

cal research institute in Kenya.

Moreover, we take credit for having forecast the outbreak of AIDS, on the basis of our comprehensive analyses of the connection between economic collapse and the spread of infectious diseases. Already in 1973-74, a research group consisting of associates of my husband Lyndon LaRouche concluded that without a fundamental change in the direction of world economic policy during the 1980s, we would experience an explosion of deadly epidemics, and that in most parts of the world this development would reach a critical point around the year 1987. Their study also warned that under those circumstances, the emergence of entirely new species of deadly diseases was probable.

We warned that the economic collapse, with its consequent mass impoverishment, hunger, and plagues, was in no way an inevitable "act of God," but rather was the direct result of the merciless austerity policies of the International Monetary Fund, an agency which already by the early 1970s had written off whole regions of the developing sector as the "Fourth World."

Regardless of how the HIV virus may have come to infect human beings, the actual circumstances at hand corresponded precisely with the conditions for the emergence of new deadly epidemics, which my husband and his associates investigated back in 1973-74.

AIDS has now become only one of an entire phalanx of deadly old and new contagious diseases currently spreading around the world. Diseases thought to have been brought under control are now spreading massively, and new resistances have developed against medicines which had been effective heretofore.

The decisive application of the instrumentarium provided for by the Federal Communicable Diseases Law is, of course, the order of the day. Half-hearted measures, such as anonymous obligatory reporting or so-called "unlinked testing," have proven entirely inadequate to the task of supplying useful statistics. In view of the huge number of unknown cases, we must finally achieve clarity about the actual extent of the spread of the AIDS infection among the population. This can only be done by means of obligatory, by-name reporting of all cases. Only then can the health authorities obtain a reliable overview, impart appropriate information, and also intervene in those cases where HIV-infected persons behave in a way which could endanger others.

The highest priority, however, must be put on changing the economic policies which are responsible for creating the conditions under which not only AIDS, but also other epidemics are now raging.

If we do this, and if we take up the tasks before us with cultural and scientific optimism, then we have a chance to survive. Humanity has conquered deadly pandemics in the past, and with a sufficiently strong political will, assisted by the most advanced fields of science, we will succeed this time as well.

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## Interview: Dr. Hans-Philipp Pöhn

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# 'Let's bury the myth about condoms'

*During his tenure at the German Federal Health Office (BGA), Professor and then-Director Dr. Pöhn urged the inclusion of AIDS among those diseases covered by Germany's Federal Communicable Diseases Law. But his and others' efforts were blocked. He was interviewed on Oct. 19 by Gabriele Liebig and Dr. Wolfgang Lillge. It was translated from the German by John Sigerson, and has been slightly abridged.*

**EIR:** Through April 1987 you were head of the Communicable Diseases Division within the Federal Health Office in Berlin. Where in your opinion was the federal government and/or the BGA negligent in regard to HIV-contaminated blood products?

**Pöhn:** It's difficult to say whether there was actual negligence in dealing with contaminated blood products. The HIV virus was first isolated in 1983, but up until 1985 no one knew if this virus could be deactivated, and if so, how that could be accomplished. Prominent virologists had feared that they were dealing with a scrapie agent, i.e., a prion (e.g., Jakob-Creutzfeldt disease or bovine spongiform encephalitis)—a disease instigator which can be deactivated at temperatures above 200°C wet heat, and hence only at pressures above one atmosphere.

We therefore first had to wait until we finally knew that it was a retrovirus, which is relatively vulnerable, and that the degree of heat applied to hepatitis-B viruses would be sufficient to render this retrovirus harmless. But before we could go out and treat the plasma derivatives accordingly, we, of course, had to be sure whether the clotting agents which had been thus deactivated, retained their clinical effectiveness. What use would an HIV-free preparation be, if it no longer did what it was supposed to do?

After these questions were cleared up, the heat treatment of plasma derivatives became required in all cases. Whether this treatment was correctly applied, is a question of local oversight, and depended on the individual manufacturer's diligence.

**EIR:** So by 1985 we could already estimate how many people had been infected with contaminated blood products?

**Pöhn:** At the time, people were saying that about 1,500 of approximately 3,000 hemophiliacs had become infected,

i.e., 50%. The HIV-contaminated blood preparations were primarily plasma derivatives. Besides these you have blood preparations, such as erythrocyte and leukocyte concentrates, which are utilized in the treatment of other diseases. These latter aren't involved here, since they can't be deactivated, anyway; in those cases, the only solution is to start out with HIV-free blood supplies.

