

Clinton Issues Order Allowing Africa to Produce AIDS Drugs

by Scott Thompson

On May 10, President Bill Clinton issued an Executive Order on HIV/AIDS, entitled “Access to HIV/AIDS Pharmaceuticals and Medical Technologies,” which says that the United States will take no steps against Sub-Saharan African nations, and the Republic of South Africa in particular, if they produce generic drugs to combat HIV/AIDS. Thus, President Clinton has turned the tables on those who have sought to impose sanctions against such efforts.

Clinton’s Executive Order (EO) is a welcome and timely move. On May 22, South African President Thabo Mbeki, who on April 3 sent a letter to Clinton and world leaders on the AIDS crisis (see p. 63), will meet with Clinton in Washington to address the deadly pandemic in Africa. The Clinton EO stands in stark contrast to Vice President Al Gore’s actions toward Mbeki. During 1994-99, for example, in a scandalous fashion, as head of a Commission on South Africa, Gore threatened then-Vice President Mbeki with *sanctions* if South Africa did not cease and desist from using less costly generic versions of medications used to treat AIDS.

While the EO, an unclassified document, is not without problems—e.g., it does not give sufficient weight to the need for an Apollo-style crash program to find a cure for HIV/AIDS, and for the building of health infrastructure—it is a singular sign of sanity from the United States, for treating a disease that, in many parts of the world, is already as bad as the 14th-century Black Death that killed approximately one-third the population of Europe.

The EO states: “The United States shall not seek, through negotiation or otherwise, the revocation or revision of any intellectual property law or policy of a beneficiary Sub-Sa-

haran African country, as determined by the President, that regulates HIV/AIDS pharmaceuticals or medical technologies if the law or policy of the country . . . promotes access to HIV/AIDS pharmaceuticals or medical technologies for affected populations in that country.”

The EO also addresses the need “to stimulate development of the infrastructure necessary to deliver health services, and by encouraging policies that provide an incentive for public and private research on and development of, vaccines and other medical innovations that will combat the HIV/AIDS epidemic in Africa.”

The EO motivates these steps with the following “findings”: 1) “Since the onset of the worldwide HIV/AIDS epidemic, approximately 34 million people living in Sub-Saharan Africa have been infected by the disease”; 2) “Of those infected, approximately 11.5 million have died”; and, 3) “The deaths represent 83% of the total HIV/AIDS-related deaths worldwide.”

Hence, the EO states, “There is critical need for effective incentives to develop new pharmaceuticals, vaccines, and therapies to combat the HIV/AIDS crisis, . . . and to promote their health care infrastructure to promote improved access to quality health care for the citizens in general, and particularly with respect to the HIV/AIDS epidemic” in Africa.

Poverty Is a Major Cause

On May 11, a spokesman for President Clinton’s National Security Council told *EIR* that the NSC views HIV/AIDS and other “global infectious diseases” as a “national security threat,” as per the CIA’s January 2000 unclassified version of

its National Intelligence Estimate entitled “The Global Infectious Disease Threat and Its Implications for the United States” (see *EIR*, May 12, for extensive excerpts).

Perhaps more importantly, the NSC spokesman agreed with *EIR*’s long-standing assessment that austerity policies that cause the impoverishment of people are a major cause of the spread of HIV/AIDS. The spokesman immediately recognized the significance of Belle Glade, Florida, a case-study reported by *EIR* in the 1980s, in which lack of adequate health infrastructure led to an epidemic breakout of HIV/AIDS. The spokesman readily offering, “Yes, poverty, combined with the collapse of reasonable water and sewage supplies, along with a lack of other health-care infrastructure, can be a major cause for the spread for both HIV/AIDS and other infectious diseases.”

According to the NSC spokesman, an International Health Desk has been created within the National Security Council, under National Security Adviser Samuel “Sandy” Berger, who has overall responsibility for tracking the spread of global infectious diseases such as HIV/AIDS, and assessing the global threat that they represent. This desk functions on the same level of priority now assigned to international drug trafficking and terrorism. The spokesman said that this is in consonance with the CIA’s National Intelligence Estimate on “Global Infectious Diseases,” and that the origins of the desk may have been with President Clinton’s June 1996 Presidential Decision Directive on the subject.

