

# UNAIDS Report Presents Disaster, And Offers No Solution

by Paul Gallagher

The UNAIDS Agency of the World Health Organization, with its newly released and widely reported “AIDS Update, December 2000,” is like the watchman of Chelm who wants to spread the alarm that the city is burning down, but without awakening anyone asleep in the surrounding neighborhoods. The report’s basic claim—that the AIDS pandemic is suddenly accelerating worldwide, largely because of complacent and careless modes of sexual behavior—hides the true catastrophe shown by the data themselves: The pandemic is spreading with global poverty, with the financial and economic collapse of the International Monetary Fund (IMF) system.

AIDS now infects 5-6 million new victims a year? So the world’s wire services reported on Nov. 29, the day after the release of the “Update.” In fact, comparison with last year’s “Update” shows that the number must be far higher than that. The vast majority of all AIDS cases (80-90% of the global total) are in Sub-Saharan Africa, South America, and India; and only for Sub-Saharan Africa do the AIDS agencies or health ministries have even approximate estimates of the extent of the pandemic.

Otherwise, they only know its rate of growth—very fast. For example, at the Durban World AIDS Conference in July, People’s Health Organisation of India estimated 5 million or more AIDS victims in that country, and a million new victims per year. This is equal to, or greater than, UNAIDS’ latest estimate for *all of South and Southeast Asia combined*.

Is the total worldwide pandemic now “50% greater than even the most drastic estimates of a decade ago”? So announced Reuters and Associated Press. Dr. Peter Piot, head of UNAIDS, told them, “We’ve got far more cases than the worst-case scenario that was thought out ten years ago.” In fact, a decade ago the World Health Organization was denying the existence of an AIDS pandemic in Sub-Saharan Africa, where now, one in every 20 souls is dying of AIDS. But at that same time, this news service published special reports, making forecasts more “drastic” than the currently acknowledged figures, *unless* public-health infrastructure were drastically rebuilt, and public-health measures against AIDS intensified in nations all over the world. And, at the same time—it is now known—the U.S. Census Bureau began developing demographic models forecasting very pre-

cipitous collapses of the average lifespan of Africans due to AIDS, and these forecasts were kept from the public by the U.S. government.

Is AIDS suddenly exploding by 250,000 new cases per year in the nations of the former Soviet Union? So the media reported, with mild alarm, when the UNAIDS “Update” was released. In fact, the health ministries of those nations know only that HIV infections are indeed exploding, but do not keep up with how fast, or how far. Vadim Pokrovsky, head of the Russian Center for the Prevention of AIDS, estimated in October, that AIDS victims in Russia alone will reach 1 million by 2002; and that only one-fifth of Russia’s cases are officially reported to anyone. Some speakers at a Moscow AIDS conference, also in October, said that only one-tenth of the cases are reported, and that Russia already has 600-700,000 cases. That would be double the UNAIDS estimate for all of eastern Europe, Russia, and Central Asia combined.

## Look at the World Map

It is very clear that the AIDS pandemic is tracking, not the world’s most sexually permissive cultures—wherever they may be—but rather the areas of the greatest rate of economic collapse, and collapse of public health, over the past two decades and more. In India, for example, the expenditures of the national government for public health, as a fraction of the national GDP, are only one-tenth of what they were in the 1980s; the nation was hit with a serious Black Plague epidemic in 1995. In South America, all of the major nations now suffer general levels of impoverishment far deeper than 20 years ago. In Africa, AIDS is a red-dye marker for the tremendous increases in malaria, diphtheria, tuberculosis, and the appearance of totally new and deadly diseases since the 1970s. Shall we conclude that malaria is caused by sexual promiscuity? No, rather that decades of rape by the IMF, engendered the complete collapse of public health, nutrition, and immune levels (see “The AIDS Catastrophe Is Still Reversible,” *EIR*, Aug. 11, 2000).