As for the negligence you mentioned: In Germany it was impossible domestically to obtain adequate supplies of the right kind of blood. The manufacturers of the blood preparations simply imported cheaper blood from the United States, without paying much attention to where it had come from. Much of it came from drug users, where many gave blood in order to get another "fix." The high number of infections among hemophiliacs before Oct. 1, 1985 is explained by the fact that this blood was in fact highly contaminated.

**EIR:** The scandal around the hemophiliacs is only the tip of the iceberg of the federal government's entire wrongheaded AIDS policy. Already in 1988, and once again in 1989, when federal Health Minister Rita Süßmuth's successor entered office, you issued a written appeal in which you emphatically demanded the application of the Federal Communicable Diseases Law to AIDS. The appeal was co-signed by hundreds of German medical professionals. But nothing came of it. Now it turns out that the condom campaign has been an utter failure. So do we have any information about how many German citizens have become infected in the meantime?

**Pöhn:** The BGA says about 60,000, but this number surely can't be correct. One indication of the true number comes from a pilot study in Bavaria. There is a report about it by Günther Beckstein, who in the meantime has become Bavaria's interior minister. Over 19,000 anonymous residual blood samples from five Bavarian hospitals were tested, and they found an average rate of HIV infection of 1.13%. At the Munich Skin Clinic, where many AIDS patients are treated, the proportion of HIV-positives was correspondingly high, of course: almost 10%. In clinics which did not have AIDS patients, the average was 0.3%. If that result is projected onto all of the states of former West Germany, we get anywhere between 200,000 and 600,000 infected persons. That is certainly a wide margin, but in any case it's a good deal more than 60,000.

**EIR:** What must be done to get a more accurate picture of the number of infected people?

**Pöhn:** You can't do anything without the obligatory reporting as prescribed by the Federal Communicable Diseases Law. The fight against typhus at the beginning of this century—it was personally overseen by Robert Koch [1843-1910, head of the German Imperial Health Office and discoverer of the organisms causing tuberculosis, cholera, and anthrax]—is a good example: You had to know, a) who might have been infected, and b) what was going on in the surroundings

of those infected. Investigation of the milieu is crucially important.

Meanwhile, in Holland, on the basis of their law on sexually transmitted diseases, it has been possible to interview infected people and thereby to discover further infections. Homosexuals are not included in that, but at least with heterosexual people they are considerably further along in Holland than we are here, because only once the health authority knows who is infected, can it instruct those afflicted in how to take appropriate precautionary measures.

**EIR:** Is Germany the only country in Europe that remains without obligatory reporting?

**Pöhn:** All we have is the BGA's Disease Registry, which is based on voluntary reports, and also the obligatory laboratory reporting regulation, which, however, is apparently not being adhered to or is not being correctly evaluated—otherwise we would know more than we in fact do know. Either reports are simply not being filed at all, or else they come in anonymously—and with anonymous reports you're at a dead end.

In Bavaria a poll was once conducted of hospitals to see how many people they had admitted who are ill with AIDS. The number that came out was huge. I asked the Bavarian registrar of communicable diseases why this hadn't been reported to the BGA. He replied that these numbers were entirely unreliable, since one must assume that an unknown number of AIDS victims, desperately running from one doctor to another, had received treatment in many different hospitals. He said these numbers might be too high by as much as a factor of 10, and thus that the counting method used was pointless.

There is no other way: The affected people must be reported to the Health Office, by name and by address. Of course, we don't want to do this as it was done back in 1832 during the cholera epidemic in Berlin, when the name of every new case was reported in a "Cholera Bulletin." Rather, the doctor's duty to maintain confidentiality, and public officials' code of silence, must be strictly enforced.

**EIR:** There is an impression among the public and among doctors that the federal government doesn't even want to know what is going on—that it's not only *obligatory* reporting which is objectionable, but that it is in fact highly undesirable to have HIV infections reported at all, or to have people tested for the presence of HIV antibodies.

