

deserve an answer. The callous refusal of the government to even address these vital questions is a black mark on a U. S. government which has already been badly besmirched with the blot of slavery.

According to U. S. law, it is illegal for one individual to make a threat of physical violence against another. Yet, *the U.S. government has not even troubled itself to forthrightly and scientifically deny this mortal threat, which has been raised against tens of millions of Americans!*

I send letters to the various leading officials in the U.S. Centers for Disease Control (CDC), the U. S. Public Health Service, the U. S. Army Biological Research Center at Fort Detrick, Maryland, the World Health Organization, the National Institutes of Health, and Surgeon General C. Everett Koop himself, asking them to present a simple, cogent, scientific refutation of these *rumors* and *allegations*, or to delegate someone to do so on their behalf. Every single individual refused, stating that they would neither attend, nor submit a paper.

For example, Dr. James Curan, Director of the AIDS Program for the U.S. CDC, sent me a letter on Aug. 8, 1989, which stated, “. . . extensive time and travel commitments in November restrict me from giving you a favorable response to your request.”

And Dr. Koop was too busy to respond himself. He forwarded my letter to his *booking and ad agency*, which wrote on Aug. 21, 1989: “Dr. Koop has forwarded to us your letter of invitation dated July 21, 1989 as we are his agents. Unfortunately, due to his extremely heavy schedule, he regrets that he must decline this offer to speak before your group at this time.” . . .

The absence of U.S. governmental officials, and officials of the World Health Organization, does not reflect well on the institutions. *Silence* in the face of of such alarming *rumors* and *allegations* raises more questions than it alleviates.

It remains for American citizens, blessed as we are with that most extraordinary of all documents known as the U.S. Constitution, to persevere in our pursuit of scientific knowledge and truth. It is as American citizens, that we convene these historic proceedings here today.

The history of man may be called the “Greatest Show on Earth”; it has been running continuously since it opened about a million years ago. It is an epic of endurance and ambition, of struggle for survival against the elements, a tragedy of wars, disasters, and privations. The drama of man’s history can highlight only the more salient aspects of his activity upon this Earth—how he created civilizations in one age, only to destroy them in another.

Therefore, the people of the world, especially Americans in 1989 and beyond, are the custodians of the present and future generations of living things, as well as the preservation of the constitutional instrument of our American form of government. Prudence demands that we must be aware and vigilant against the possibilities of human extinction.

Global pandemics and depopulation

by Warren J. Hamerman

For over 15 years I have directed the work of an interdisciplinary task force of economists, biologists, mathematicians, physicists, and physicians worldwide who have been studying the connection between economic breakdown and global depopulation through the genesis of pandemics. This task force was called into being by Lyndon LaRouche, Jr. in 1973.

On behalf of that task force, I would like to salute the courage of Samuel Evans for organizing this conference. One hundred years from today, let us hope that our descendants will look back on this conference as a turning point in which there was a coming together to find the truth, to bring an end to pandemic disease and the resulting unnecessary death and depopulation.

The focus of my report is to address one extremely fundamental question: Is the eruption of AIDS and related global pandemics the result of a deliberate depopulation policy aimed at eliminating impoverished populations of black Africa, the Caribbean, Central and South America, the urban ghettos of North America and inevitably, the densely populated areas of Asia?

The answer centers on the unassailable fact that the map of the worldwide distribution of cases and infected has increasingly conformed to a disproportionate devastation of the precise areas and very same segments of the world population which the policy directors of the international economic and population control organizations have targeted as “overpopulated” with “excess eaters.”

There are only four possibilities for this correspondence:

Hypothesis A. It’s merely a *remarkable coincidence* and only Nature is to blame.

Hypothesis B. While the initial outbreak was coincidental, those in a position of policy control consciously decided to *look the other way* and let Nature take its course.

Hypothesis C. Those in policy control crossed the line to *help it along* through neglect, delay and other so-called “passive” measures.

