

# Poverty Causes AIDS: The Actual Message of the Durban Conference

by Paul Gallagher

On July 10 in Durban, South Africa, a senior demographic expert of the United States Bureau of the Census spoke to the 13th International Conference on AIDS; what she said was a shock heard around the world.

Karen Stanecki was co-developer in the early 1990s of the first demographic model for measuring the AIDS pandemic's impact on populations. She gave the assembled experts and elected officials this horrific news: In a few years, people in four African countries — Zimbabwe, Namibia, Swaziland, and Botswana — will have an *average* life-span of only 29-33 years; and many other African countries will have average life-spans below 40 years.

Nations with such incredibly low average life-spans cannot survive as nations. They cannot sustain an adult labor force, the time and talents to educate children, or any ability to care for the health of their citizens. Stanecki said that such low life-spans have not been seen for a century; but in fact, such astonishing mortality has not been widespread among peoples for six centuries, since the feudal Dark Age.

For the first time at Durban, the U.S. Census Bureau was publicly forecasting negative population growth for some African countries, including South Africa, by 2003, due to tremendous disease mortality (a few nations already are depopulating due to the wars raging in Central Africa). For an idea of how terrific the sweep of plagues has become, consider that only two years ago, the Census Bureau and the United Nations Population Fund (UNFPA) were forecasting that the falling life-expectancies of Sub-Saharan Africa would stabilize about now, and would remain at an overall average of 47.4 years until 2005, then start to rise again. These analyses from 1998 are shown in **Figure 1** and **Table 1**, and they are terrible enough; but they are rose-colored compared to the reality announced at Durban.

## Debt and Poverty

Revelations came from every quarter at the time of the Durban conference, that the AIDS pandemic is completely out of control and accelerating rapidly worldwide. There are now 25 million cases in Africa; 5 million in India, according to unofficial estimates at the Durban conference; well more than 1 million in Russia; perhaps as many as 1 million between

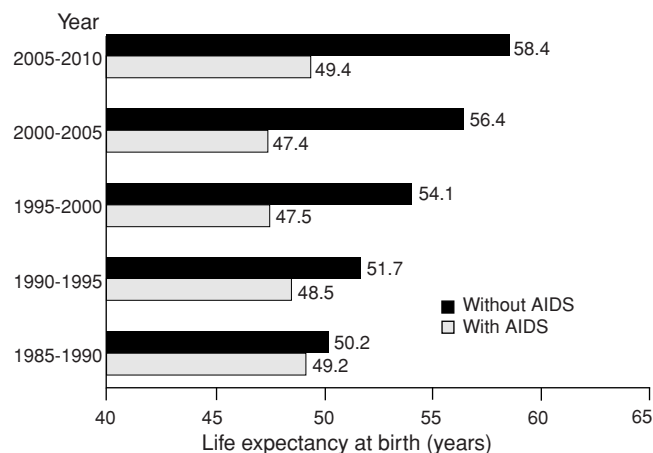
Haiti and the Dominican Republic which share the Caribbean island of Hispaniola; probably there are 40 million cases worldwide.

There were two other notable new developments which put the spotlight on the 1980s policy battles over AIDS led by Lyndon LaRouche and this news service.

First, Dr. Peter Piot, now head of the UNAIDS agency and one of the discoverers of the etiology of the pandemic in the 1980s, opened the Durban Conference with a call for the entire foreign debt of the African nations to be cancelled at once, so that \$15 billion per year that accumulates in interest alone on this debt, could be used to develop public health capabilities to fight the pandemic. "Developing countries," he said, "who carry 95% of the HIV/AIDS burden, owe in total around \$2 trillion."

In effect, Dr. Piot was pointing to poverty and the lack of

FIGURE 1  
**Life Expectancy at Birth in 29 African Countries, With and Without Aids (1985-90 and 2005-10)**



Source: United Nations Population Division, *World Population Prospects: The 1998 Revision*.