While the International Health Desk covers all “global infectious diseases,” it has given special priority to HIV/AIDS, assigning two desk officers to cover HIV/AIDS in Africa, and two more to cover it elsewhere in the world. The spokesman said that the National Security Council rejects the assertion that HIV/AIDS is simply a sexually transmitted disease, and, under questioning, he reiterated that the NSC knows that HIV/AIDS is “exacerbated by poverty.”

LaRouche Was Right

As the May 12 *EIR* documented in a timeline entitled “LaRouche Was Right: The Record on AIDS,” Democratic Presidential pre-candidate Lyndon H. LaRouche, Jr. had forecast the emergence of new epidemic and pandemic diseases as early as September 1974. At the time, LaRouche stated that the austerity policies of the International Monetary Fund and the World Bank — slashing food and energy consumption, and health-care services in “Third World” countries — would lead to a biological holocaust, as “energy throughput in the biosphere” plummeted. LaRouche stated that not only would previously conquered diseases reemerge as a result, but also that new deadly diseases would emerge, creating conditions like the 14th-century Black Death.

After HIV/AIDS emerged as the diagnosis for a new disease in 1984, LaRouche wrote in *EIR* on July 9, 1985: “Unless there is, immediately, a sudden and rapid reversal in accelerat-

ing, 1967-1985 trends in nutrition, medical services, and sanitation, there will be an unstoppable eruption in both old and new varieties of bacterial and viral pandemics, from which no population in any part of the world will escape.”

On Oct. 11, 1985, when LaRouche announced his candidacy for the 1988 Democratic Party Presidential nomination, he was the world’s first political leader to recognize that Africa would die if the problem of HIV/AIDS were not addressed: “In central black Africa, teams of experts estimate that between 10 million and 32 million are already infected, with infection distributed without regard to age or sex.”

The President Uses His Authority

In a rare display of the proper exercise of Presidential power since his impeachment, President Clinton’s May 10 Executive Order overrode Southern racist, Senate Majority Leader Trent Lott (R-Miss.), and the pharmaceutical cartels, by drafting an order that was almost verbatim the content of an amendment to the African Trade bill, co-sponsored by Sens. Dianne Feinstein (D-Calif.) and Russell D. Feingold (D-Wisc.). According to the May 11 *New York Times*, Lott had killed this amendment.

The *New York Times* reported that the main opposition in Congress to the amendment came from Senators who feared alienating the pharmaceutical cartel’s lucrative lobbying arm, the Pharmaceutical Research and Manufacturers of America (PHARMA). Alan F. Holmer, the president of PHARMA, said that the President’s Executive Order was most troubling. Lott said that he disapproved of putting the blocked Feinstein-Feingold amendment into effect by use of an Executive Order.

Pharmaceutical Cartels Maneuver

Two days after President Clinton issued his Executive Order, the pharmaceutical cartels tried to block the production of generic HIV/AIDS drugs in Sub-Saharan Africa, by offering what would appear to be a major price cut for drugs that are used to treat HIV/AIDS, according to Reuters of May 12.

The British drug firm Glaxo-Wellcome PLC offered to cut the price of its AIDS drugs by 85%. Other pharmaceutical companies, including Switzerland’s Roche Holding SA, the United States’ Merck and Co., Inc. and Bristol-Myers Squibb, and Germany’s Böhringer Ingelheim, all agreed that they, too, would reduce the price of AIDS drugs (but they did not indicate by how much).

These pharmaceutical cartels had previously refused to lower prices, despite three years of negotiations on the subject with UNAIDS. However, Senior Technical Adviser to UNAIDS Julia Cleves stated that, although she was surprised at the suddenness of their decision, “most of the work is very much to come.”

Cleves said that UNAIDS planned to have more operational detail on the price cut, in time for the 13th International

AIDS Conference in Durban, South Africa, on July 9-14. Regarding the pharmaceutical companies' price cuts, Cleves acknowledged, "Even if they are not instantly affordable to everybody, this initiative will nonetheless make access to drugs much more likely for a much larger number of people."

But, tragically, and foolishly, UNAIDS apparently expects that the World Health Organization and the World Bank will play a major role in financing and building health infrastructure—although they concede that no such agreements have been reached. "Clearly, resources need to be found within countries to pay for some of it. The question of what external finance is going to be required and where it is going to come from, and who is prepared to pay are all discussions we are still having," Cleves said.

