
Biological Holocaust

Coverup of AIDS, other epidemics: Ibero-America near African conditions

by Jorge Bazúa and Valerie Rush

The Pan-American Health Organization, the branch of the Soviet-dominated World Health Organization (WHO) which oversees Ibero-America, is running a criminal coverup of that continent's perilous health conditions, which border on turning Ibero-America into a new Africa. Even worse, the PAHO is actively promoting a shutdown of the very medical and health infrastructure which could help to avert the biological holocaust brewing there.

According to the Tropical Disease director of PAHO, AIDS is a disease of the "degenerate" advanced-sector nations, which therefore poses no threat to the countries of the Third World. According to the parent WHO organization, there is an "overpopulation" of doctors in the developing sector, necessitating a shutdown of medical schools there.

Given the near-daily reports of new AIDS victims being discovered across Ibero-America, and the desperate shortage of medical care for these and other victims of the new epidemics surfacing continent-wide, one needn't look far to find criminals worthy of the noose at a reconvened Nuremberg Tribunal.

An IMF holocaust

The Ibero-American countries find themselves on the verge of a catastrophic wave of epidemics. Tuberculosis, malaria, dengue and yellow fevers, measles, chagas, and a host of infectious illnesses which had been eradicated or under control in the majority of the countries of the region, are today spreading rapidly and beginning to take their toll across the continent, threatening to wipe out a population increasingly weakened and unable to resist their assault.

Ibero-America has been brought to this situation under the austerity conditions imposed by the International Monetary Fund. The epidemics are spreading because of the forced reduction in living standards of Ibero-America. In June 1985, the PAHO issued a report which stated that a result of the economic crisis ravaging the continent was the growing infestation of the *Aedes aegypti* mosquito in nearly every nation.

The report observed that lack of resources has forced the

targeted nations to significantly reduce fumigation campaigns against the insect plague, such that the mosquito has gradually begun to re-infest areas where it had been largely or totally eliminated, and is now spreading to the principal urban centers. PAHO's observation has been confirmed with reports of new outbreaks of yellow and dengue fevers—in both urban and rural zones—which are transmitted by that insect.

The population is not only being denied the nutrition it requires to build up immunological defenses against these diseases, but is also being stripped of basic health infrastructure—too costly to maintain in the IMF's scheme of things. In fact, as recently as April of this year, PAHO director Carlyle Guerra de Macedo blamed the economic "adjustment programs" of the IMF for wrecking the region's health programs. Guerra de Macedo noted that even in countries like Cuba and Costa Rica, with the lowest infant mortality rates on the continent, health budgets have been slashed 10-40% as the result of austerity imposed by creditors. Imagine the state of affairs in Haiti, where nearly 200 out of every 1,000 newborn babies die.

And yet, just five months later, along comes the "indignant" PAHO to recommend that medical schools in developing sector countries be shut down to solve the problem of an "overpopulation" of doctors!

Speaking to 150 delegates from 40 countries at a two-day international conference of medical and health organizations in Acapulco, Mexico, an official of the Soviet-dominated World Health Organization (WHO) warned Sept. 11 of an "overpopulation of physicians" in Ibero-America. He urged the closing of medical schools, restriction of the activities of foreign doctors, and changes in the medical training curriculum to make it, in the familiar language of the World Bank, "more appropriate to the needs of each region."

His argument, echoed by various speakers at the conference, was that the existing number of "medical agents" (doctors, nurses, dentists, technicians, etc.) must be redistributed geographically to meet "the needs of the people." The concentration of "too many" doctors in the urban centers and too

few in rural areas was his primary concern. He insisted that an "excess production" of doctors was exacerbating this imbalance.

The WHO official was apparently not disturbed by the report, issued at the same conference by Mexico's deputy health minister, that over 100,000 Mexican villages lack medical services. "A significant number of Mexicans, at least 10 million, have no access to health services," said the official.

The deterioration of diet and medical care is having its most dramatic effect on the infants of Ibero-America. Nearly every Ibero-American country has been suffering an increase in infant mortality. Current statistics show that 1 out of every 10 Ibero-American babies dies before one year of age, and in the most depressed rural areas, mortality rates have reached 1 in every 4 babies. The principal cause of these deaths is infectious diseases, which are either non-existent or at least not life-threatening in areas where adequate diet, sanitation, and medical care exist.