TABLE 1

**Demographic Indicators With and Without AIDS: 1998**

Country	Growth Rate <sup>1</sup>		Life Expectancy		Crude Death Rate <sup>2</sup>	
	With AIDS	Without AIDS	With AIDS	Without AIDS	With AIDS	Without AIDS
Botswana	1.1	2.4	40.1	61.5	20.9	8.6
Burkina Faso	2.7	3.2	46.1	55.4	17.7	13.1
Burundi	3.5	4.0	45.6	55.4	17.4	12.2
Cameroon	2.8	3.2	51.4	58.6	14.0	10.6
Central Af. Republic	2.0	2.5	46.8	56.3	16.8	12.0
Congo (Brazzaville)	2.2	2.7	47.1	57.2	16.5	11.3
Congo (Kinshasa)	3.0	3.3	49.3	54.4	15.2	12.7
Côte d'Ivoire	2.4	3.0	46.2	56.5	16.1	10.7
Ethiopia	2.2	2.9	40.9	50.9	21.3	15.0
Kenya	1.7	2.5	47.6	65.6	14.2	6.2
Lesotho	1.9	2.3	54.0	62.0	12.8	9.2
Malawi	1.7	2.7	36.6	51.1	23.7	14.4
Namibia	1.6	2.9	41.5	65.3	19.8	7.5
Nigeria	3.0	3.2	53.6	57.8	13.0	10.9
Rwanda	2.5	3.2	41.9	53.9	19.0	12.2
South Africa	1.4	1.9	55.7	65.4	12.3	7.8
Swaziland	2.0	3.2	38.5	58.1	21.4	10.1
Tanzania	2.1	2.6	46.4	55.2	16.7	12.1
Uganda	2.8	3.5	42.6	54.1	19.0	12.5
Zambia	2.1	3.3	37.1	56.2	22.6	11.4
Zimbabwe	1.1	2.5	39.2	64.9	20.1	6.2
Brazil	1.2	1.5	64.4	71.4	8.5	5.6
Guyana	-0.5	-0.3	62.3	65.7	8.7	7.3
Haiti	1.5	2.0	51.4	55.5	14.2	12.6
Honduras	2.3	2.5	65.0	69.2	7.0	5.5
Burma	1.6	1.8	54.5	57.1	12.5	11.2
Cambodia	2.5	2.7	48.0	50.7	16.5	15.0
Thailand	1.0	1.1	69.0	71.3	7.1	6.1

1. Growth rate is given as a percentage.

2. Deaths per 1,000 population.

Source: U.S. Bureau of the Census, International Data Base and unpublished tables

public health capabilities, as the number-one factor in the AIDS pandemic. Attack the cause of the increasing immiseration of these Third World nations over the past 30 years, build the infrastructure of public health, sanitation, adequate housing, etc., and there is a chance yet to stop the pandemic. By tying this directly to the need to cancel foreign debt, Dr. Piot made a serious connection between this civilizational crisis of disease mortality, and the need for a new international monetary arrangement which begins by declaring the bubble of international debt to be bankrupt.

His call was, in addition, a very polemical address: to the European and American AIDS experts in attendance, who were insisting that South African President Thabo Mbeki and everyone else toe the line, that AIDS is caused entirely by transmission of the HIV virus through unprotected sexual

intercourse; and to the representatives of the World Bank, the pharmaceuticals, etc., insisting that Africa has to keep paying its debt service and world market drug prices.

The second notable new development was the U.S. government's declassified CIA report, which defined the AIDS pandemic as a national security threat to the United States. Shockingly to some, the CIA report made clear that the devastating course which the pandemic has taken was clearly forecast ten years ago in reports from the National Security Council and the Census Bureau.

Thus, during the Reagan and Bush Administrations, the threat of the global AIDS pandemic was consciously covered up by the U.S. State Department, the U.S. Centers for Disease Control in Atlanta, Georgia, the World Health Organization—which particularly denied then that AIDS was epidemic in Africa. LaRouche and his collaborators, such as Dr. Jonathan Tennenbaum, who served on *EIR's* Biological Holocaust Task Force (see his article, in this section) were called Nazis for insisting on universal testing and rigorous measures of public health.

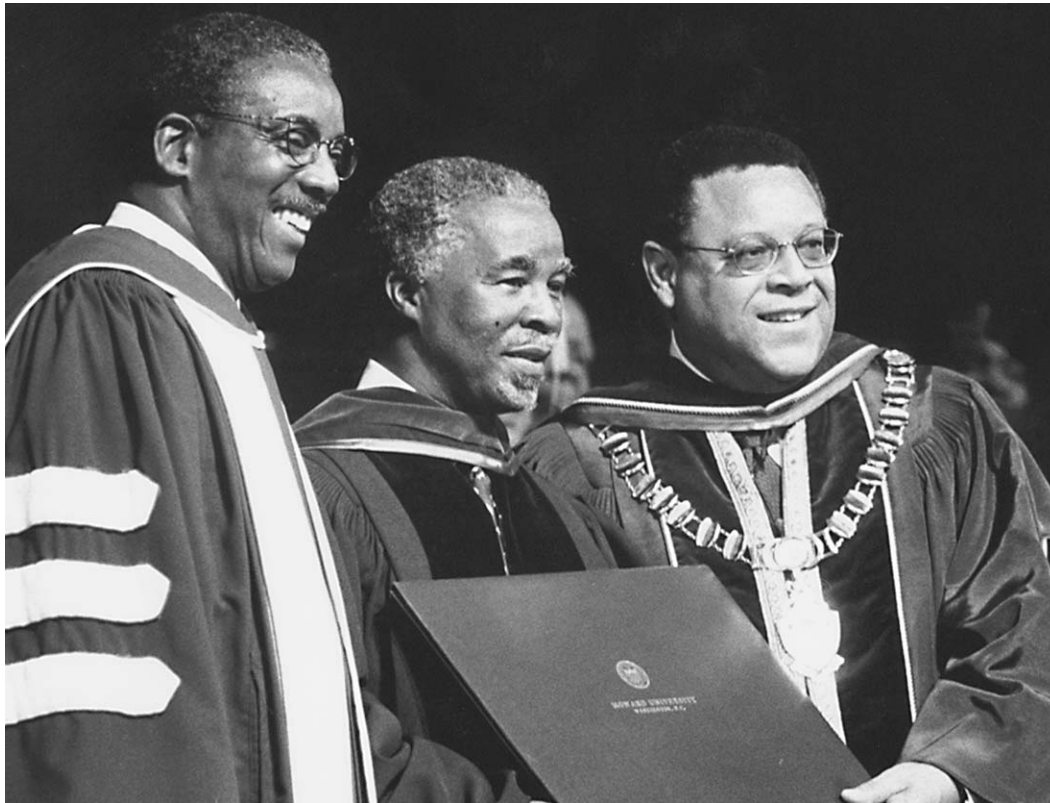
Now the CIA's national security threat report forecasts, as its "most likely scenario," that the AIDS pandemic will continue to spread unchecked and devastate nations around the world for another ten years. It is another strong suggestion, that the spread of AIDS through the nations of the Third

