# African insects shown to be carriers of the AIDS virus

by Warren J. Hamerman, Director EIR Biological Holocaust Task Force

Professor Jean-Claude Chermann of the Paris-based Pasteur Institute has released a study proving that insects randomly selected in the heart of the African "AIDS Belt" are active carriers of the AIDS virus, a study which has shaken the worldwide medical, scientific, and public-health community. Professor Chermann's report, delivered on Aug. 23 in Budapest at the 14th International Congress on Cancer, stated that the Pasteur Institute research team had isolated the AIDS virus from four different types of African insects—mosquitoes, cockroaches, tsetse flies, and lion ants.

The details of the Chermann study were published in the Aug. 30 issue of *The Proceedings of the Paris Academy of Sciences*. In interviews to the media prior to the publication of the paper, Chermann reported the following findings:

• "We were surprised to notice that insects we had brought from Zaire and the Central African Republic were infected by the AIDS virus."

• "The fact that the AIDS virus has been found in insects, means that the 'reservoir' for the virus is no longer the T4 lymphocites alone, as insects have no T4 cells. . . . [T]he fact that only the insects living in endemic areas are contaminated, coheres well with the AIDS epidemiology, which is different in the West and in Africa. The insects could therefore be, in Africa, natural 'reservoirs' for the AIDS virus and a possible means of contamination of the disease."

• "Of the 50 insects we collected from Kinshasa and Bangui, all appeared to be infected by the AIDS virus. . . . The presence of sequences homologous to the HIV virus [the AIDS virus] in the insects' genes captured in Zaire and Central African Republic, an area where the virus is endemic, reinforces the idea of the possibility of AIDS transmission by this means, and the formation of a natural reservoir for the virus. . . . It only needs a slight mutation and the mosquitoes would become potentially infective."

• The Pasteur Institute research approach proceeded in

two phases: 1) First, they discovered in their Paris laboratory that cultured cells from drosophila (fruit flies) and mosquitoes could be infected by the AIDS virus; in the laboratory experiments, the AIDS virus became integrated into the DNA genetic material of the host insect cells. 2) Subsequently they sent research teams to collect randomly selected insects in Kinshasha, Zaire, and Bangui, Central African Republic; they discovered that virtually all of the 50 insects (including mosquitoes, tsetse flies, lion ants, and cockroaches) from Zaire had the genetic material of the AIDS virus integrated into their own DNA; at least 30 insects (including mosquitoes, ticks, and bedbugs) from the Central African Republic were similarly AIDS virus carriers.

# Dr. Whiteside upheld

I had the honor of informing Dr. Mark Whiteside of the Miami-based Institute of Tropical Medicine by telephone of the historic Pasteur Institute declaration, minutes after receiving a direct report from Europe. Based upon the preliminary report on Professor Chermann's statements, Dr. Whiteside, who has courageously withstood a vicious and unethical campaign by the World Health Organization (WHO) and Centers for Disease Control (CDC) to impugn his work on Belle Glade, happily declared:

"I think that the African insect declaration has the potential to blow the whole policy question open on the question of environmental factors in public health, especially in the poverty pockets of the tropics. I would be most happy to see the Pasteur Institute investigate the environmental factors of AIDS in the Third World tropical areas. I eagerly look forward to getting the details of their study. I am very happy that, at last, there is a real break in the scientific news on what we have been fighting to focus people on for a long time. I look forward to seeing the reactions in the international and national scientific community. I can hardly wait to get tomorrow's news."

The release of the Pasteur Institute study followed by only 11 weeks an international scientific conference in Paris on "The Importance of Reviving the Method of Louis Pasteur for Fighting AIDS and Other Pandemics Today," at which Dr. Whiteside, various European and American scientists, and I spoke.

# **EIR vindicated**

The release of the Pasteur Institute results is seen as important vindication of the "Environmental Factors Hypothesis" developed by Dr. Mark Whiteside's and Caroline MacLeod in their famous case study of Belle Glade, Florida and the numerous published writings of the EIR Biological Holocaust Task Force on the causal relationship between economic breakdown and the outbreak of the deadly pandemic. The view that AIDS is a tropical-based disease which was being "mechanically" transmitted by insects in the African AIDS belt, southern Florida, and Central America has been a continuous subject in EIR for years. Our EIR Biological Holocaust Task Force issued a Special Report on Feb. 15, 1986 entitled, An Emergency War Plan to Fight AIDS and Other Pandemics, which featured an entire chapter on the case of Belle Glade, Florida and another on the subject of the unfolding AIDS "biological holocaust" in Africa.