However, on the same day, according to Agence France Presse, South Africa's Health Minister Manto Tshabalala-Misimang exposed the price-cut ruse. She said that even with a hypothetical 75% price cut, the current cost for multi-drug anti-AIDS therapy would drop from \$10,000 to \$2,500, which only a fraction of South Africa's 4.2 million citizens who are HIV-positive, could still afford. Even if South Africa were to spend its entire drug budget of \$286 million acquiring the drug-therapy "cocktail" at the reduced price, only 120,000 South Africans could receive treatment.

"This unfortunately means that the Department of Health still cannot afford to buy anti-retrovirals [medications] for treatment of those infected with the HIV virus," said the South African Health Minister, adding that, although the extent of the price rollback had yet to be determined, "even with a 90% price reduction, the government would still not be able to provide equitable access to anti-retroviral therapy for all South Africans."

Why Is Al Gore Silent?

As this author documented in several articles in *EIR* and the weekly *New Federalist*, the newspaper of the LaRouche political movement, in 1999, ever since Vice President Al Gore, Jr. was placed in charge of U.S. policy toward South Africa in 1994, through the now defunct Gore-Mbeki Bi-National Commission (BNC), the Vice President, in league with other Malthusian genocidalists in Congress, the pharmaceutical cartels, and international financial institutions, had been following a policy precisely the opposite of that embodied in President Clinton's May 10 Executive Order. (At the time, Mbeki was Deputy President under President Nelson Mandela.) Under Gore's handling of the Gore-Mbeki BNC, there were repeated threats issued at the instigation of Gore and PHARMA, for trade and aid sanctions against South Africa, if it dared to try to produce generic drugs to combat the effects of HIV/AIDS, sanctions that included the denial of preferential tariffs.

In "Break the Silence on Gore's AIDS Genocide in Africa" in the Aug. 23, 1999 issue of *New Federalist*, this author reported that Gore took the opportunity of a meeting with

then-Deputy President Mbeki, in August 1998, to rake him over the coals for a new Section 15(c) to the South African Medicines Act of 1965, that would have allowed South Africa to proclaim its right to produce affordable, generic anti-AIDS drugs in a health emergency. And, on Oct. 21, 1998, H.R. 4326 passed the U.S. House of Representatives (becoming Public Law 105-277), which threatened to cut off all aid to the government of South Africa, pending a Department of State report outlining its efforts to "negotiate the repeal, suspension, or termination" of Section 15(c) of the South African Medicines Act.

All the evidence demonstrates that Gore did everything within his power to force South Africa to repeal Section 15(c), through at least February 1999, when he encouraged U.S. Trade Representative Charlene Barshefsky to place South Africa on her "Watch List" of countries deemed likely to engage in trade violations.

Further, as this author has also documented, Gore is a fanatical advocate of population reduction. Gore wrote the introduction to Paul and Anne Ehrlich's book, the *Population Explosion*, which propagates the lie that HIV/AIDS is the result of "overpopulation." Moreover, in the foreword to his latest, 2000 edition of his "deep ecology" book, *Earth in the Balance: Ecology and the Human Spirit* (the first edition appeared in 1992), Gore still maintains that the world as a whole must have its population reduced through various means by at least 2 billion people.

However, there appears to be a simpler corruption motivating Gore, as well. Peter Knight, who had been a Gore Senate aide, had been a chief lobbyist for PHARMA, at least until he took the job of chief fundraiser for the Gore 2000 Campaign. Gore has made his bed with the pharmaceutical cartels, to attract large political action committee contributions from them.

The New Bretton Woods Alternative

Kevin Osborne, from the National AIDS Convention of South Africa, told Agence France Presse on May 12 that, even if the drugs were given to South Africa for free, the state still lacks the health-care infrastructure to distribute them in most areas. At present, even President Clinton's step in the right direction—toward the production of more affordable, generic AIDS drugs—is insufficient, if South Africa and its neighbors do not have the means to build the health infrastructure, e.g., to provide clean water, sewage, an electrical grid, and medical clinics and research and development centers, to distribute the drugs and stop new HIV/AIDS infections.

As the global financial breakdown accelerates, the only way to generate the funds to respond to the HIV/AIDS crisis, is to adopt LaRouche's proposal for a New Bretton Woods conference, to restore world trade and production. In that context, his call for the world to spend at least \$3 billion per year toward a vaccine and a cure for HIV/AIDS, through an Apollo-style crash project, would be easily affordable.