AIDS spread and poverty linked in new studies

by Warren J. Hamerman

Two recently published studies confirm our repeated published assertion since early 1985 in *Executive Intelligence Review* that there is a direct causal relationship between the out-of-control spread of AIDS in the acutely impoverished populations of Africa, America's poverty hell-holes from Belle Glade, Florida, to the urban ghettoes and the economic collapse conditions imposed there.

EIR has specifically contended that the inter-relationship between AIDS and the poverty caused by the International Monetary Fund (IMF), among other global malthusian financial institutions, is best indicated by the linkage between AIDS, malnutrition, and tuberculosis (TB).

The two new studies were published in the January-February issue of *Nutrition* and the Jan. 20 issue of the *Journal of the American Medical Association* (*JAMA*). One of the studies demonstrates a direct relationship between malnutrition and AIDS, while the other proves that tuberculosis and AIDS are co-infections, precisely as physical economist Lyndon LaRouche and his *EIR* Biological Holocaust Task Force have long argued.

Lyndon LaRouche and *EIR*'s contention of the causal link between poverty and AIDS spread was violently objected to and ridiculed for four years by the entire health establishment from the Centers for Disease Control (CDC), the World Health Organization (WHO), the Reagan administration as well as the general media.

Poverty marker

In 1986, the trend of declining TB cases in America since the end of the 1930s Great Depression was reversed. That year, the annual number of TB cases in the entire United States increased, while the year before TB cases had decreased by only 0.2%; in contrast the annual totals of TB cases had declined approximately 5% per year from 1953 to 1984. The reemergence of TB as a rapidly expanding disease coincides exactly with the rapid spread of AIDS. Since individuals who have latent TB infections develop the full disease condition when their immune system collapses and/or they lack adequate nutrition and other features of an adequate standard of living, tuberculosis is considered the best "marker disease" for acute poverty conditions.

Readers of *EIR* will remember that in 1985, Dr. Mark Whiteside and Dr. Carolyn MacLeod had documented in these pages this relationship for the case of Belle Glade, Florida, and that Dr. John Seale suggested that AIDS might indeed be capable of being transmitted by respiratory aerosol like TB under crowded conditions. In the new report published in the *JAMA*, a study of the nearly 41,000 inmates in the New York State prison system now four years later, demonstrates an unmistakeable correlation between AIDS and TB.

According to the results of the study, the number of inmates with both TB and AIDS increased from 7% of the new inmate TB cases in 1982, to 26% of the new inmate TB cases in 1986. Furthermore, the number of inmates who tested positive for the HIV virus, even though they had not yet been classified as having AIDS, quadrupled from 1985 to 1986. In all, 53% of new 1985 TB cases and 56% of all new 1986 TB cases in the prison system occurred in inmates who had positive evidence of HIV infection! The researchers report in the following words that they are not aware of a single instance of a prisoner with TB who was proven *not* to already be infected by the AIDS virus:

"Human immunodeficiency virus status was not available for all inmates with TB. However, we are not aware of any inmate with TB and negative HIV serostatus, and two thirds of the TB cases with unknown HIV serological status were users of street drugs prior to incarceration."

Latent TB infections are activated when people get AIDS, according to the study, and the incidence of TB in prisons in New York State more than quadrupled in 1986, because of the increasing number of prisoners with AIDS. The new cases were among men aged 30-49, from minority groups and with a history of illegal drug use. The study urged that TB control measures be reinforced in prisons. Since 1985, *EIR* has consistently warned that AIDS and TB were biological co-infections, precisely because the activation of TB is the best "marker" for poverty conditions.

AIDS and malnutrition

In the second study, malnutrition and AIDS progression were linked by another panel of experts. Aggressive efforts to improve nutrition, including intravenous feeding, could improve and extend the life of AIDS patients, according to the 11-member group of government, academic and hospital experts in New York headed by Dr. Myron Winick, a nutrition specialist at Columbia University. Guidelines by the panel were published in the January-February issue of *Nutrition*. Their report indicates that most patients who have AIDS are malnourished. Dr. Donald Kotter, a panel member from St. Luke's-Roosevelt Hospital Center, said, "Malnutrition in AIDS is common, severe, and progressive." He said that starvation is a major contributing factor in the deaths of many AIDS patients and that most doctors do not pay enough attention to malnutrition. Panel members suspect well-nourished patients have better functioning immune systems and will live longer.