Not everyone was encouraged to learn of Dr. Chermann's revelations. Dr. Harold Jaffe, the chief of the Centers for Disease Control (CDC) Epidemiology section, called the results "puzzling" and proceeded to speculate on why they could not be true. Dr. Jay A. Levy of the University of California at San Francisco told the media that he was "perplexed" at the findings. Dr. Bruce Francie of the CDC's Arbovirus Unit at Fort Collins expressed skepticism.

In a pathetic attempt to maintain "the line" of the Centers for Disease Control and the "AIDS Establishment," Prof. Robert Gallo of America's National Cancer Institute whimpered: "He [Chermann] didn't demonstrate that the virus is transmitted by insects, he just mentioned it. I don't think he made any claim that the disease was transmitted by insects, at least I hope he didn't."

### A broken Mann

Dr. Jonathan Mann of the World Health Organization AIDS Task Force put forward a bizarre "all or nothing" theory to try and discredit Dr. Chermann; Mann, formerly the CDC's man in Kinshasa, Zaire, commented that if Chermann were correct, then all Zaireans would have AIDS, given the large number of mosquitoes there. Mann's comments were particularly pathetic. Up through the Atlanta AIDS Conference in April 1985, Mann was a respected scientific researcher who, on assignment in Kinshasa, Zaire, did original breakthrough studies on the possibilities of mechanical insect transmission of AIDS in Zaire. According to eyewitnesses, after Mann put forward this hypothesis at the Atlanta conference, he was called into a room by high CDC officials, and came out of the room a broken man with a marked personality change. Mann was subsequently awarded the post of WHO African AIDS Task Force head, and has since worked to discredit the insect and environmental factor theory.

This journal has documented in detail that the WHO is controlled at the top by the Soviets. In fact, a top Soviet WHO official based in Europe told a reporter: "What Chermann has discovered, is not a real revolution in the epidemiology of AIDS, not at all! The idea that he is talking about, has existed for a long time, but it's only an idea. There was always suspicion that insects played a role in transmitting AIDS, but Mann did the work, and found no evidence." The Soviet official, who has a key input into WHO policy toward AIDS, confessed, "We have not given research into insect transmission of AIDS much priority. We have to identify a problem, before we decide to develop research. If we feel that something does not play an important role, we decide and act accordingly. Insects do not play such an important role, so we act accordingly. From the epidemiological side, there's no indication that insects are an important factor in transmitting AIDS."

# **Central and South America next**

Even as the new studies on Africa were released, a vast insect-disease public-health emergency is being supressed in the Western Hemisphere.

The health ministers of all Central American and Caribbean nations have called an emergency meeting in Honduras to review an "out of control" public-health emergency throughout the area of rampant insect-transmitted diseases such as malaria and Dengue hemorrhagic fever. Informed sources report that the situation in both Nicaragua and Honduras is particularly acute. Other sources report that the AIDS crisis in Puerto Rico is a total emergency.

In addition to the Central American meeting, there will soon be a meeting of all Ibero-American health ministers in Uruguay to plan out a continental strategy against insectborne diseases. In addition to the insect-borne diseases, tuberculosis—which is the best "marker disease" for economic collapse—is on a rampage throughout Central and South America. Given all these indications, tropical disease experts believe that an heretofore *undocumented* full-scale "Africanstyle" AIDS epidemic is brewing in Ibero-America.

The reports of African insects carrying the AIDS virus and the uncontrolled outbreak of insect-transmitted diseases in Central and South America have to be viewed against the backdrop of the dramatically unfolding African locust crisis. (See *Feature*, page 34-43.)

# A new EIR study

The EIR Biological Holocaust Task Force has prepared a new study on AIDS, commissioned by economist Lyndon H.

LaRouche, Jr., which was publicly released at an international conference in the Washington, D.C. area on Labor Day Weekend.

