV.

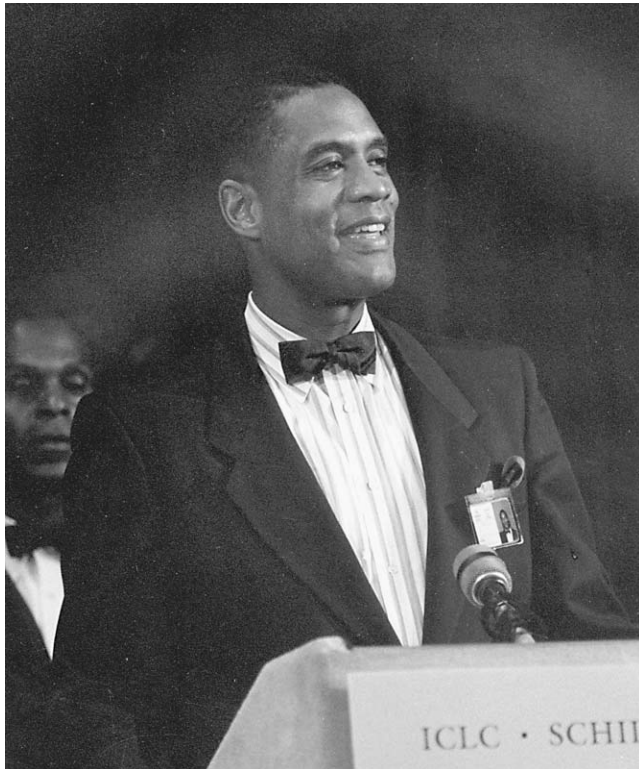
When we consider that this global pandemic is a true threat to the ultimate survival of humanity, it would seem that it would be of the utmost importance to know precisely who is infected and who is not infected, as a guide to public health measures. But in fact, that is not the case.

I became aware of the implications of HIV and AIDS in 1987, and you're quite right: Some of the earliest information that I came across [was] in the pages of *EIR* and other LaRouche publications. And certainly, *EIR* and related publications have remained a source of some of the best information.

But other than in the nation-state of Cuba, I don't think any nation deserves very much credit for accurately measuring the dimensions of the epidemic. I was in Cuba about two years ago, and I had a chance to meet there with the director of their AIDS effort, and to visit the sanatorium that they have outside of Havana on a former sugar plantation.

They're very precise in their understanding of AIDS in Cuba. They're very precise, because at that time, they had administered 18 million HIV tests to a population of approximately 10 million. So they knew, literally, every single infection that had occurred in the Cuban population. And whenever they identified someone as being infected, that person was taken into the health-care delivery system in Cuba, and given what they needed in terms of education, given what they needed in terms of therapy, and most importantly, given adequate nutrition and social supports. And in fact, the whole population has been properly educated and mobilized around the issue of AIDS.

So at the time that I was there two years ago, maybe two and a half years ago now, they had literally stopped the epidemic in its tracks. And it shows that where there is the national will to do so, and actually a rather modest allocation



*Dr. Abdul Alim Muhammad: "AIDS could become an ultimate challenge to humanity that brings the very best out of us."*

of resources, that it is possible to get control of the epidemic, and to stop it.

Unfortunately, that national will has not been apparent in any other nation that I'm aware of throughout the world.

**EIR:** Given the levels of infection and the number of people who are dying in Africa, why do you think AIDS is spreading at the rate it is in Africa? Why is this the worst case that we're suffering from in the world?

**Dr. Muhammad:** I think that's a very good question, and we probably don't have all of the information that we need to give an adequate answer. But certainly part of the answer is the fact that Africa was deliberately targetted, where this infection is concerned.

I think that some of the questions about the origin of AIDS are relevant here: Is HIV and AIDS just a consequence of nature running amok, or, in fact, is HIV due to some artificial intervention, if you will, on the part of certain people on our planet?

And I think, while the question may not be settled altogether, some of the work done by Leonard Horowitz in his book from 1996, *Emerging Viruses: AIDS and Ebola*, settles a large part of that question, that it goes almost beyond dispute that HIV, ebola, and other emerging viruses were specifically engineered in biological warfare laboratories in this country and throughout the world [see review in *EIR*, Oct. 31, 1997].