In Russia and areas of the former Soviet Union, just as the collapse of economy and public health, the terrible looting of the country under IMF rules and speculators’ rampages, is more recent; so, the explosive expansion of the AIDS pan-

TABLE 1

**Examples of Pathogenic Microbes and the Diseases They Cause, Identified Since 1973**

Year	Microbe	Type	Disease
1973	Rotavirus	Virus	Infantile diarrhea
1977	Ebola virus	Virus	Acute hemorrhagic fever
1977	<i>Legionella pneumophila</i>	Bacterium	Legionnaires' disease
1980	Human T-lymphotrophic virus I (HTLV 1)	Virus	T-cell lymphoma/leukemia
1981	Toxin-producing <i>Staphylococcus aureus</i>	Bacterium	Toxic shock syndrome
1982	<i>Escherichia coli</i> O157:H7	Bacterium	Hemorrhagic colitis; hemolytic uremic syndrome
1982	<i>Borrelia burgdorferi</i>	Bacterium	Lyme disease
1983	Human Immunodeficiency Virus (HIV)	Virus	Acquired Immuno-Deficiency Syndrome (AIDS)
1983	<i>Helicobacter pylori</i>	Bacterium	Peptic ulcer disease
1989	Hepatitis C	Virus	Parentally transmitted non-A, non-B liver infection
1992	<i>Vibrio cholerae</i> O139	Bacterium	New strain associated with epidemic cholera
1993	Hantavirus	Virus	Adult respiratory distress syndrome
1994	Cryptosporidium	Protozoa	Enteric disease
1995	Ehrlichiosis	Bacterium	Severe arthritis?
1996	nvCJD	Prion	New variant Creutzfeldt-Jakob disease
1997	HVN1	Virus	Influenza
1999	Nipah	Virus	Severe encephalitis

Source: US Institute of Medicine, 1997; WHO, 1999.

demis is striking later, but with the same terrible force.

In fact, nearly 30 new and deadly diseases have infected the human race for the first time, during the 30-year period of worldwide economic decline, 1970-2000, known as “the post-industrial, information age,” or “the age of globalization.” **Table 1**, from a CIA report of May 2000, breaks out some of these new killers, including those now hitting the United States and Europe, like Creutzfeldt-Jakob disease (“Mad Cow”) and West Nile virus. AIDS is by far the fastest-growing of them. It accounted for one out of every 18 deaths in the world this year: 3 million, according to the UNAIDS “Update”—but this, again, must be an underestimate. What is clear, is that the AIDS death toll is growing by more than 10% annually.

At the Durban Conference, Dr. Sandra Thurman, U.S. Director of National AIDS Policy, stated the fundamentally pessimistic, official U.S. view: “We certainly know, that before we’re able to stop this pandemic, we’ll have hundreds of millions of people infected and dead, and that’s the best-case scenario.”

UNAIDS Director Piot has several times demanded, with some courage, that the entire foreign debt of Africa be cancelled, in order to allow those nations to fight the epidemic with all their resources. But the agency’s official proposals, centering on better and more extensive public sex-AIDS information programs, do not touch the underlying reason the epidemic first arose, and the reason it is now expanding explosively in a second pandemic wave worldwide.

The most tragic of all the announcements in the UNAIDS

“Update,” is that the rate of new infections in the nations of the southern cone of Africa, which is more than 3 million per year, may have *stopped increasing*. The report’s summary hypothesizes that “the epidemic in many countries has gone on for so long, that it has already affected many people in the sexually active population, leaving a smaller pool of people still able to acquire the infection.” This is, in fact, what epidemiological histories tell us about the way pandemics end, if the human race does not mobilize to stop them: They exhaust themselves by killing off a large portion of the infectible host population.

To quote Lyndon LaRouche’s response to a Nigerian journalist in August, “The policy of the United States has been . . . —like the policy of Al Gore, who is motivated by his population policies—the policy is to do *nothing* to stop the spread of these epidemics in Africa. But, as they say, ‘let nature take its course’ to reduce the African population. . . . We’re going to have to put into effect measures of public health and sanitation, which enable Africa to resist the spread of the disease; to assist Africa in whatever means are needed in the way of public-health measures, and medical measures, to detect, and stop, the spread of this infection.”

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