The detailed EIR study compares AIDS to various other diseases-malaria, typhoid, bubonic plague, Lassa fever, hepatitis B, yellow fever, the common cold, influenza, measles, cholera, and dengue hemorrhagic fever. Ironically, the Atlanta Centers for Disease Control (CDC) has prepared a study which is consistent with the new EIR report. Existing statistics show, that AIDS is among the most highly infectious epidemics known, and is the most deadly. It appears to be the case, that very high rates of transmission occur only in some atypical modes as homosexual acts and hypodermic needles; otherwise, according to the statistical evidence, AIDS appears to be approximately 1% as communicable per day as highly infectious viruses. However, AIDS has today the highest rate of fatality of any epidemic, and the AIDS carrier transmits the infection over at least a 100 times as many days as fast-spreading viruses. So, per AIDS-carrier, AIDS is as infectious over the long term as fast-spreading viruses, and twice as deadly as other killer-epidemics.

Among the specific conclusions of the new *EIR* report are:

1) Since AIDS is a slow-acting "lentivirus," a biological time bomb, the contagious window of an AIDS carrier has a value of 96 on the Communicable Index (CI), as compared with a CI of 1 for the common cold and influenza.

2) The disease-specific Mortality Index (MI) of AIDS is 100%, as compared with a mortality rate of 50%, for example, for plague, yellow fever epidemics, untreated cholera, and untreated Dengue hemorrhagic fever. In other words, a European in 1348 had a 50% chance of surviving if he or she contracted the Black Death, but a person who gets AIDS today currently has no chance of surviving.

3) The Mortality-Communicability Index (MCI) for AIDS is 9,600, making it the deadliest disease in human history, by 40 times over the next closest disease. Other diseases have an MCI value of: malaria (240); yellow fever (150); typhoid (60); plague (50); dengue hemorrhagic fever (50); untreated cholera (50).

4) The MCI was used to calculate numbers of "average points of spread" through active carriers at any one time, the "casual threat of AIDS to the world's population," the spread of disease dynamics, and infection densities in tropical, economically collapsed "high-risk areas."

There are two public-health factors chiefly to be considered, in estimating the number of new cases of AIDS-infected persons per year:

1) The total number of already infected carriers of AIDS in a locality, both in absolute numbers, and as a percentage of the population in that locality.

2) The number of available routes of transmission from infected to non-infected persons: bodily contact, aerosols, insect bites, and other.

Homosexuals and drug-users, the fast-track transmission routes through bodily contact and direct serum-transfer, affect the potential for transmission to non-homosexual, nondrug-user populations, by means of increasing the number and concentration of AIDS-carriers in a locality. The transmission from existing concentrations of AIDS-carriers to non-infected persons, is, relatively speaking, the slow-track transmission. The question then becomes, what is the factor of transmission through each of the possible types of vectors corresponding to the slow track?

The rate of slow-track transmission must tend to vary most significantly according to environmental factors in the locality. Areas of concentration of insect bites, and of poor sanitation generally, must be suspected to have relatively the highest rates of transmission. To the degree the conditions in the locality converge upon tropical-disease conditions, the environmental factors must be relatively greater.

# New research needed

Prominent among the needed medical and related biological studies, are included:

1) Insect-bite transmission. The first question, is whether an insect which bites an infected person, and then promptly bites a non-infected person, is transmitting infected serum to the non-infected person. As the Chermann studies indicate, the second question is whether a biting insect can be a systemic carrier of the AIDS virus, and, if so, whether the bite of that insect conveys the AIDS virus efficiently into the system of the person bitten.

2) Opportunities and mechanisms of aerosol transmission. At a certain stage, AIDS infection presents itself in the form of respiratory AIDS; for obvious reasons, in this form, AIDS has a *potential* aerosol transmission in approximately the order of active tuberculosis infection. Statistical evidence indicates already, that AIDS prompts eruption of latent tuberculosis infection; the question is, is AIDS transmissable in aerosols emitted by such victims of tuberculosis?

Medical and related biological research must approach final answers to such questions, by successive steps. The heretofore anti-scientific recklessness of those WHO and CDC officials who *a priori* exclude "non-high-risk" modes of transmission, now stands exposed. The worst behavior among spokesmen for such anti-scientific arguments, is the effort to suppress any experimental evidence along these lines, and the effort to prevent such experiments from being funded. That sort of behavior among medical and biological professionals, is sufficient proof that their arguments are intentionally fraudulent ones. In common parlance, this is sufficient proof that they are liars.

The only rational response to the latest studies of AIDSvirus insect carriers and the new *EIR Risk Threat to Mankind* report, is for a concerted world action plan to commence now, modeled on the 12 points of the *EIR* War Plan released last February.