

Nothing short of victory: strategy for a war on AIDS

by Lyndon H. LaRouche, Jr.

The following remarks are excerpted from pre-broadcast material prepared by Lyndon LaRouche for a half-hour television show on his AIDS policy for airing before the California primary on June 7.

The AIDS virus is the cause of the most deadly epidemic disease which has ever threatened mankind. Under present medical conditions, infection with this virus is 100% fatal. If biological science does not produce a cure for this virus, this virus could make the human species extinct within two or three generations to come. We must declare war on this virus now, whatever that costs, and accept no substitute for victory. The tiny horned AIDS virus is the most deadly enemy ever to threaten you and your family. We must make this virus and any like it totally extinct. If I am your next President, we shall wipe this virus from the face of this planet.

What LaRouche knows that Koop does not

Many are saying to themselves, "I thought LaRouche was an economist. What does an economist know about AIDS?" My profession is a little-known branch of science, called physical economy. That is a branch of physical science founded by Gottfried Leibniz about 300 years ago. Physical economy deals with two general areas of the economic process. First, the relationship among energy, technology, and productivity. Second, predicting the levels of increased productivity which can be achieved through specific kinds of scientific innovations in the form of advanced technologies.

All of the processes with which we deal in physical economy are what are called nonlinear processes, very much like those with which the biophysicist deals. Also, most of what we know about public health and the spread of epidemics today has been developed as part of the work of my profession. For more than 10 years before the AIDS virus was discovered, I was watching for signs of the outbreak of some major new kind of epidemic disease, which I predicted must hit the human race hard during the 1980s.

So, when the facts about the AIDS virus began to pour in, I organized an international scientific task force of biologists, physicians, and high-energy physicists, to seek a strategy for controlling and destroying the AIDS virus.

The specialists from many nations contacted represent, in total, professionals who know as much or more about this virus and the ways it might be conquered as any other team

of professionals who could be brought together. We don't know the answers to the problem, yet, but we do know what we ought to do, and we have a fair idea of exactly how we might eradicate this enemy of all mankind from the Earth.

So far, the government of the United States has been doing almost zero to stop the spread of this infection and find a cure. Mailing letters in the name of stopping the AIDS virus is a cruel joke against those suffering and threatened by the virus. It is time to elect a government that cares enough to do what is necessary.

Fighting AIDS with modern science

One of the key U.S. scientists coordinating the research of my international scientific task force is a noted pathologist and physician, Dr. John Grauerholz. Our task force has written about the "tuning" aspects of the way in which the virus infects the T-cells. It is the way in which the horns of the virus are tuned electromagnetically which is key to the way the virus gets inside the cell it infects. This tuning is an important part of the key to discovering a cure.

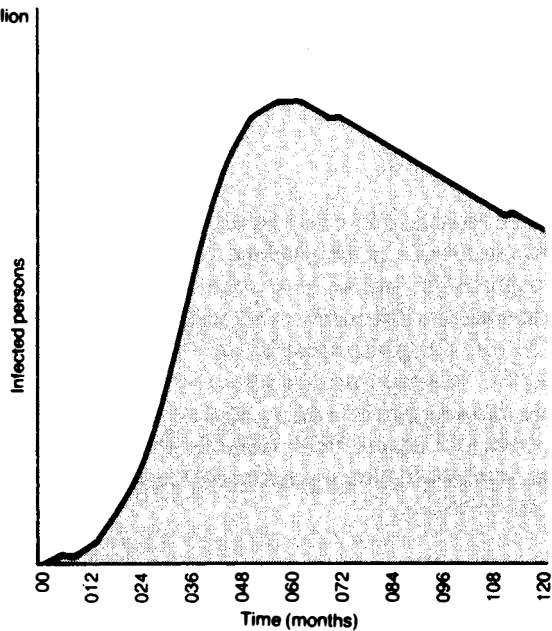
Surgeon General Koop insists that AIDS is a venereal disease, like syphilis. Naturally, since the infection is contained in bodily fluids, any sort of intimate contact is the easiest way in which the infection can be transmitted. In the cities in the United States, where the majority of the cases so far have been IV drug-users, it is probably drug-using male prostitutes who spread the disease among homosexuals. However, in Africa, the disease is clearly transmitted by such means as insect bites, and infects a very large proportion of young children and older persons.

