HIV-AIDS Can Be Stopped!

by Jonathan Tennenbaum

After a decade of covering up the HIV-AIDS pandemic, mass media and leading institutions in the West and elsewhere are now attempting to create the impression, that the continued spread of HIV infection, and the deaths of tens or hundreds of millions of people from AIDS in the coming period, cannot be prevented. "Africa will be depopulated," we are told, as if this had been ordained by heaven, and nothing could be done about it.

On the contrary. The reality is, that the worldwide HIV-AIDS epidemic could be brought to a stop within a few years, by a combination of:

1. universal mass testing and tracking of disease spread, identifying all sources and modes of transmission of infection;

2. rigorous action to interrupt transmission of infection, including measures to restrict contacts of infected persons with uninfected persons, wherever and so long as a significant danger of further spread of infection exists;

3. speedy treatment of infected and sick persons, using the most advanced methods available, to prolong their lifetimes and reduce their infectiousness to others;

4. corresponding measures to control "co-factor" diseases and other diseases interacting with HIV-AIDS (including tuberculosis, malaria, venereal diseases, etc.) and corresponding disease vectors (including insects) on a worldwide basis;

5. a military-style national and international mobilization—akin to large-scale disaster-relief operations, but sustained over a longer period—to restore basic hygiene, nutrition, and minimum living conditions of endangered populations, focussing on food and medical supplies, water systems, energy supplies, transport, health and education, and other basic infrastructure.

These urgent measures—which amount to little more than a rigorous application of standard, long-established public health and epidemic-control principles to the case of HIV-AIDS—were all put forward by Lyndon LaRouche and widely circulated internationally, in the context of his 1986-88 political campaigns. At the same time, LaRouche emphasized two additional programmatic points:

First, a crash program of fundamental biological and medical research must be launched, to deal with the existential threat posed to the human race, by the current worldwide explosion of classical epidemic diseases and "emerging" new diseases, including multiple drug-resistant bacteria and virus strains. This effort must include, in addition to current approaches of "molecular biology," the potentially far more powerful methods of optical biophysics and related approaches, which focus on the fundamental distinction in the physical characteristics of action, between living and non-living processes.

Second, under the present conditions of accelerating collapse of the physical economy in most parts of the world, the task of carrying out and sustaining the above-mentioned public health measures against HIV-AIDS, becomes inseparable from the necessity for radical financial reorganization and physical reconstruction of the world economy: LaRouche's "New Bretton Woods" policy.

It should be noted, in this connection, that the large-scale infrastructure projects (transport, water, energy, etc.), envisaged by the "New Bretton Woods" policy—projects such as the Eurasian Land-Bridge and similar projects in Africa and elsewhere—provide the most advantageous conditions for modernizing the health care systems of participating nations, and upgrading the level of the labor force. In this respect, the experience of the Tennessee Valley Authority (TVA), in which water projects, electrification, and agricultural development were combined with public health measures, including the elimination of endemic malaria, provides a useful point of reference for Africa and other parts of the world today.

Other useful references include the history of the fight against tuberculosis in the United States and Europe; the successes of the followers of Louis Pasteur, including Versin, Nicolle, Roux, Metchnikoff, Calmette, Jamot, and others in combatting countless diseases in Europe, Asia, and Africa from the 1880s up to World War II; and the public health campaigns mounted in the context of postwar reconstruction in Europe, the Soviet Union, and parts of Asia, South America, and Africa.

These successes can be repeated today, against HIV-AIDS. It is a question of *political will* only. The resources, manpower, and technology exist, or can be created, to do the job. The only "inevitability" in the present situation, is the fact, that to mount an effective all-out war against HIV-AIDS

means breaking radically with the "rules of the game," which have dominated the economic and financial policies of most governments over recent decades. Either "the system" goes, or the human race goes.

Public Health Measures Work! The Example of Cuba

The HIV-AIDS epidemic could have been stopped already in the mid-1980s, and tens of millions of lives saved, if governments had moved decisively to implement the kinds of classical public health measures which have been proven effective in combatting dangerous epidemics in the past.