And in fact, the way in which AIDS specifically was introduced into large population groups throughout the world, was by artificial means, specifically through the experimental hepatitis B vaccine that had been developed in the mid-1970s and was administered from 1974 through 1979, in population groups that included specific requests for participation by homosexual groups in New York and San Francisco, but also villagers in Central Africa, especially in the northeastern provinces of Zaire, Uganda, Rwanda, Burundi.

And these people were inoculated with an experimental hepatitis B vaccine that was discovered later on to be contaminated, not with SIV [simian immunodeficiency virus], but with HIV. *And, the only way that those vaccines could have been contaminated, was deliberately.*

And so, we think—or, at least, I think—that the way in which a large enough critical mass of individuals got infected in certain geographical areas, was through inoculations. Then, other modes of transmission could take over after that, to continue the spread of the epidemic.

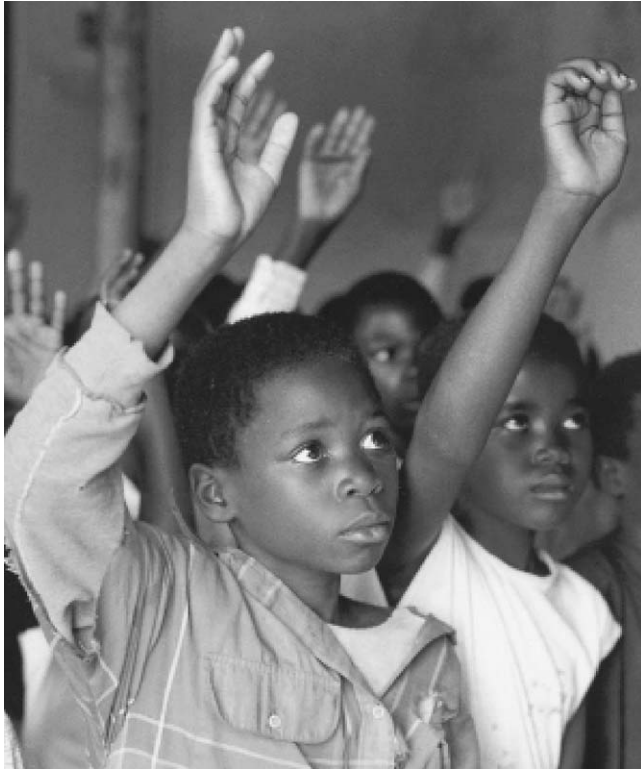
It's interesting that, in this country, anyway, but in many places throughout the world, the doctrine of HIV being spread as a sexually transmitted disease, is the prevalent notion, although other means of transmission have not been specifically ruled out.

But, in fact, there are two studies that I'm aware of: One was done in Germany about four years ago, which indicated that, although HIV can be transmitted sexually—say, from an infected male to a non-infected female—the transmission rate is on the order of 1 transmission per 700 sexual contacts between an infected male and a non-infected female. A similar study conducted in the United States a few years later, showed that the transmission rate was 1 transmission per 1,200 sexual contacts from an infected male to a non-infected female. So we can't argue that HIV is not sexually transmissible, but *it's not very transmissible* by sexual means.

Also, there are other factors that almost seem never to be taken into consideration, and that is: that the concentration of the viral particles in different bodily fluids varies quite a bit—the highest concentration being in saliva, with significant concentrations also present in breast milk, and blood, of course, but relatively minor amounts present in semen and vaginal secretions. . . .

Especially when one considers that the main expenditure in this country, and throughout the world, for HIV prevention, is on condoms—well, it just really doesn't make any sense, except when you consider that condoms are about 90% effective in preventing pregnancies.

Now, how effective they might be in preventing the transmission of HIV is another question. When you look at some of the studies that have been done—two years ago this past summer, there was a study released that showed that HIV infection rates were skyrocketing in young black females in the United States, but the pregnancy rates in the same group had plummeted. So, how can you reconcile those two diver-



Zambian children in the village of Mazabuka, where many have been orphaned by AIDS. With 30-40 million Africans infected with HIV, Al Gore is proposing that the United States spend \$100 million for their care: \$2-3 a head. "This is a joke," says Dr. Muhammad. "I mean, he should have just kept his mouth shut, and he shouldn't have said anything, because you can't save anybody's life with \$2 or \$3."

gent growth curves, when it just shows that these same girls who were continuing to be infected with HIV, in fact had reduced their pregnancy rate through the use of condoms, but it had no impact whatsoever on the rate of HIV infection?