Hypothesis D. It was *premeditated*. Whatever the origin or whatever the initial mode of transmission, the preconditions for the eruption of such a pandemic were known and created in advance. Then massive disinformation and misinformation were disseminated to “blind” the public health radar and cover up the true nature of the threat. Finally,

conscious actions and measures were planned and taken to frustrate the defenses of targeted populations and ensure its maximum propagation among them.

These four possibilities cover the full range from mere natural disaster to premeditated genocide.

I believe that no honest evaluation of the wide array of circumstantial and direct evidence available, can lead to any conclusion but that of either of the last two hypotheses—at best involuntary manslaughter, and at worst murder in the first degree. The difference between the two verdicts hangs on the question of “intent,” which I leave for the jury at some future court proceeding to decide individual by individual.

A ‘population bomb’?

The victims already number in the tens of millions and could soon number in the hundreds of millions.

Let us begin with the biological and public health facts which no honest observer can deny:

1) The distribution of the infected increasingly conforms to the precise areas which were previously designated as “overpopulated” and targeted for “depopulation” by international economic and diplomatic bodies such as the International Monetary Fund (IMF), the World Bank, the Bank for International Settlements, the U.S. State Department and United Nations agencies.

2) The pattern of global distribution of AIDS not only corresponds to that band around the Earth known as the “Tropical Disease Belt,” but most of the “co-infections” and “co-factors” associated with AIDS are classic syndromes which are provoked, transmitted, or activated in acute impoverished conditions—such as poor nutrition, inadequate sanitation and housing, etc. The “co-infections” and “co-factors” associated with AIDS are among the classic cases of poverty-provoked diseases. For instance, tuberculosis, which is known as the classic “marker disease” for acute poverty because it is activated in individuals who are poorly nourished and living in crowded, unsanitary conditions, is one of the most closely interlinked “co-infections” with AIDS.

3) Those areas are the least equipped in terms of medical and public health infrastructure and the nutritional strength of their people to deal with the crisis, because on the literal eve of the invasion of the virus, their defenses were taken down through savage economic austerity.

4) The international and national public health authorities have willfully covered up the dimensions, knowingly disseminated false information about the nature of the disease and how it is transmitted, and slowed down the response time. Among the most reprehensible lies circulated by authorities is the claim that the only people who contract AIDS are those who voluntarily “ask for it” through their own personal sexual habits or use of dirty needles.

5) The AIDS virus variants are not instant killers. They belong to a special class of viruses known as “lenti” or “slow-acting” viruses because they take years and years to incubate

without manifest symptoms in unsuspecting individuals. What this means is that without a policy of mass testing, the virus penetrates a population under the surface like an enemy invasion of undetected submarines.

6) The AIDS viruses seek and destroy the very immunological and neurological defenses which are normally the human body’s lines of defense against disease. They are all subject to rapid mutations which make them hard to detect and neutralize biologically.

These biological and public health facts all suggest one and only one conclusion:

If one were to design a virus for deployment as a “depopulation bomb,” AIDS would be an ideal candidate.

In the economic and public health policy realm there is a long track record of premeditated actions which have cut off the escape routes of tens of millions of people. The international monetary and population-control authorities and organizations have taken many documentable direct and overt actions to impose brutal economic austerity on the very populations now infected with AIDS and related diseases: Food supplies have been removed; sanitation, housing, and water management systems have been allowed to collapse or were never built; there has been no credit for the construction of adequate hospitals and medical infrastructure or to alleviate overcrowded housing.

Economic breakdown and AIDS

There is a causal connection between economic breakdown and the outbreak and propagation of pandemic disease.

There is a little history to that finding. For over 15 years I have directed the work of what has become known as the “Biological Holocaust Task Force” of the journal *Executive Intelligence Review*. The task force was formed in 1973 at the initiative of the physical economist Lyndon H. LaRouche, Jr., who suggested the timely need for a study of the interaction of economic and biological processes. Well before the world had ever heard of AIDS in late 1974, we completed and published a forecast on how new and reactivated old deadly pandemics would be the inevitable consequence of the then-proposed “zero growth,” “Fourth World triage,” no energy/no economic investment “population reduction” policies of the IMF, World Bank, and others. The study was in large part provoked by the outbreak of large-scale famines in India and Bangladesh, the destruction of agriculture and looting of soil nutrients in Latin America, and the outright destruction of healthy human population potential in Africa.