One of the very few countries that did act effectively against HIV-AIDS, was Cuba—a relatively poor developing nation, but with a strong public health policy. There, the government treated the appearance of HIV in the country realistically, as a *public health emergency*. Starting in 1986, Cuba introduced mass screening using domestically produced testing kits. In an initial period, rigorous measures of contact-tracing and quarantine were enacted, to reduce the risk of transmission, provide medical treatment, proper hygiene, and education. Later, with the epidemic under control, the quarantine measures were relaxed, and treatment in special sanatoriums (analogous to those created for tuberculosis victims in former times) took place on a semi-voluntary basis. Today, Cuba has one of the lowest HIV infection rates in the world. The major HIV problem for Cuba now, is that posed by growing tourism from outside, including from the United States!

This case demonstrates, that although HIV-AIDS is extraordinarily dangerous, bringing the epidemic under control does not require a "medical miracle" in the form of a final cure or vaccine. The key lies in elementary public health measures, of the sort which have proven effective time and time again in the battle against tuberculosis and other infectious diseases.

Unfortunately, due to the sabotage of effective anti-AIDS measures in other countries, HIV has spread into general populations all over the world. The infection rate has reached 20% or more in many countries of Sub-Saharan Africa, and infection is rapidly spreading in Asia, the former Soviet Union, and eastern Europe, accelerated by a parallel explosion of tuberculosis and other "classical" pandemic diseases. Meanwhile, after a period of relative stagnation, the HIV epidemic is again on the rise in the United States, fed by the collapse of health care, nutrition, and hygiene levels in a growing section of the population.

Although HIV-AIDS can still be stopped, the scale of the effort required is orders of magnitude greater than it would have been, had governments acted decisively in the early- to mid-1980s, when the number of HIV carriers was relatively small. But already in 1988, LaRouche emphasized that a general economic mobilization would be needed to overcome the disastrous effects of the HIV-AIDS pandemic.

An Arsenal of Medical Technology

On the positive side, the medical arsenal for combatting the HIV-AIDS pandemic has in the meantime expanded considerably, thanks to research, technological progress, and a vast accumulation of clinical experience. In particular:

1. Simple, inexpensive, quick, and accurate tests for HIV infection are now available, greatly facilitating the mass screening of populations and tracking of HIV spread. It is also possible to efficiently combine HIV testing with testing for other infectious diseases, thus laying the basis for comprehensive treatment, prevention, and control measures against an entire range of health threats.

Top Health Officials Blocked Mass Testing

In late July 1987, the Director of the World Health Organization (WHO) AIDS Program and former top U.S. health official, Jonathan Mann, gave a prominently reported press conference at the WHO headquarters in Geneva, declaring that mass testing for HIV was "useless," and denouncing nations that intended to implement HIV screening.

An article in the British press by Alan McGregor, reported from Geneva:

"The World Health Organization has come out strongly against AIDS screening programs now advocated in several countries, that could be 'misconceived, inadequately prepared, intrusive—even threatening fundamental human rights—and most likely extremely expensive and very ineffective.' Jonathan Mann, director of the WHO's program against AIDS, said yesterday that in addition, 'these kinds of programs can have a negative effect on overall AIDS prevention and control work by diverting resources away from educational programs and other HIV prevention activities.'. . .Even blood donor screening had its test procedure limitations."

The German newspaper *Süddeutsche Zeitung* reported on the same press conference, on July 31, 1987:

"According to the UN World Health Organization, testing for AIDS has nothing to contribute to stopping the spread of the deadly immune deficiency disease. Speaking before the press in Geneva, WHO Director Jonathan Mann sharply criticized this approach and characterized it as 'useless.' The WHO expert announced that the WHO would offer no more AIDS consultations in those countries which demand an AIDS test or corresponding certification for foreign visitors."

2. In recent years, significant success has been achieved, in developing anti-viral and adjunct treatments that can markedly reduce, if not altogether suppress, the activity of HIV in infected persons, slowing the progression toward AIDS and AIDS-related disease and considerably extending the life expectancy of HIV-infected persons, while at the same time reducing their infectiousness to others. In addition, an enormous scope remains for developing promising new types of anti-viral treatments, including novel so-called integrase inhibitors which may include substances that could be made readily available.