**Pöhn:** That's true. One is reminded of Napoleon, who decreed: "*La recherche de la paternité est interdite!*" ("Investigating a person's paternity is prohibited"), in order to prevent claims from being made on soldiers whenever they had a child by someone. In precisely the same way, people here are sticking their heads in the sand on the AIDS question. Germany is supposed to keep on being an "island of bliss" which in fact does not exist.

One concrete example: Already in 1987 our department

in the BGA wanted to do something in the entire Federal Republic which was in fact done in Bavaria in 1992, namely, we wanted to take serum samples which were already available from other tests, and test them for HIV. We had 7,000 blood samples available, but the word was that that was far too few, and therefore pointless.

**EIR:** What do you think about screening tests?

**Pöhn:** I don't think it makes any sense to screen the entire population. Even in the fight against tuberculosis, only selected groups were tested, such as students, people active in the medical field, and teachers.

AIDS is chiefly spread through promiscuity—through prostitution, for example. Prostitutes are already being tested for other diseases; why not finally test them for AIDS? Soldiers are tested for all sorts of things; the HIV test could easily be added on when they report for examination.

But even during his time, Robert Koch rejected the idea of screening the entire population. Much more important is the task of poking around in the surroundings of the HIV-infected person. Such followup inquiries are much more effective than screening. It's better to look for a needle in a sewing box, than try to find it in a haystack.

**EIR:** Do you think there is now going to be a turnaround in AIDS policy?

**Pöhn:** It's urgently necessary, and hopefully that's what will happen now. The federal government's educational campaign has been a failure, precisely because it wasn't really education at all; it was disinformation.

If I say today that condoms furnish protection, then I'm saying it against our better knowledge. There is a bulletin from the U.S. Food and Drug Administration which reports that condoms are only 85% safe. That means there remains a risk of 15%, or 1 in 6.66 instances. And when I hear that patients are refusing to undergo surgery because they're afraid of running a risk of 1:500,000, then I wonder why anybody would want to run a risk of 1:6.66.

**EIR:** Couldn't the BGA have pushed harder on its own for applying the Federal Communicable Diseases Law to AIDS?

**Pöhn:** We made such forays on many occasions, but we were always quickly rebuffed. Toward the end of my tenure at the BGA, I can remember a session whose participants included the head of my institution, BGA President Grossklaus; Vice President Clemens Strötmann (now undersecretary in the Federal Environmental Ministry); and Meinrad Koch, head of the BGA's AIDS Center. The agenda consisted of precisely this topic, the application of the Federal Communicable Diseases Law. Grossklaus was basically for it, but Strötmann said it would be too difficult—let's ask Mr. Koch! And then Koch said no. And so Strötmann said no, too. The only thing you can reproach the president for, is that he was too soft. He could have simply pounded his fist on the table and said, "I'm the president here!"

The press has reported that Meinrad Koch faces a disciplinary hearing, in order to find out whether he had any connections which could have led to conflicts of interest.

**EIR:** In the course of the scandal over contaminated blood products, Federal Health Minister Horst Seehofer dissolved the BGA. Does that solve the problem?

**Pöhn:** You don't need to dissolve the Federal Health Office in order to obtain reliable data. All you need to do is make it possible to collect the data in the first place!

Besides, Seehofer did not consider the fact that you can't simply dissolve the BGA without further ado. The BGA was established by law in 1952, and it can only be abolished by an act of parliament, approved by a majority vote.

**EIR:** Might the order to dissolve the BGA perhaps simply be another austerity measure taken in order to cut the budget?

**Pöhn:** No, I can't believe that. It wasn't thought through to that point; it was just people running amok. You could just as easily have dissolved the institutional structure, creating an office with separate departments, and then you could have reformed those departments. Much could have been accomplished that way. The institutes are hereditary farms—the *Deutsche Ärzteblatt* spoke of "garden plots." The institute leaders keep jealous watch to ensure that no one contradicts them. Consequently, there is practically zero exchange of information between the various institutes.

**EIR:** You are one of the people who, even in the mid-1980s, were calling AIDS a life-threatening epidemic. At the time, the World Health Organization was making special efforts to lull the public. But in the meantime there has been a certain change of heart at the WHO. The new head of the AIDS program there, Michael Merson, in July 1992 released shocking figures, showing that there were now 2 million people ill with AIDS worldwide, and 11 million people infected with HIV, 7 million of them in Africa. Jonathan Mann, the previous head of the AIDS program, who had always tried to assuage the public and who is now at Harvard, said that he now estimates that there will be 38-110 million infected people by the year 2000—i.e., a tripling of the disease within only eight years. Does this surprise you?