The *JAMA* article appeared under the title "Increasing Incidence of Tuberculosis in a Prison Inmate Population" (Vol. 261, No. 3) and was authored by six experts—M. Miles Brau, M.D., Benedict Truman, M.D., M.P.H., Barbara Maguire, M.S.; George DiFerdinando, Jr., M.D., M.P.H., Gary Wormser, M.D., Raymond Broaddus, Ph.D.; Dale L. Morse, M.D., M.S. Their study found that the incidence of tuberculosis among inmates of the New York State prison system increased from 15.4 per 100,000 in 1976 through 1978 to 105.5 per 100,000 in 1986. The matching of TB and AIDS registries indicated that the majority (56%) of inmates with TB reported in 1985 and 1986 had acquired immunodeficiency syndrome or human immunodeficiency virus infection; none were known to be human immunodeficiency virus seronegative. A case-control study examined 59 inmates with TB reported from 1984 through 1986 and 59 matched control inmates without TB. Inmates who reported street drug use were more likely to develop TB. Although the majority of cases are thought to be due to reactivation of latent infection, phage typing of 16 Mycobacterium tuberculosis cultures suggested the possibility of inmate-to-inmate transmission in at least one cluster of three cases. Hence, the experts argued that it is of crucial importance that TB control measures be reinforced in the prison setting to counter the increased risk created by human immunodeficiency virus infection.

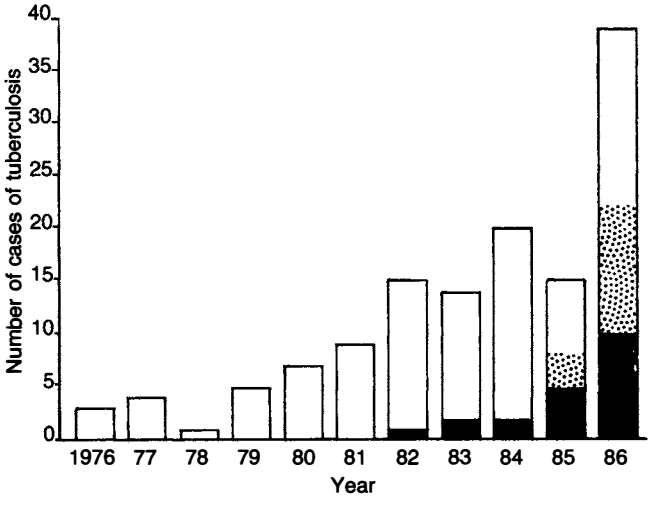
It has been well established that the best treatment for tuberculosis is immediately raising the standard of living of the infected. The main treatments for TB include better food, better housing, better sanitation and the appropriate balance between rest, work, and sunshine. What's required to fight deadly disease in the prisons of New York is even more needed in the IMF and World Bank created poverty hellholes of Africa, Ibero-America and Asia.

Fifteen years ago, in a special study commissioned by Lyndon LaRouche, the *EIR* Biological Task Force specifically warned that the consequences of the genocidal malthusian policies then proposed by the IMF, World Bank, and other financial institutions would create the conditions for the full-scale biological holocaust which is now unfolding around the globe. Those in the Establishment who ridiculed and flaunted their objections to our forecasts and studies over these 15 years, are today leading the demands that Lyndon LaRouche be eliminated because he represents the unity of morality and economics.

The point is not just that we were proven absolutely right and they were wrong, but rather that large numbers of people were brutally murdered because those in power refused to spend the money and extend the credits to reverse these economic holocaust conditions even though they were warned of the consequences.

FIGURE 1

New York State inmate tuberculosis 1976-86



The open bars indicate the TB cases among inmates, where the status of human immunodeficiency virus (HIV)—the "AIDS virus"—is unknown. The shaded bars indicate the percentage of tuberculosis cases that tested seropositive for HIV virus, but did not have full-blown AIDS. The solid bars indicate tuberculosis sufferers who were also sick with AIDS. The graph shows that by 1986, not only had overall TB rates skyrocketed, but over half of those were either infected or sick with AIDS.

Source: The Journal of the American Medical Association, Jan. 20, 1989.