We forecast that a global biological crisis would develop in successive waves of famine and disease, ratcheting downward in a succession of exponential step functions, to a final breakdown phase and into the beginnings of a full “ecological holocaust” in the period 1987-88. This process would undergo several “phase changes,” which can be approximated in simplified form by the classic thermodynamic progression

from ice to water to steam.

Proceeding the final breakdown period, we forecast the outbreak of a cholera pandemic in Africa. We presented a historical study of the spread of pandemic cholera in the early to mid-19th century and projected the trajectory of a cholera

pandemic predicted for central Africa in the mid-1980s.

We forecast that the final phase of ecological holocaust would take a toll into the 1990s of approximately 1 billion people—a toll far, far greater than did the Black Death in the mid-14th century or even greater than a full-scale nuclear

My 15-year war on pandemic disease

by Lyndon H. LaRouche, Jr.

My name is Lyndon LaRouche and apart from my notability as a former candidate for the U.S. Democratic presidential nomination, I'm by profession a physical economist, that is, a specialist in the relationship between man's effective use of scientific and technological progress and increase of man's physical productivity in our relationship to nature, to the planet, and implicitly to the Solar System and to the universe at large.

My concern, like that of Leibniz, who is the founder of this branch of physical science, and of Hamilton, who was a follower of Leibniz in this respect, is means to increase the standard of living and the level of culture and freedom of the individual through increase of the average productive powers of labor of society in energy-intensive, capital-intensive modes, as Hamilton and Leibniz both were before me.

In the course of things, my encounter with what is called popularly "AIDS," or better, the HIV virus, or retrovirus, began implicitly in 1973-74, when I commissioned and outlined a study of the epidemiological effects globally of changes in monetary policy, which had been initiated during 1970-72 under Kissinger and Nixon. A study was conducted based on that outline, and the result published, which indicated that if the then present monetary and economic policies of the early 1970s were continued as a trend of policy-shaping, then we could expect that by the middle of the 1970s, the world would be gripped by a major epidemiological disaster or the onset of a major epidemiological disaster.

The study focused upon the signal role of an outbreak of cholera in the Sahel region of Africa during the first half to middle of the 1980s, as the key signal of the outbreak of this general epidemiological crisis globally.

In the context of that study, I emphasized, and was

supported in this by the other professionals working to prepare the study, that these were precisely the conditions for the emergence, not only of *old* types of pandemics and epidemics, such as cholera, typhus, bubonic plague, and so forth; but these were the conditions in which new types of viral pandemics and epidemics might explode. For instance, we considered at that time such things as Lassa fever, which was confined then to a certain part of Africa, but might under these conditions become globally pandemic or epidemic in some variety, or something of that sort. So we were looking from that time onward for the danger of a new type of viral, global pandemic or pandemics, breaking out if these epidemiological conditions persisted, and if the economic conditions producing these epidemiological potentials were to persist, that is, the present drift in monetary and economic and financial policies.

In the course of time, by the early 1980s, especially by 1983, it became apparent to us that there was a connection between what was then called AIDS, or HLTV, and those we had studied, that perhaps this was the kind of viral disease, pandemic or potential pandemic, which we had feared might erupt when we projected our study back in 1983 and published it in the course of 1984.

In the course of events, I had the occasion to bring together a group of scientists during 1985, scientists representing the medical profession, biologists, especially biologists from the field of nonlinear spectroscopy, nuclear physicists, plasma physicists and so forth, and we took a look at these problems, this disease so-called, this infection, with the idea of determining what might be the nature of the problem, what might be the measures that we should take, to deal with the disease, with the infection.

So, we came up, as a result of this, with a three-point program, which emphasized that this was a new type of disease, which the medical profession had never encountered in its clinical practice heretofore, a so-called lentivirus, retrovirus, which veterinarians knew in the animal kingdom, but the medical profession dealing with human patients had not experienced clinically previously, and therefore did not realize what they were up against; whereas, biologists would tend to understand more quickly, the potential of such a lentivirus.