**EIR:** Then what are you saying is the primary cause for the spread and transmission of AIDS?

**Dr. Muhammad:** What I'm specifically saying, is that we need to do some honest scientific work in this area, instead of jumping to politically correct conclusions about it. It may be that there are multiple transmission routes. It may be that once you reach a certain level of infectivity in a particular population—in other words, what happens to transmission in a population that is infected, say, at a rate of 20 or 30%, as opposed to a population that has less than 1% infection?

Maybe insect transmission, maybe airborne transmission, maybe transmission casually, through contact with personal care items, becomes a bigger factor than it would be at lower rates of infection in that population.

What I'm suggesting, is that there really hasn't been an awful lot of honest research to uncover how this virus may,

in fact, be spread, unintentionally, much less looking at the much larger possibilities that large populations have been infected, deliberately, through inoculations.

**EIR:** This is one of the biggest scandals, and a scientific scandal, because this has been around, at least known in this level, for 15 years. And yet, during that period of time, there have been almost no serious scientific studies that discuss any level of transmission other than the one to treat AIDS as if it were totally a sexually transmitted disease. Now, we go into the next millennium with arguably the biggest killer in the world, and we're still somewhat in the Dark Ages on investigation. And that's got to have been a political decision, that we've ruled out a whole area of scientific research.

**Dr. Muhammad:** Let me add one other thing that I just became aware of, maybe four months ago. I made a trip to a certain North African country. I won't mention the name of the country. But it was a country that I had been to before, and on previous trips, I was made aware of the fact that HIV and AIDS was not a problem in this North African, predominantly Muslim country.

On the last trip, however, the situation has changed completely. Now they have several hundred cases, maybe 75% of the cases occurring in children under the age of six. And the way in which this epidemic now has some feet under it in this particular country, is the fact that they discovered that some foreign medical workers were *deliberately* injecting HIV into children, in several hospitals, in this country.

And this is currently under a criminal investigation. These foreign health workers are under arrest. *And this is a major crime that has been carried out against this North African country.* So this is one case where the perpetrators of a crime—a biological warfare crime if you will, a crime of genocide—were caught red-handed. We can only imagine how many other locations throughout the world have also been the victims of deployed agents, utilizing weapons of mass destruction, against targeted populations.

**EIR:** Let's look just at Africa for a minute, or other underdeveloped countries: What are the other conditions that some people call co-factors? What are the conditions that make it propitious for AIDS to spread at such alarming rates?

**Dr. Muhammad:** One of the questions that I puzzled over early on in the epidemic, before I understood some of these things, is: What do homosexuals in Hollywood have in common with Haitians and Central African villagers? Because remember, at that time, in the late 1980s, these were high-risk groups that were talked about.

The only thing that these three population groups seemed to have in common was the fact that they were all multiply-infected with many different infectious diseases. The average homosexual in Western countries has had multiple bouts of gonorrhea, syphilis, chlamydia—you know, you name the sexually transmitted disease, and they have it. They tend to

be carriers of at least one form of hepatitis or the other, and oftentimes, many other things as well.

In a similar way, people who live in impoverished countries like Haiti and the Central African nations, are also oftentimes multiply-infected with parasitic diseases: malaria, tuberculosis, all kinds of diarrheal illnesses. And this tends to create a situation of relative immune deficiency, not specifically from HIV. But then, when you introduce HIV into that situation, you have an accelerated clinical manifestation of what we call AIDS.

So, I think that the economic, social, hygienic conditions in many of these poorly developed nations, is a net accelerator of the rate of spread of HIV. With hygiene, in many instances, it may introduce a factor that does not seem to be highly significant in the West. That has to do with biting insects. I've read, from different sources, that in certain tropical areas of the world, an individual may be bitten between 100 and 200 times per day, from mosquitoes, flies, other biting insects. In a village where you may have a high level of infection of the total population of that village, then it means that individuals may receive an adequate inoculation of virus from insects that have bitten a number of times in the course of the day. So, this leads to a completely different epidemic dynamic in these places, as opposed to what you would see in the almost insect-free environments of the temperate-zone countries.