3. Effective treatments are available for a wide range of diseases and conditions connected with HIV-AIDS, making it possible to prolong useful life even among persons who have reached the symptomatic stage.

To cite the supposed "prohibitively high cost" of treating HIV-AIDS, as a reason for the supposed "inevitability" of the deaths of tens or even hundreds of millions of people in the coming period, is to make oneself an accomplice of genocide. In the context of an all-out war against HIV-AIDS, the world's governments possess the scientific-technological and economic potentials, and constitutional powers, to make the most effective medications available to *all* HIV-AIDS victims worldwide.

4. A first generation of operational vaccines are currently in advanced stages of testing and development. These vaccines promise at least a limited—albeit probably not complete—protection against HIV infection. Vaccines, even increasingly effective ones, cannot substitute for elementary disease-control measures indicated above; but they can contribute, in combination with the latter, to controlling and eventually eliminating HIV-AIDS.

In addition to what can be done with the present-day approaches of biology and medicine, much more powerful methods could be brought to bear against HIV-AIDS, if the revolutionary potentials of optical biophysics (the nonlinear spectroscopy of living processes) were to be tapped. Optical biophysics opens the way, in principle, to attacking the problems of disease and aging of tissue at a much more fundamental level than molecular biology, namely, at the level of changes in the characteristics of electromagnetic action underlying the living process as a whole.

Murderous 'Objections' to Public Health Measures

As LaRouche emphasized, periodic mass testing and tracking of HIV spread is the number-one priority and precondition for stopping the HIV-AIDS pandemic. Without mass

How Cuba Controlled the HIV-AIDS Pandemic

The following is excerpted from a report by Tim Holtz, MD, MPH, on a tour of Cuba in August 1997, by a delegation of the American Public Health Association.

Since the beginning of the epidemic in the Western Hemisphere, Cuba's approach to the HIV problem has been integrated into its comprehensive, nationalized health care system. Its policies toward HIV have been consistent with its policies toward other diseases and epidemics. In short, Cuba treated the introduction of HIV into the country as a public health emergency, instituting traditional public health control measures to contain the spread of the disease. They have been rewarded with one of the lowest prevalence rates of HIV infection in the world (approximately 0.02%).

In 1986, Cuba introduced a national screening program using domestically produced kits. So far, more than 19.5 million ELISA tests for HIV infection have been performed, and many Cubans now regard getting an HIV test at their family physician's office as a part of routine health screening.

Since the beginning of the policy in 1986, the potential "HIV epidemic" was treated like any other contagious, infectious disease, employing traditional public health measures. It was viewed as a health problem/public health problem with human rights dimensions, rather than a social problem/human rights problem with health repercussions. Quarantine was the initial reaction to a public health threat whose scope was unknown, which soon led to semi-isolation for patients known to be infected. The goal was to reduce the risk of transmission through case finding, isolation, medical treatment, education, and contact tracing. In 1989, with the arrival of Jorge Pérez as the director of the Institute of Tropical Medicine, curtailment of civil rights was relaxed to allow patients to leave sanitoriums for extended periods without guides. Finally, in 1993, the ambulatory care treatment program was started, which allows patients to choose between living within a sanitorium, or living at home.

Sanitorium residents are provided with high caloric diets (not possible on the outside due to the economic situation), free medications (what is available), a partial salary, and care from a team of physicians, nurses, social workers, and psychologists.

testing, repeated at appropriate intervals, it is impossible to identify with certainty all the modes of spread of the virus, to detect and interrupt the chains of infection, and to ensure speedy treatment of all victims and infected persons. The necessity for mass testing was obvious to every clear-headed and informed person by 1986 at latest, and was known to leading governments. Why, with the exception of Cuba and a few other places, was this not done?