Secondly, that the ordinary methods of treatment and cure would probably not work; that molecular biology

war today.

One decade after the 1974 study, on July 1, 1985, our task force published a new report entitled "Economic Breakdown and the Threat of Global Pandemics," in which we reviewed the 1974 study in context of an unfolding of the predicted

biological holocaust in Africa characterized by the eruption of potentially pandemic cholera epidemics, the worsening of famine, and the emergence of a new lethal disease AIDS. In collaboration with an international array of scientists and government officials, we proposed the declaration of a full-

would play a useful but limited role in dealing with the effects of this infection, but would not be an adequate answer; that a new approach, including resort to the technology of nonlinear spectroscopy, would be required, to find not only a means of controlling the disease, and attempting to prevent it, but also ultimately of curing people infected with it—that is, the hope of eliminating the virus from their system, or eliminating it as a potential factor in their health and as a communicable disease in their system.

A three-point crash program developed

So we came up with a three-point program, in which I recommended that \$3 billion be allocated to fundamental research to develop not only pharmaceuticals—AZT now in use was an example of the kind of thing we had in mind—but also to develop a fundamental cure. We specified that we were thinking of a crash program, like the Apollo Program for space, with a target of five years to discover a basic, feasible approach to a cure, as well as producing amelioratives, such as AZT, to try to contain and slow the disease within persons who are infected.

The second point we emphasized was that we needed a program of nationwide testing for the virus, and we needed an outpatient program of treatment of those who were discovered to be infected. More and more people today are now coming to that view. This was a view expressed by some recently at the Catholic conference on the subject of this disease at Rome, at which it was emphasized that with new devices, new chemicals, it is more and more important to make these things available to people in the early stages, before they become symptomatic, and while they're infected in the early stages, to try to prevent them from reaching the terminal phase of the symptoms, to slow it down, to prolong life.

The third part of our program was to emphasize that indications were that people who did become terminally ill with the infection, the hospitalization costs would reach between \$150,000 per year and up, based on some sample indications from the military and other studies of the cost of care.

It showed us, this investigation, that the costs would be enormous, that with the percentile of the population infected and the likely rate of spread of the infection, that during the course of the 1990s, this disease might approach the order of magnitude of the national defense

budget. For particularly the \$3 billion a year not being so great an amount for basic research, but the amount required for mass testing and clinical outpatient care, as well as for in-hospital care, for constructing the hospitals adequate for this kind of disease, would amount to very large amounts of money, which we would have to come up with somewhere. . . .

Is AIDS the 'Satan bug'?

The likelihood was, in the best opinion of the best experts, that this had been created accidentally. It would have been possible, we thought, for somebody to have created it deliberately, but this being a Satan bug—that is, everybody dies of it, no known cure—we didn't think anybody on this planet with a capability of creating such a disease would have created such a Satan bug deliberately. Maybe we were wrong, but our best estimate, and my personal best estimate to this day, is that this was created accidentally.

We know the capability of doing this was generally known to people from the 1950s on. It could have happened anywhere from the 1950s on. Signs of the eruption of the infection coincide with that, the 1950s and early 1960s. That all fits. And there have been several suggested ways in which this accident might have occurred, all of them all too plausible.

It would be very useful for us to know exactly how it was developed, by what kind of accident it was developed, because this might give us keys as to how to address the problem more efficiently.

But even disregarding that, we come to the other question. Suppose this were not created deliberately, as a means of reducing the population of people of unwanted skin colors or something of that sort; suppose it were just strictly an accident, which got out of control before people realized what had happened. The question is, what is our policy toward it today? Are we willing to allow the disease to take its course, at least to a limited degree, to the effect that the continent of Africa, at least black Africa, is decimated? Other parts of the world are decimated? Or do we consider *every* human life sacred, and are we willing to mobilize the resources, the scientific, medical, and other resources needed, whatever the cost, to save every life, whatever the color of skin, whatever the part of the planet that life represents?

scale War on Disease.