**EIR:** Another factor that you alluded to is health care. Both of us have been to Africa, and—I don't know if people in the West have any idea of what health care is really like in Africa. One statistic that did come out, which just shows how, unless emergency measures are taken, the AIDS epidemic is going to spread, is that, of all the Africans with AIDS, fewer than 5% have access to basic health care. And that's already *after they have AIDS*. This is a crucial area of infrastructure that is virtually nonexistent, except in probably a handful of cities, and even then it isn't up to Western standards.

**Dr. Muhammad:** That is putting your finger right on the crux of the problem, because even if we had the perfect treatment for HIV and AIDS-related diseases, yet, without a health-care infrastructure, there's no way to deliver it.

And so, there have been tremendous advances in treatment since the epidemic became known. I don't think any of the treatments are what we would call perfected; yet, some are rather effective, more or less, with most people. But without a health-care infrastructure, there's no way in which that health care can be delivered.

The per-capita expenditure throughout Africa, in many cases, amounts to a dollar or so per year. Well, that's not enough money to afford anything. I was appalled to hear the proposal that Vice President Gore put before the UN Security Council just this past week, where he said that the United States was pledging \$100 million for the care of AIDS victims in Africa.

If there are 30 to 40 million of these infected Africans,

*then he's talking about two and a half to three dollars a head.* This is a joke. I mean, he should have just kept his mouth shut, and he shouldn't have said anything, because you can't save anybody's life with \$2 or \$3.

He proposed, I believe, \$10 million for the care of 11 million African orphans—about 90¢ apiece. Well, this shows clearly, that Gore is not serious in what he proposes, the Clinton administration is not serious. Nobody is serious about putting forth the level of expenditure that would be adequate to the problem. There has to be some proportionality between what you're trying to do, and what you're willing to spend for it. *And right now, we want to spend pennies for something that is going to cost billions upon billions of dollars.*

AIDS must be considered right now, to be a death plague on the human population, that is increasingly going out of control. It could be, if it was viewed properly, a tremendous challenge to our collective humanity. If we reach down deep inside, whether we're Christians, Jews, Muslims, Buddhists, whatever we may be, in terms of our spiritual direction, but yet if we reach deep down inside for the compassion toward our fellow human beings, this could be a challenge that would tend to solidify humanity. It would tend to unite us on the basis of a common good, on the basis of a common challenge that threatens all of our lives.

But, in fact, the kind of fractured spiritual life, handicapped by greed and racism and all of the other negatives, means that right now, there is literally no sign on the horizon that we are about to give an adequate response to the AIDS challenge.

**EIR:** I wanted to go back to the question of Gore. Apparently, his proposal was to increase the expenditures for AIDS by \$100 million, which would only take us to \$325 million, for 50 million or more Africans who have AIDS. So it's really quite cynical. Aside from the complete hypocrisy of Gore being put in charge of working with the UN Security Council, after he tried to deny South Africans the right to have cheaper AIDS medicines, the other thing he said is that the chief area that we're going to work in, and the hope, lies in a vaccine for AIDS.

I wanted to get your view of this, as a doctor in this field now for many years. Is a vaccine a viable approach, and does that allow us to ignore everything else that has to be done in the meantime?

**Dr. Muhammad:** If there were the perfect vaccine for HIV and AIDS, you would still have the problem of treating those who have already become infected. So even if we had in hand, right now, the perfect vaccine, our work is still cut out for us.

*However, the possibilities of there ever being a completely effective HIV vaccine, is a very remote possibility.* And that just flows directly from the biological characteristics of HIV, which happens to be the most mutagenic virus known. It's about 50 times as mutagenic as the influenza virus. The influenza virus is notorious for creating worldwide epidemics ev-

ery two or three years, because it mutates to the degree that our immune defenses against the old flu bug won't help us against the new flu bug that has mutated.