From the very beginning in the early 1980s, a massive effort has been mounted, with complicity of major governmental agencies such as the U.S. Centers for Disease Control (CDC) and the World Health Organization (WHO), to *prevent* effective public health measures from being applied to stop HIV-AIDS. From the very beginning of the HIV-AIDS epidemic, and continuing under the guise of countless government-sponsored "AIDS information" campaigns, the public has been systematically misinformed and misled concerning the nature of HIV-AIDS and the danger it poses.

The key purpose of the disinformation campaign, as LaRouche repeatedly stated in the 1980s, was to block any effort to implement mass testing for HIV infection. Repeated mass testing and tracking of HIV spread would not only have revealed all the channels and modes of transmission of AIDS, and provided the basis for quickly bringing the epidemic under control, but *it would also have revealed any actions to deliberately spread the virus into certain populations*. This sheds crucial light on the possible motivations behind the policy to prevent mass testing.

The effects of the disinformation campaign can still be seen today, in the form of various bogus objections to the kind of public health measures outlined above.

From the very beginning, and even long after the spread of HIV into general populations through multiple transmission routes (including transmission via contaminated blood) had been well established, AIDS was still portrayed as an exotic disease affecting only people with particular sexual habits, rather than a public health emergency. Persons calling for mass testing, such as LaRouche, were denounced for threatening the "human rights" of homosexuals and other HIV-infected persons. Meanwhile, health officials such as the late Jonathan Mann, director of the WHO campaign against AIDS, declared that mass testing was "unnecessary" and "not cost-effective," and claimed that "we already know how AIDS is transmitted." The perverse argument was thrown in, that since no cure was available for AIDS, informing infected persons about their situation would undermine their "quality of life" and lead to "discrimination." Even as late as 1986-87, the necessity of testing all blood donations met stubborn resistance at high levels inside the health bureaucracies of the United States, Germany, France, and other nations, amid claims that the danger of blood transmission had "not been proven," and that large-scale testing of blood reserves was not "cost-effective." Meanwhile, hundreds of thousands of hemophiliacs and others were needlessly infected.

Instead of sounding a general public health alarm, the CDC, WHO, and other governmental authorities went to great pains to "prevent panic" and to assuage legitimate concerns, that AIDS might spread into the general population. Key in this was the attempt to ridicule the idea that HIV might be transmitted in ways other than the official "sex and needles" dogma—thereby ignoring not only the demonstrable biological possibility of alternative routes, but also a large and growing number of concrete cases of infection, which cannot be accounted for by the usual explanations.

(In fact, it is known that the concentration of infectious HIV-particles in the blood and other body secretions of HIV-infected persons can reach very high levels at certain stages of infection; at those periods of high virus load, the efficiency of all modes of transmission, including by "unlikely" routes, is greatly enhanced. Under conditions of poor hygiene, poor nutrition, a preponderance of other infections and medical conditions, and a high concentration of HIV-infected persons, the alternative routes of infection can become very significant. The full extent of such transmission could only be revealed by mass testing of the general population.)

Nothing exhibits the murderous perversity of the campaign of deliberate disinformation and sabotage against public health measures more clearly, than the huge international publicity campaigns for so-called "safer sex." Besides spreading the dangerous lie, that condoms protect against the transmission of HIV, so-called "safer sex" signified that the U.S. and other governments would stand by and tolerate the continued spread of infection of an incurable, deadly pandemic disease into the general population, on the pretext that it was a private affair of the individual to protect himself or herself from the risks of becoming infected, or of infecting others in turn! This display of criminal indifference and negligence by the U.S. and governments, blatantly evading their responsibility to care for the general welfare, encouraged the corresponding attitudes at all levels of society, as well as internationally.

The world has now come to a point, where the lives of hundreds of millions of people, and possibly even the survival of the human race itself, depends on radically reversing the trends of policymaking, that are reflected in the toleration, and even witting encouragement, of the spread of HIV-AIDS around the world—trends otherwise embodied in the toleration of public menaces such as Al Gore or George W. Bush, as candidates for the U.S. Presidency. The time has come to restore the Constitutional principle of the General Welfare, and the commitment to applying public health measures against HIV-AIDS and other dangerous pandemic diseases, which flows immediately therefrom.