Epidemic breakout

The constant stripping away of physical and infrastructural defenses by the IMF's austerity programs has led to a situation in which diseases traditionally endemic to the "belts of misery" on the continent are breaking out as full-scale epidemics in urban centers, triggering fear in especially middle-class layers, who have long considered themselves immune to such threats.

Last May, an epidemic of "benign" dengue fever spread through Brazil's Rio de Janeiro, affecting nearly a half-million people and reaching into upper-class residential zones. While the epidemic appears to be under control, at least temporarily, it is expected to resurface with greater force over the next few months, this time in the form of the mortal "hemorrhagic" dengue fever, and yellow fever as well. Brazilian pathologist Eurico de Aguiar has called for a "total reformulation of the Brazilian health system" in Brazil. Otherwise, he warned, "We are going to be living with epidemics. Today it is dengue in Rio. Last year there were 400,000 cases of malaria in the Amazon. In addition, we have a new case of leprosy every 30 minutes."

Rio de Janeiro is no exception, but exemplifies what is occurring across Ibero-America. In the past 12 months, malaria has wreaked destruction in Brazil, Venezuela, Colombia, and Mexico. The deadly hemorrhagic dengue fever has hit Nicaragua, epidemics of yellow fever and killer measles have broken out in Brazil and Peru, and chagas has infected an estimated 10% of Brazilians.

Then, of course, there is AIDS, which has appeared in nearly every country on the continent but to what extent the PAHO, like its parent organization the WHO, would like to keep under wraps. How else can one explain PAHO's claim that AIDS is a disease of "gringo homosexuals," limited to the advanced sector nations, and a matter Ibero-America

should not concern itself with?

And yet, in Mexico alone during the past year, 217 cases have been reported of newborn babies who contracted AIDS in the womb. Estanislao Stanilawski, pathology professor at the National University of Mexico's medical school and the man in charge of AIDS detection in Mexico, told a recent virology conference in Mexico City that 1 of every 100 blood donors in Mexico has been discovered to be a non-symptomatic carrier of the AIDS virus.

In Argentina, according to the magazine *Gente*, at least 70 persons have died of AIDS and 170 cases more have been diagnosed. At least 50% of the homosexuals of that country are infected with the virus. In Venezuela, the chief of transmittable diseases, Dr. Rafael Travieso, reports that of 150 individuals studied, one-third showed the virus antibodies in their blood. Although no estimates of numbers of victims have been released from that country, the Venezuelan press has only recently commented on the case of four children from a very poor region of the country who were diagnosed as AIDS victims.

The case of Haiti

Haiti is the country with the greatest incidence of AIDS in the region, relative to size of population, a function of the extreme poverty of that unfortunate nation. In Brazil, the number of officially registered AIDS cases is growing so fast, that latest estimates show the number of victims is doubling in less than six months. According to a July report issued by the Health Ministry in Brasilia, AIDS has been detected in 20 of the country's 23 states, and registered cases of AIDS victims in Brazil as of June 20 were 739, with another 116 suspected of having contracted the disease. Of that 739, 522 are from the state of São Paulo.

According to the São Paulo secretary of health, Dr. Ricardo Veronesi, nearly 300,000 Brazilians are condemned to die of AIDS over the next five years. Veronesi claimed that nearly 1 million Brazilians are already carrying the AIDS virus today, and that there are two new victims of AIDS in Brazil each day.

Moreover, a growing percentage of the new cases being discovered are occurring among groups outside the so-called high-risk category. This fact, again, reduces the WHO argument that AIDS only affects homosexuals and drug addicts, to the most suspect kind of propaganda. In Haiti, 72% of AIDS cases have been detected among non-risk members of the population, a pattern similar to that discovered in the poverty-stricken and mosquito-infested area of Belle Glade in Florida.

The recent discoveries of the Pasteur Institute in Paris regarding the carrying of the AIDS virus by "flying syringes" like mosquitos and other insects, define this deadly disease as a virtual time-bomb that could explode in epidemic form at any moment within the poverty-ravaged tropical belt of Ibero-America. If it hasn't already.