Well, HIV is 50 times as mutagenic as that. And maybe people aren't aware of the fact of how ineffective the highly touted flu vaccines are: that at best, the studies show they're only about 30% effective. So mathematically, *you could conclude that any vaccine against HIV, would probably have less than a 1% effective rate.* It's just not a viable alternative.

And I think that anybody who consistently proposes that as the answer for HIV and AIDS, is really being quite cynical, and even has criminally bad intentions; because it's literally saying to the world of humanity that is at risk, that you're just going to have to hold on the best you can, until we come up with that which we can never come up with. So, it's a prescription for genocide.

**EIR:** You mentioned earlier passing out condoms to prevent people from having children, and now you mentioned again the genocide question. And I think we're both familiar with the fact that, in the 1970s, when Henry Kissinger was Secretary of State, there was a National Security Study Memorandum [NSSM 200] put out, that said that you have to stop developing countries from having high rates of population growth, because they would use up resources that the West needs. So, we have to induce them to take these counterpopulation measures themselves, so they don't build up an animosity toward the West.

And now, about a quarter-century after Kissinger made these statements, isn't that what is happening? And then again, I want to draw out the horrific implications, and get your thoughts on them, on this AIDS crisis; because, for example, statistics have come out saying that in Nigeria, which is the largest populated country in Africa, between 110 and 120 million people—they now talk about a 5% infection rate, which is extraordinary. They talk about other cities in Africa—just cities, now, not countries—having an 8-30% HIV infection rate.

There was a statistic that [UN Secretary General] Kofi Annan came out with, that said, of 11 million AIDS orphans, 90% are African children. And then we can go through statistics on Uganda, the Congo, Zambia.

What are the implications of these levels of disease in African countries? How will this affect the population growth of these countries in Africa?

**Dr. Muhammad:** I think we've already seen what it means. In Burundi, in Rwanda, and perhaps a few other countries, we've already seen a net decrease in life expectancy, on the order of, down from 60 years at birth, to a life expectancy now of around 40 years. So, you've lost one-third of the expected lifespan of the population.

What we are witnessing, we're on the brink of watching the wholesale collapse of entire nations in central and eastern and southern Africa, and perhaps, in another decade or so, we could see the same thing occurring among Asian nations.

It's interesting that you go all the way back to the mid-1970s, that would be '74, '75, with the National Security Study Memorandum 200 (which, of course, most Americans have never heard of). But, as far as I'm aware, it was the first time that the United States government specifically targeted human populations as being enemies to the national security interests of the United States. . . . Now of course, the genocidal implications of National Security Study Memorandum 200 are one thing. But in the law, you would also have to be able to show that the means existed to carry out those intentions. *And it just so happens that, in the scientific world, along about the same time, the capability for reducing populations wholesale, had just been attained.*

In 1969, before the House subcommittee on appropriations, there was a request for \$10 million for the final development of a class of biological agents that had the characteristic of destroying the human immune system. And so this appropriation was voted by Congress in 1969, and went under what was at the time called "the Special Virus Cancer Program," under Nixon's famous War on Cancer.

Now, the Special Virus Cancer Program was a search for oncogenic viruses—in other words, viruses that could cause cancer.

Well, the deception that apparently was under way, was that Nixon had said that the United States was not going to be involved any longer in research having to do with biological weapons and chemical weapons. But, in fact, the Special Cancer Virus Program was just that, but under the cover of the war against cancer.

So, the United States Army, and others, did discover several viruses that had the capability of inducing cancer in human populations. And it is believed that it was out of this research, from 1969 and onward, that resulted in the development specifically of HIV. And it was in exactly this same time period, that this HIV virus, this artificial virus, made its appearance, its rather sudden appearance, in the experimental hepatitis B vaccine that was administered to homosexuals in the United States, and throughout Africa and Haiti.

And in fact, several locations where the United States Army had biological warfare research satellite units—this is where we see the highest incidence of this infection.

So, what does this all mean? It means that for the last two and a half decades, at least, the policy objectives of National Security Study Memorandum 200, authored by Henry Kissinger and Brent Scowcroft, with the involvement of people like George Bush, has been in effect. And it has been carried out, quite covertly. It has been done in such a way that it has not aroused the ire of the intended victims.