**Pöhn:** No, that doesn't surprise me at all. But the prognosis is only that bad if appropriate measures are not undertaken. Even communicable diseases such as AIDS can be slowed down and eventually eliminated if the right measures are taken.

**EIR:** AIDS is unfortunately not the only communicable disease which has been spreading worldwide recently. The same has also happened with such well-known old diseases as tuberculosis, cholera, and malaria. Do you see any connection between the spread of AIDS and, in particular, the spread of tuberculosis?

**Pöhn:** There is indisputably a connection to the spread of

tuberculosis. Before AIDS arrived on the scene, the incidence of tuberculosis was steadily declining. But now we have on the one hand so-called geriatric tuberculosis, while on the other hand tuberculosis can break out in HIV-infected people who develop AIDS after a long latency period. A great many people have at one time or other had primary tuberculosis—a so-called primary lung complex—and tuberculosis can develop from that if immunological resistance is lowered. This is especially borne out in the Third World. On top of this comes the problem that many disease agents have become resistant to previously effective medications.

But aside from the opportunistic infections which accompany AIDS, I see no direct connection to other communicable diseases. Cholera has become considerably more widespread. . . . Resistance plays a role here, too . . . but fortunately that is not the case with bubonic plague, which is also on the rise.

**EIR:** Is any significant progress being made in the field of AIDS research?

**Pöhn:** There are some new medicines—not only AZT, but also nucleocidal analogics—substances which can trick the virus. The worrisome aspect of these medicines remains their high toxicity—i.e., they cause considerable side-effects in the patient. But by applying a combination of these substances, the dose can be lowered and a better result can be achieved.

It is not possible, however, to completely eliminate the infection itself. It's not possible, because the infection is conditioned by a provirus inside the T4 cells which you can no longer get out of there. Right now people are investigating the possibility of a so-called therapeutic vaccination which could succeed in preventing these cells from ever again producing viremia—free viruses which could then lead to manifestations of the illness. With such a therapeutic vaccination one could prevent the virus from multiplying, so that the illness doesn't break out.

**EIR:** Are you in favor of HIV-positive people receiving treatment as quickly as possible after they are infected?

**Pöhn:** Of course. Also in another respect, the HIV test is of critical importance for the patient's prognosis. A doctor has to know whether or not his patient is HIV-positive—and not just in order to protect the doctor—that goes without saying. Because of the "diagnostic window," i.e., the point when HIV is already in the blood, but before any antibodies have been formed [which show up on tests—ed.], even an HIV-negative result is not a life insurance policy. But a doctor would not give corticoids, for example, to an HIV-positive person, unless it were absolutely necessary. Corticoids are immunosuppressants—i.e., you would be doing the same thing that HIV is already doing, and that should be avoided.

People ill with AIDS should be isolated as much as possible in the hospital, because they are very susceptible to new infections. If someone with a runny nose comes up to an

AIDS patient, the latter can easily die of a lung infection. Every infection becomes massively intensified. After organ transplants, immunosuppressant patients are treated in isolation in so-called life islands, so that they are not exposed to any infection at all. You have to think the same way about the AIDS patient: he or she needs protective isolation, and visitors with runny noses have to wear face-masks.

Thanks to improved treatment opportunities, the life expectancy today of people infected with HIV is considerably longer than it was a few years ago. Here there has been significant progress, and still more progress will probably be forthcoming. A vaccination against the infection, however, is still in the distant future.

**EIR:** What must be done here in Germany in order to get a handle on the AIDS epidemic, even at this late hour?

**Pöhn:** First and foremost, the "condom myth" must be buried. Educational material should no longer be allowed to state that condoms provide protection. Condoms can reduce the risk, but they are not protection. Fortunately, people are already talking about "safer sex," and not about "safe sex," since for sure it's not safe.

Then we need to apply the standard methods for combating communicable diseases, which means obligatory reporting and investigation of the infected people's environment—for example, of their sexual partners—in order to ascertain who needs treatment, and to prevent those already infected from infecting others.

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