The coverage

The month after the report was issued, Dr. James Mason, the director of the Centers for Disease Control (CDC) and acting Secretary for Health and Human Services of the United States, wrote me, on behalf of the Reagan-Bush administration, in response to our 1985 review report. He argued in total disregard for the conditions then unfolding in Africa, Belle Glade, Florida and elsewhere. "We do not," he wrote, "agree with your analysis and conclusion that continuation of human life is threatened and that we are faced with an ecological-biological collapse. We are much more optimistic about the general health of mankind, particularly as compared to the past." . . .

Two months later, then Vice President George Bush wrote me in specific regard to our same 1985 review report and a request for an emergency program to fight the War on Disease in Africa. Bush promised "close attention." Nothing happened. The pandemic raged.

There is no possible way the U.S. government could maintain that living standards were improving in Africa in the fall of 1985. The only reason it was asserted, was as a justification not to allocate the money to save Africa.

Therefore, in early 1986 in the face of the repeated intransigence of the U.S. government, *Executive Intelligence Review* issued "An Emergency War Plan to Fight AIDS and Other Pandemics." After another two years, still after no government response to the emergency situation which had already passed a point of no return for millions of Africans, in the summer of 1988 we issued yet another urgent report, entitled "AIDS Global Showdown: Mankind's Total Victory or Total Defeat."

These two reports contain a detailed plan for eliminating AIDS and any related viruses from the face of this planet through the combination of the universal application of classic public health measures, emergency state-of-the-art medical programs, a full-scale crash program of advanced biomedical research, and upgrading the crisis situations in food, sanitation, housing, water management, and basic infrastructure in Africa and elsewhere. The financial and manpower resources must be committed to this program if mankind is to survive, we stated at that time.

The 1985, 1986, and 1988 *EIR* special reports were circulated to the World Health Organization and every major international health association, every state health department in the United States, and the national health departments of nations throughout the world, as well as to numerous hospitals and university medical and public health departments. In Washington, D.C. they were distributed to every member of Congress and every department of government from the Pentagon to the State Department. The heads of private institutions from the IMF and World Bank to the AFL-CIO also received their own personal copies.

In 1986 and 1988, these reports became the basis of political initiatives on the ballot in California to bring referendums Proposition 64 and Proposition 69 before voters to mandate that the same public health measures which had routinely been applied to other diseases also be applied to AIDS. The opposition of the national and international health establishment was fierce, along with that of Hollywood and the homosexual community. Yet, what defeated the measure was the opposition of the Republican governor and White House who opposed traditional public health measures such as mass testing on the grounds that they cost too much money and would bust the budget.

Lyndon LaRouche, the standard bearer for these initiatives, today sits in federal prison in Rochester, Minnesota because he had the audacity, when faced with the breakdown of the postwar monetary order, to argue that the world was vastly underpopulated and that we need more Africans, more Asians, more Latin Americans and more Americans. He proposed that to end the cycle of famine and disease holocaust in Africa, we needed to forge a New World Economic Order based upon advanced technology transfer to Africa and elsewhere in the Third World through fusion power and modern infrastructure, and the revival of the space program to shape our future.

Relative potential population density

The methodology behind a solution unifying population expansion, technology, and the eradication of disease was integral to our study 15 years ago. The following conceptions were the foundations of the 1974 study:

1) The world's ecology as a whole is a global phenomenon—not a mere collection of individuals and various species—which has become increasingly dominated by the economic, agricultural, and energy technologies, needs and activities of Man.

2) From the standpoint of total energy throughput, or thermodynamics, the Earth as a single global system has evolved to higher and higher levels of energy flow and of the rates and organization of these energy flows. For that system not to break down into a total "ecological holocaust" or entropy state, the system as a whole has to generate from the process itself not merely the energy to sustain itself at that level, but ever higher levels of "free energy" which can advance the process along.

3) In a growing world ecology, ever greater proportions of free energy are directed into upgrading the standard of living and potential for the most advanced species—the human species as a whole—to not only reproduce itself at its existing level of population potential but at continually increasing quality and quantity of existence. This "potential" of mankind to reproduce itself, LaRouche called *relative potential population density*. This conception encompasses not merely the growth of population per se, but also the need for each and every member of that population to have an

ever-expanding standard of living commensurate with the advance of the human species as a whole.