As a matter of fact, *it has been so cleverly disguised, that one of the tragic ironies of this epidemic, is that the victims, before they die, end up blaming themselves.* The whole fault and blame for HIV and AIDS is placed on those who are dying, that they were promiscuous, they were truck drivers who were on the roads in Africa, and they were visiting prostitutes, and they were doing this, and they were doing that.

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And so the whole blame and shame and stigma, falls on the victims themselves, and those who are most likely the perpetrators of genocide seem to be getting away scot free.

**EIR:** What's happening now, is, the death rate is so high due to AIDS, that industry, businesses, can't function, because of the number of workers who have to leave the workforce, because they get sick. There are figures coming out of Kenya, Zimbabwe, South Africa, that the economic effects of AIDS could be to lower the prosperity of the economy. And it's very hard to talk about prosperity in these economies. But, there are some studies that say that economic growth could be lowered by 20%, for example, because utility companies have to hire an extra 12-15% employees to account for those who will leave due to illness. In South Africa, in some places, they lose half the teachers in particular school districts.

So, this has a devastating economic effect on countries that already are suffering devastating economic effects. LaRouche said it's a non-linear reaction compounding upon itself. And I don't think people are fully aware of the economic crisis that this is causing in these countries.

**Dr. Muhammad:** Yes, it makes you wonder whether or not, in some of these countries and some of these regions of Africa and other portions of the Third World, whether we've reached what you might call the horizon of a black hole, from which there is no escape. I don't know if the rate of collapse in some of these areas is beyond remediation. It may be. Certainly I am convinced, that if adequate measures are not taken within the next few years, that we *will* reach, in many areas of the world, a point of no return, from which the population can not recover. And in some cases, we may already be there.

**EIR:** Would you outline a Manhattan Project-style approach to studying all the possible areas of how AIDS could be transmitted, and all the possible cures?

At this point, we have various medicines that are used. I guess we should discuss this a little bit, because you have been involved in research in one area. And, of course, we have the case of Magic Johnson here in the United States, who was an athlete, which means his body was in better condition. He also has enormous amounts of money, so he can pay for what is required. And this is denied, obviously, to most

Americans, much less most Africans.

So, in addition to the larger approach, what do you think is the immediate medical approach that we should be taking?  
**Dr. Muhammad:** Well, I think that is a very large question. But it's one that has to be faced up to. First of all, you're right. It's going to take a Manhattan Project-style mobilization, but this time on a global scale, where we bring all the best minds together, to look at the relevant issues. In order for this to happen, there has to be just the complete demolishing of this psychological state of denial that paralyzes government and prevents the mobilization of resources.

I think there needs to be a convening of heads of state to look at HIV and AIDS as probably the very worst single threat to the continued existence of large segments of humanity. And there needs to be some kind of a spiritual rebirth among global leadership, to decide whether in fact they actually care about the future of humanity. Because the current policies and actions would indicate, that they don't much care.

So, if that is the case, that they don't much care, then HIV and AIDS have revolutionary implications, because then, *humanity itself must rise up to take matters into its own hands.*

Now, assuming that there is a generalized, global acknowledgment of the threat, then the very first thing that has to be done, is there has to be a massive education program, based on the very best information that we have available, and of course increasing that database all the time, so that we are really telling the population the true facts, if you will, about HIV and AIDS, devoid of the mythologies that have built up around it.

The point of such a massive educational campaign, is to overcome whatever resistance that there might be for people being tested. As we say here at the Abundant Life Clinic, "If you don't know your HIV status as an individual, you don't know the first thing there is to know about AIDS." And so, that's the intent of all education, is to learn one's HIV status, because it's only when you know what your status is, that you are able to do the responsible thing by yourself, by your family and other loved ones, by your community, and by the nation of which you're a part.

So education is tied directly with testing. We have the technology. I'm most familiar with some of the advanced membrane chemistry technologies that have resulted in HIV

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*One of the glaring weaknesses in the modern scientific medical paradigm, is our inability to effectively treat viral illnesses. Now, this means that if we become adept at the treatment of HIV and AIDS, if we make fundamentally new discoveries about the nature of viral illnesses and learn how to deal with them, then we really will be creating a tremendous paradigm shift in medicine.*

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testing capabilities that could literally be put into force anywhere in the world. One developed by Dr. James Parker, from California, at V-Tech Corp., is able to be used without any electricity, without a lot of training for technicians—very, very simply done—gives results that are highly accurate, within five or ten minutes, using blood, urine, or saliva.

