

Other candidates on AIDS

An *EIR* survey of several potential 1988 presidential candidates shows that they generally support the do-nothing status quo:

Mario Cuomo: The New York governor rejects mandatory testing, contact tracing, or any other measure that would allegedly infringe on civil liberties, according to Frances Tarleton, a spokeswoman for State Health Commissioner Dr. Peter Axelrod. Cuomo feels "so strongly about the civil rights aspect of the AIDS issue" that he plans to introduce legislation in the state legislature making it illegal for employers and others to try to screen people. He also backs New York's policy under which only victims of full-blown AIDS, as opposed to those who test positive for the virus, are reported to state health authorities. He has set up two committees to advise him on AIDS policy. One is headed by Episcopalian Bishop Paul Moore, who violently opposes the DoD's policy of screening new recruits for the disease.

Rep. Richard Gephardt (D-Mo.): He believes that AIDS is a major public health threat, and will speak to the

issue in a speech on health policy this month. But he opposes mandatory testing, even in special cases (e.g., drug users), and also opposes drug tracing. "It's not worth the cost until we find a cure," according to aide Alice Ziegler.

Rep. Jack Kemp (R-N.Y.): According to legislative assistant Mary Burnett, Kemp thinks that recent statements by Health and Human Services Secretary Dr. Otis Bowen and others calling AIDS a worse menace than the Black Death, are "apocalyptic." He believes that the administration has allocated sufficient resources to the fight against the disease.

Rev. Pat Robertson: Although he has attacked the idea that the AIDS virus has civil rights, and warned that the epidemic is going out of control, he also said, at a Dec. 6 press conference, that "the public is not ready to take the steps that would be required to stop it." When *EIR* asked him what these necessary steps are, Robertson squirmed: "Well, I'd rather not say because then I'd be labeled as someone who was advocating them."

Alexander Haig: He thinks that AIDS is a "big problem," with needs "leadership and resources," but refused to be more specific when questioned by *EIR* in Virginia on Feb. 12.

Other candidates: repeated calls to Vice President **George Bush** and **Gary Hart** drew no response.

nate themselves by about A.D. 2000, leaving most of the normal population untouched?

This is really two questions. On the first level, let us assume that the AIDS virus was spread in the exact variety of retrovirus studied in 1983. On the second level, we must take into account the fact that several, evolved varieties of AIDS are already known. On the first level, we must examine the potential for transmission of the 1983 variety of AIDS by routes other than the so-called high-risk ones. On the second level, we must consider the rate at which the AIDS virus will evolve as the number of persons infected increases.

Take the 1983 virus first, the one for which existing AIDS-reaction tests are designed. Even without completing the needed tests with monkeys, we already know that AIDS is transmitted by routes other than the so-called high risk ones. As a ball-park estimate, if you have contact with an AIDS carrier, and you are neither a homosexual nor a drug-user, your chances of contracting the infection are perhaps 1% as great as if you were a homosexual or drug-user. Tests may show that 1% is too high a figure, or a bit too low; it is a good ball-park figure, until such time as the needed research tests are run.

So, if you do not belong to a "risk group," the probability of your catching the AIDS infection depends upon the num-

ber of AIDS carriers with whom you are in contact. If you are exposed to many AIDS carriers, your chances increase. If you are not exposed to AIDS carriers, your chances are nearly zero. So, the general problem is one of keeping the percentage of AIDS carriers in the population as low as possible. At one-tenth of one percent, the problem might be nearly under control, if you are a normal, healthy person. If the figure rises to 5%, there is a significant risk. If the figure rises to between 10% and 15%, taking the Africa or New York City situation into account, we probably have a red alert situation.

Suppose, however, that new mutations of the AIDS virus occur, as such mutations are already occurring. If the percentage of the population infected is very high, the rates of mutations will increase. Suppose, for example, a mutated form of AIDS is able to infect epithelial cells, and to work its way from there into your bloodstream? Then, your chances of infection by a carrier would increase accordingly.

Is that second case some sort of wild speculation? It is speculation to a certain degree, but not wild, irresponsible guess work. From what we know so far of the characteristics of the virus, it is a likely scenario. It is one of the lines of investigation developing today, especially since several new forms of the AIDS virus were turned up.