

CDC plans to ignore the crucial issue

The following is a letter written by Dr. Mark Whiteside, co-director with Dr. Carolyn MacLeod of the Institute of Tropical Medicine in Miami, Fla., to James Howell, M.D., of Florida's Department of Health and Rehabilitative Services. Drs. Whiteside and MacLeod have been the chief physicians who have called attention to the problem of No-Identifiable-Risk (NIR) cases of AIDS in southern Florida, specifically Belle Glade. EIR has charged that the Centers for Disease Control's cover-up of AIDS includes explaining away NIR cases—i.e., non-homosexuals, non-drug-users, no blood transfusion—by asserting heterosexual transmissibility. The following expresses Dr. Whiteside's views regarding a planned CDC study designed for such cover-up.

Re: The proposed CDC-HRS Prospective Study of AIDS in Belle Glade, Florida. This study is formulated on the hypothesis that there is bi-directional heterosexual spread of AIDS in this community.

There is no convincing scientific evidence to support female-male transmission of AIDS in the United States. Studies implicating heterosexual transmission of AIDS in the tropics, i.e., Central Africa and Haiti, or even in the United States, have been seriously flawed by inadequate controls and lack of prospective information. This study is founded on the same faulty assumptions and appears doomed to repeat the same mistakes.

There is a public health emergency in Belle Glade; over 100 cases of AIDS and over 60 cases of tuberculosis clustered in two central depressed sections of town. There is currently an explosion of non-characteristic or no-identifiable-risk AIDS in the same area. Independent surveys document a 10% seroprevalence of antibodies to HTLV-III/LAV in a largely heterosexual population.

A sexually transmitted disease does not confine itself to a single poor neighborhood.

Neutralization antibody data reveal remarkably high prevalence of antibodies to several different, potentially pathogenic arboviruses, mosquito-transmitted viruses. Seventeen percent of the target population have serum antibodies

to the Bunyamwera sero-group of arboviruses of the Caribbean and South America, previously never reported in the United States. This data should be irrefutable proof of environmental exposure in this economically disadvantaged group of people.

The proposed interview form virtually ignores important environmental considerations. For example, there is no attempt to quantify exposure to blood-sucking insects, or identify time and place of exposure, occupational history is inadequate, and there is no mention of recreational activities, i.e., fishing on canals. There is no mention of exposure to wild or domestic animals, which carry fleas and ticks and which serve as a reservoir for arboviruses and such opportunistic infections as *pneumocystis carinii*. There is nothing to document the level of fecal-oral contamination such as stool-probe for parasites or serum antibodies to infectious type-A hepatitis.

It is unfortunate that another scientific study overlooks what is becoming increasingly obvious even to the untrained lay person, the connection between environment and disease in Belle Glade.

We are told that this study is approved and cannot be altered. Our request for aliquots of sera to screen for arbovirus by indirect immunofluorescence, a test that may detect individuals with greatest risk for AIDS, has been denied.

Whereas most of the patients with AIDS have neutralizing antibodies to arbovirus, it is well known that they lack neutralizing antibodies to HTLV-III/LAV.

We are told that further studies designed to elucidate a possible environmental factor will have to wait several months. How many poor people will die before we even begin to examine this relationship? How many children will receive their first exposure to viral agents that will make them susceptible to severe disease later in life?

Dr. MacLeod stated in a letter written to Dr. Witte, dated Aug. 7, 1985, "Ethically, I do not think you should study a population where we know there is a high risk of mechanical transmission of HTLV-III/LAV based on work in animal retroviruses and hepatitis-B in the tropics, without concurrent improvements in housing and education concerning the environmental health risk." This letter was never answered. Nowhere in the present grant is there provision for environmental control measures or public education about environmental health risks.

We recommend emergency mosquito control programs be instituted in Belle Glade based on the CDC/Fort Collins arbovirus antibody survey. Studies of other South Florida communities must be done to determine the extent and spread of arbovirus infection. Cultures should be repeated for identifying new agents which have been introduced into South Florida. Environmental specialists from the CDC-Fort Collins and other centers must be brought down here to help us.

In the meantime, Dr. MacLeod and I will push forward with the studies that focus on environmental factors and continue to assist you in any way we can.