So, this testing technology is available. It needs to be employed widely, so that every human being on the face of this planet has the opportunity to be tested.

For those who unfortunately test positive for the antibodies for the virus that cause HIV and AIDS, then those individuals need to have made available to them, *as a matter of right*, the very best treatment that is available.

The most effective and cost-effective treatment that I'm aware of, is the low-dose interferon therapies developed by the Kenyans and others. I'm also aware that in Cuba, they have made tremendous advances in the uses of low-dose alpha interferon. Interferon, for those who may not know, is a natural human cytokine. It has immune modulatory properties; it mobilizes the immune system. And it is the natural response that we have to viral infections and to some forms of cancers.

And so, utilizing this approach, has led to great success where it has been done properly. Because of the nature of it, that it is a natural biological product of growing cells, then it is literally possible to set up tissue culture in laboratories in various places throughout the world, and grow cells that produce interferon by the ton. We could make the per-dose cost, no more than a couple of pennies, easily affordable even by the poorest people on the earth.

*But, I believe it is the responsibility of every government, and other international institutions, to support the financial cost of such treatment. It should be the inherent right of every human being to receive such treatment.*

And then there need to be ongoing research efforts to learn more and more as we go along, because admittedly, HIV and AIDS is a new disease. We don't know much about it. We haven't had much experience with it. We don't know the true natural history of it yet. It hasn't been around long enough.

And then we get back to the other point, that there must be, as a part of this mobilization, a commitment to the building of the health infrastructure throughout the world so that there are no longer significant health barriers, or barriers to health care, or significant disparities in the availability of health care,

regardless of where a person lives on the planet.

And what that means is, that there would have to be a wholesale education of large numbers of people. There have to be accelerated educational programs to produce the doctors, the technicians, the nurses, the other health-care workers, the educators who would have to be fanned out all over the globe.

There needs to be, in the developed countries, something on the order of a Peace Corps mobilization, because you already have tremendous numbers of people who have the background and the capability. They could be mobilized in a matter of months and deployed throughout the world, to really give some teeth to these efforts.

And then, this of course necessitates global approaches to many things. You can't view health-care issues in isolation from social issues, economic issues, political issues—all of that has to come into it in some way or the other. And there have to be functional alliances across all kinds of boundaries.

So, in that way, HIV and AIDS could become an ultimate challenge to humanity that brings the very best out of us. But to continue as we are, with this pessimistic, fatalistic attitude, literally condemns a huge portion of humanity to certain death in the early decades of the 21st century.

**EIR:** What you have outlined is a real test for humanity. And so this is a challenge. But the question is, can we turn the challenge into a positive virtue? LaRouche has talked about the question of colonizing Mars, which would revolutionize our entire economy and scientific capability, and also lift our spirits.

It seems to me you're suggesting something similar for AIDS, especially since 70% of this disease is located in the Sub-Sahara portion of Africa. So, we're probably talking about something on the order of several tens of billions, maybe \$50-100 billion, which would have to include changing our scientific approach. It would mean health care to every single person, as you mentioned.

And it would mean fundamental changes in the economy. LaRouche has mentioned the Marshall Plan that changed Germany substantially in 1948, a reconstruction bank. He has proposed a New Bretton Woods, where each nation would be part of a new economic system.

So, it seems to me that what we're discussing here is

possibly the second great effort that we're going to have to wage in this new millennium for a complete overhaul of our economy, of our scientific capability, which does test the question of our commitment to human life and to our brothers and sisters, and which, if we don't, from what we discussed earlier, we're talking about a Dark Age—the elimination of a large percentage of the world's population in the first half of the 21st century, given the rate of spread of this disease in Africa. And that's just a marker of what will happen elsewhere. And we already see signs of it in Asia and in Latin America.

So, it looks like we're combining a Manhattan Project, a Moon-Mars Project, and a Marshall Plan all in one here, and testing ourselves in the process.