To the best of our knowledge, the AIDS virus was produced accidentally in laboratory experiments using human tissues back during the 1960s. This is a form of virus which is well-known as a killer infection of several species of animals. Human AIDS was probably created by the accidental contamination of experimental human tissue cultures with some infected material used in the experiment, such as serum from infected fetuses of unborn calves. Such experiments are known to have been conducted in the Soviet Union, the United States, and elsewhere during the 1960s, before the first known case of AIDS death occurred in St. Louis in 1969.

In animal varieties of AIDS, the infection is spread by insect bites and even by air droplets among sheep kept in close quarters.

FIGURE 1

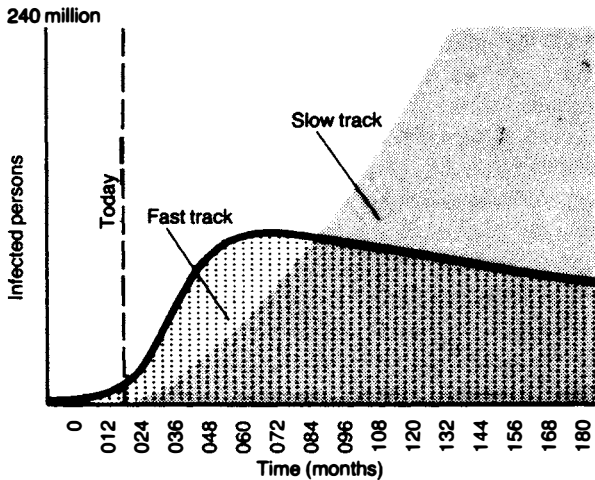
Growth of AIDS infection in 'high-risk' population (of 1 million persons)



Starting from an assumed 10,000 persons initially infected, the infection course follows the classical "S-curve," reaching 90% saturation in about 5 years. Only after nearly the entire population has been infected does the number of carriers begin to drop.

FIGURE 2

Early phases of U.S. AIDS epidemic



Assuming that 20 million Americans are susceptible to fast-track transmission, the model predicts that within 5 years, more people will be infected in the general population than in the "high-risk" groups.

On the basis of the evidence available on transmission of the infection, I drew up the design of a computer program to estimate the rate at which the infection would be expected to spread. Two associates of mine, Dr. Jonathan Tennenbaum and Ralf Schauerhammer, worked up a computer study according to my specifications in West Germany. Later, a U.S. scientific team developed a cruder computer forecast, with somewhat similar results.

I defined two tracks for the spread of the infection, the first for so-called high-risk groups, and for persons outside those high-risk groups. I used three main variables for each class of persons: the percentage of persons in near contact carrying the virus, the percentage of those with a high concentration of the virus, and the proximity among persons during various parts of the ordinary day, at home, in schools, commuting to and from work, in restaurants, and at work. . . .

Look at the curve for high-risk groups (see **Figure 1**). You see, that as a high percentage of new cases is added, the number of newly infected cases begins to drop as a percentage of the total number of persons within the high-risk group. However, these infected persons become a part of the source of infection for persons not in the high-risk group.

Now, we add the curve for the non-high-risk section of the population (**Figure 2**). You see that the rate of infection is much slower than for the high-risk group. However, as more than 10% of the population becomes infected carriers, the risk to everyone begins to become as dangerous as in the high-risk groups.

These charts show that we must slow down the rate of spread of this infection while we still have the possibility of doing so.