4) The “crucial experiment” which proves that the character of Natural Law is not “entropic” like a clock running down, but rather is “negentropic,” is the actual historical existence of *man*. At the time of our prehistoric ancestors who lived in hunting and gathering society, there were merely 10 million human beings on Earth. Today, there are over 5 billion, representing a 50-fold increase in the relative potential population density.

5) Man’s ability to increase his species’ relative potential population density is based upon the need to create continual breakthroughs in technology through scientific advance and transfer that technology to all human communities on Earth.

An economic model of AIDS

How does this apply to AIDS and pandemics?

First, when sufficient amounts of nutrition—protein, fats, and carbohydrates—are not ingested, the body is unable to produce sufficient amounts of free energy and cannibalizes itself. Among the first systems to break down is the immunological system, which means that the individual’s resistance to disease, especially to multiple diseases and co-infections, is decreased.

Second, the higher the concentration of individuals in collapsed and crowded living conditions, the more pathogens pass back and forth between individuals. With each “passage” the potential for new variants increases.

Third, to the extent that disease organisms have an increasing chance to mutate and “recombine,” as the resistance of the human population as a whole is lowered, ever more exotic pathogens will be generated and survive at the expense of their hosts.

Fourth, in a collapsing world ecology the free energy is more and more wasted, and pathogens “jump” species and recombine as energy flows from the higher species to the “decomposers” or parasites of biology—bacteria, viruses, and fungi.

Finally, the process of ecological collapse is self-feeding, as the “weak links” or lowest-resistant in populations are the transmission centers for widespread infection into the general population as a whole.

In the age of air travel and global commerce and travel, lethal viruses and bacteria, once they are launched, do not respect geographic boundaries, national borders, and socio-economic status. As they concentrate in density, the pathogens develop new modes of transmission.

From a detailed review of the record of human history, the 1974 study demonstrated that pandemics do not strike productive, expanding populations, but rather follow inevitably as the consequence of brutal, sub-human standards of living. Although pandemics may first break out among a “weak link” localized population, under conditions of overall austerity regimes, the world’s population as a whole is at

risk. . . .

Fifteen years ago we forecast that unless then current global policies of enforced austerity were reversed, an unstoppable ecological holocaust would inevitably result. Human society is an integral part of the biosphere. As the human population collapses in disease and starvation, the biosphere as a whole will collapse to a lower level of potential through “shocks” such as the resurgence and evolution of new deadly diseases to man, animals, and plants. At a certain point the process passes a point of no return and is unstoppable.

We cannot say for certain today where Man stands with respect to that point of no return. That shall be determined in the future by what we mobilize ourselves to accomplish today.

Evans praises courage of Lyndon LaRouche

Samuel Evans delivered the following remarks, slightly paraphrased here, following a reading of Lyndon LaRouche’s presentation to the World Conference on HIV-AIDS and Global Depopulation.

I want to say to everyone that I think personally that my decision to have this as a world conference open to everyone is very important. I believe that the speech just presented by Lyndon LaRouche is not only the most valuable contribution to this conference, but the most valuable contribution on the subject of AIDS, because it presented the hope of how we can care for people. He is a great leader, who is now in prison. My decision to open this conference is based on the Declaration of Independence and the U.S. Constitution.

“We hold these truths to be self-evident, that all Men are created equal, that they are endowed by their Creator with certain unalienable rights, that among these are life, liberty, and the pursuit of happiness.”

Great leaders often have been put in prison, or have suffered injustice or been martyred. Mr. LaRouche is more feared than John Brown. Mr. LaRouche stands in great company: He stands with Frederick Douglass, Martin Luther King, Marcus Garvey, John Brown, John Kennedy, and Robert Kennedy. We should all hope that soon the people that put him in jail die, so we can attend their funeral. Without this contribution of Mr. LaRouche, we would not have done justice to our Constitution.