**Dr. Muhammad:** Yes. And there's added importance, as well, beyond the specific issue of HIV and AIDS. When we talk about HIV and AIDS, obviously we're talking about a disease epidemic that is caused by a virus. Well, one of the glaring weaknesses in the modern scientific medical paradigm, is our inability to effectively treat viral illnesses. Now, this means that if we become adept at the treatment of HIV and AIDS, if we make fundamentally new discoveries about the nature of viral illnesses and learn how to deal with them, then we really will be creating a tremendous paradigm shift in medicine.

Now, I hate that term, “paradigm shift,” because it's so often misused. But in fact, that's what this would be. It would be a genuine paradigm shift.

Now, why is that so important, beyond HIV and AIDS? It is because medical scientists are becoming increasingly aware, just in the last maybe five years, that many of the degenerative or inflammatory or auto-immune diseases, that humanity suffers from, are in fact infections.

I guess the first revelation came about five years ago, when it was learned that peptic ulcer disease was caused by a bacterium, *heliobacter pylori*. Now it turns out that even cardiovascular disease, coronary artery disease, that causes strokes, kidney disease, all of these cardiovascular disorders, may in fact be due to another infection with a bacterium called chlamydia.

It turns out that even psychiatric illnesses, major depression, schizophrenia, may be due to viral infections; that diabetes, obsessive compulsive disorders, may be due to infections.

We're looking at the emergence of new diseases, attention deficit disorder in children, so-called, Alzheimer's in older adults; many of these are also seemingly associated with infections, many of them viral infections. Chronic fatigue syndrome, fibromyalgia, Gulf War Syndrome—many of these illnesses are due, it turns out, to viral infections, not to mention the clear link that exists between neoplastic diseases, or cancers, and viral infections.

So, if we learn to treat HIV and AIDS, we would be ushering in a whole new era in medicine, one that would be comparable to the ushering in of the antibiotic era with the introduc-

tion of penicillin and other early antibiotics. Now, suddenly, these “untreatable” illnesses that had no answer, could be taken care of quite easily.

If we learn how to treat HIV and AIDS, then there's a whole other realm that we move into that enhances the quality of life, that will probably abolish some of the most common diseases that plague humanity now. All of this, if we bear down, and do what we should do, and make the commitment that we should make, to the eradication of this man-made disease.

But we can't end it there, because if, in fact, it turns out that HIV and AIDS is the result of genocidal planning and policies of certain elements in the world, then it seems to me, that justice demands that those perpetrators of such genocidal schemes must also be brought to the bar of justice, and exposed for the mass-murderers that they are. And their policies need to be exposed and destroyed, so that humanity never again will be their unwitting victims.

**EIR:** I couldn't agree with you more on that.

Now, since these statistics are coming out at the rate they are, and people are waking up to issues that you and I and others in our organization have discussed for many years, you have all kinds of statements being made, such as the disingenuous remarks of Vice President Al Gore, about “taking this on” with a mere \$320 million—but do you think the response from our political leaders, also African-American leaders, is adequate? How do you evaluate the response, now that people are getting an inkling? Or, are we just completely desensitized to it, and has our culture stooped so low that there is no response? Or, which political leaders do you think are responding to this situation and this crisis?

**Dr. Muhammad:** I think to date, the responsiveness of political leaders to this epidemic is woefully inadequate. I mean, we're starting to hear certain things. Even what Gore said—at least he said something, when, in the past, nothing was being said. Clinton has said a few things.

I was, as I said, recently overseas, and I had the opportunity to meet with a few African leaders. And they are now openly speaking about HIV and AIDS. So I think there is a greater willingness to take up the issue and to speak to it. But there's nothing like an adequate response taking place right now. We're at maybe the 1% mark, toward 100% solution.

I think the candidacy of Lyndon LaRouche is significantly different. I certainly hope that his campaign goes well, and I certainly hope that he gets the exposure that he deserves, because I think he's the one person who can adequately articulate the policy needs in this area. And perhaps he can inspire the kind of mobilization that is really needed.

**EIR:** Thank you very much Dr. Muhammad. We look forward to further discussions on this.

**Dr. Muhammad:** It's a pleasure.