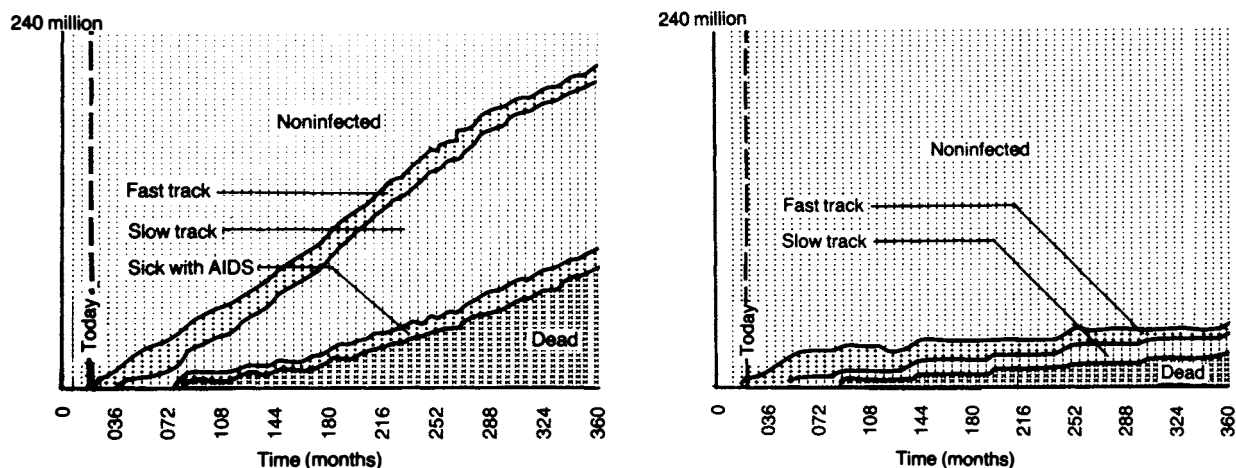
Crisis in health infrastructure

The problem is that the United States has presently no capability for handling the hundreds of thousands of AIDS cases who will require hospitalization each year beginning during the early 1990s. AIDS patients require special kinds of hospital facilities, not only because they are very infectious in that stage, but because they are helpless to resist opportunistic infections. We must invest in building the required number of hospital-bed facilities now.

The main weapon in finding a cure for AIDS is a branch of biophysics called "nonlinear spectroscopy." Remember the way the electromagnetic tuning of the AIDS virus works in the way the virus penetrates a T-cell in your body. What we must do is find frequencies of electromagnetic radiation which kill the AIDS virus, but are safe for healthy human cells. It is a spectroscopic technique which has been studied in research programs on cancer.

For scientific reasons explained in published reports, by early 1985, the international scientific team had reached the conclusion that it was virtually impossible that an actual cure for the AIDS infection could be developed except by a crash program of biophysical research centered upon methods of nonlinear spectroscopy. In addition to a crash program fea-

FIGURE 3
Projection of AIDS epidemic in the United States



The left-hand graph shows the computer model projection that by the year 2014, with no change in policy, more than 80% of the U.S. population will be infected, sick, or dead. The right-hand graph projects the AIDS epidemic under the assumption that public health measures like California's Proposition 69 are adopted within one year. This model run assumes that these measures would reduce slow-track transmission by a factor of 6.

turing nonlinear spectroscopy, we must create the scientific instruments required for this, which we can do with about \$1 billion a year allotted to the advanced electronics sector of the aerospace laboratories. We estimate that between 5 and 10 years will be needed before the discovery of a cure can be expected. In the meantime, we must develop every possible way of increasing the public's potential resistance to the virus and develop ways of slowing down the spread of the virus inside the infected person's body. The object is to keep many infected people alive long enough to benefit from the discovery of a cure.

This brings us to my three-point program for our war against the AIDS virus.

- 1) Not less than \$3 billion a year for an Apollo-style "crash program" of research to develop a cure for AIDS.
- 2) Universal mass-testing for the infection, combined with public health and out-patient medical services to all infected persons and their families.
- 3) A large-scale program of constructing hospital-bed capacity for handling the expected caseload of AIDS-infected persons requiring hospital care.

We must test everyone for AIDS infection periodically, and test those already infected more frequently. We shall probably have to make some practical compromises on mass-testing: perhaps once every six months. Once a person is known to be infected, we must ensure that he receives every form of public health and medical assistance he requires, including making special treatments available to each and all of them as rapidly as these treatments are available. There is no denying that this will cost a lot of money, but there is no

price too high for saving human lives from this terrible infection.

The best guesses on costs of medical treatment for each AIDS-infected person are between \$100,000 and \$150,000 total for each case hospitalized. This must come from a combination of federal, state, local, and private agencies. With the number now infected, this will cost about \$100 billion a year or more by sometime during the early 1990s. We have no choice; our morality will not permit us to see millions of Americans dying helplessly in hospices which are simply death camps.

Don't worry about the money. If I become the next President, the average real income in this country will increase by between 20% and 30% over the coming four years. We shall simply have to pull millions of Americans out of the bottom-wage jobs created under the Reagan-Bush administration, and put those people to work in jobs where they produce real wealth and once again earn the level of real wages industrial employees used to earn back at the end of the 1960s.

If we continued to do little but send silly letters, as Washington is doing today, this infection is fully capable of making the human species extinct by sometime during the first half of the next century. That need not happen. Let us declare war against this virus, bring it under control, and wipe it from the face of the Earth by the end of this century. An end to penny-ante moaning and groaning about costs. With the aid of science we can win this war; therefore, let us act now, and proceed to total victory over the worst plague which mankind has ever faced.