World has been consistent with the Malthusian policy of powerful British-American-Commonwealth factions.

In the face of the catastrophe, most painfully shown in Sub-Saharan Africa, the U.S. budget for stopping the spread and effects of AIDS in the Third World is only \$200 million—just doubled with great fanfare from \$100 million—and U.S. Treasury Secretary Lawrence Summers contemplates allowing cancellation of only \$870 million of developing sector nations' debt.

### **Mbeki: Not Just One Virus**

South Africa's President Mbeki was under continual attack by the "experts," before and during the conference, for supposedly claiming that the HIV virus does not cause AIDS—something he has never suggested—and that the anti-



*South African President Thabo Mbeki (center) insists that AIDS is primarily the result of poverty, and its spread cannot be stopped until poverty is eradicated. He is shown here receiving an honorary degree at Howard University in Washington, D.C., May 23, 2000.*

retroviral “cocktail” of AZT and other drugs is not the solution for the African pandemic. Rockefeller University sent Dr. David Ho to Durban, specifically to launch direct attacks on President Mbeki; Dr. Ho has conducted studies of the effectiveness of the drug “cocktail” (which costs patients \$15,000 a year) on Americans infected with AIDS, and insisted that it was the only way for Africa to go.

But President Mbeki, who spent many years as a leader of the fight against the apartheid regime in his country, was not intimidated. It was announced that South African scientists have made a breakthrough in developing the anti-retroviral drug nevirapine, now produced by Boehringer Ingelheim Pharmaceuticals. The drug can prevent transmission of HIV/AIDS from mothers to their babies (South Africa has 60,000 HIV-positive babies born each year), requires only two doses per year at a cost of \$60, and can be stored at room temperature, a crucial advantage there.

Mbeki gave a powerful and uncompromising address to the conference, insisting that the fundamental cause of the catastrophic scope of the pandemic in Africa, is the “Fourth World” immiseration into which the continent has been driven, and the proliferation of so many disease epidemics at once, which can be controlled by the public health systems Africa lacks.

“I heard,” he said, “stories being told about malaria, tuberculosis, hepatitis B, HIV-AIDS, and other diseases. I heard also about micronutrient malnutrition, iodine and vitamin A

deficiency. I heard of syphilis, gonorrhea, genital herpes, and other sexually transmitted diseases. . . . I also heard of cholera, respiratory infections, anemia, bilharzia, river blindness, guinea worms, and other illnesses with complicated Latin names.

“As I listened even longer to this tale of human woe, I heard the name recur with frightening frequency—Africa, Africa, Africa! And so, in the end, I came to the conclusion that as Africans we are confronted by a health crisis of enormous proportions.

“One of the consequences of this crisis is the deeply disturbing phenomenon of the collapse of immune systems among millions of our people, such that their bodies have no natural defense against attack by many viruses and bacteria.

“Clearly if we, as African countries, had the level of development to enable us to gather accurate statistics about our own countries, our morbidity and mortality figures would tell a story that would truly be too frightening to contemplate. As I listened and heard the whole story told about our own country, it seemed to me that we could not blame everything on a single virus. . . .

“And thus I came to conclude that we have a desperate and pressing need to wage a war on all fronts to guarantee and realize the human right of all our people to good health.

“The world’s biggest killer, and the greatest cause of ill health and suffering across the globe, including South Africa, is extreme poverty.”