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AIDS: a public health approach

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AIDS (Aquired Immune Deficiency Syndrome) is now the subject of an intense media campaign whose general thrust is to induce a sense of panic and helplessness in the general population. Recent magazine articles in *Life* and *Newsweek*, as well as a series currently running in the *New York Post*, present a situation in which AIDS is spreading beyond the classic risk groups, such as homosexuals and intravenous drug-users, and becoming a greater potential health threat than the Bubonic Plague of the 14th century.

These same articles then go on to explain that mass screening for the disease would unfairly stigmatize members of the classic risk groups, and therefore, nothing can be done but to educate people in safe forms of sexual perversion to avoid transmission of AIDS.

This is the same mentality which has turned over most programs dealing with the disease to various "gay activist" groups, which have used what is basically a public health problem to further their own ends, and are reluctant to yield their privileged position, no matter what the cost to society in general.

Since the discovery of the retrovirus, HTLV-III or LAV, by American and French researchers in April of 1984, a technique for growing the virus in quantity has enabled the development of a quick, inexpensive, and highly accurate test for the presence of antibody to the virus. This test simply indicates that the individual in question has been exposed to the virus and, by itself, does not indicate the presence of active disease. This test is presently used to screen donor blood at blood banks.

According to reports at a U.S. Public Health Workshop on HTLV Antibody Testing, the enzyme immunoassay (EIA) tests are highly sensitive and specific. Most false positive tests were negative on retesting, and 89% of those who were strongly positive had definite risk factors for HTLV-III/LAV infection, while those with weakly positive tests had no risk factors. In tests in San Francisco, none of 70 men with negative antibody tests had positive HTLV-III virus cultures, while 60% of those with repeatedly positive antibody tests had positive virus cultures. As of this date, approximately 1,000 units of potentially infectious blood have been removed from circulation by this testing.

The virus itself has been found in white blood cells, plasma, semen, saliva, and tears. It is not unreasonable to suspect that it may also be present in urine and sweat, and it is highly likely that it is present in the spinal fluid. Since its epidemiology is so similar to hepatitis, it may also be present in feces.

While the majority of cases in the United States still occur in homosexuals, heroin addicts, and hemophiliacs, approximately 1,000 of the over 13,000 U.S. cases do not fall into these groups. In particular, there is the case of Belle Glade, Florida, with a total of 30 AIDS cases in a population of 25,000, six of whom had no identifiable risk factors. Since the report of these cases in April of this year, the total has risen to 46 cases of AIDS in Belle Glade, 16 of which have no identifiable risk factors. These NIR (No Identifiable Risk) cases represent 34% of the total, and 62.5% of the new AIDS cases in Belle Glade.

Dr. Mark Whiteside of the Institute for Tropical Medicine, in North Miami Beach, Fla., who reported these cases, stresses the fact that Belle Glade is an economically depressed area characterized by "substandard housing, crowded living conditions, open waste, rat signs, and active mosquito breeding." Most of the 16 NIR cases had serological evidence of multiple infections by mosquito borne arboviruses. This is identical to the pattern of AIDS in Africa and the Carribbean, where the disease is associatied with total collapse of nutrition and sanitation, resulting from the economic policies of the International Monetary Fund.

While some authorities, including the Atlanta Centers for Disease Control, have proposed that AIDS can be transmitted by promiscuous heterosexual activity, Dr. Whiteside finds no difference in total number of sexual partners between heterosexual Haitians with AIDS and heterosexual Haitians without AIDS. On the other hand, Haitians living in Belle Glade have four to six times higher incidence of AIDS than Haitians living in New York City. This coheres with previous observations in these pages, that the incidence of AIDS in Haitians in the United States declined after they were released from the concentration camps.

A corollary to the Belle Glade situation is occurring in New York City, where AIDS is now the leading killer of men between the ages of 30 and 39, and one of the top five causes of death among men aged 20 to 50. Since 1980, there have been 3,176 reported AIDS cases in the city and approximately 1,800 deaths. This has paralleled a doubling of tuberculosis among Black and Hispanic males in New York City between 1979 and 1984. The TB incidence in New York City is three times the national average, and as of Aug. 24, 1985, the incidence of TB in New York City is 22% higher than at the same time last year! In addition, as of Aug. 17, 1985, the total of new TB cases in the United States is higher than at the same time last year and is continuing to increase, thus heralding the predicted return of this disease under the pressure of the present economic collapse.

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