

The low-budget way to lose the war on AIDS

by Warren J. Hamerman

During 1987 it became evident that the deadly virus is winning and the human species is losing the war on AIDS on five continents, because of the accumulated and continuing delays, cover-up, and outright lies associated with the “safe sex and free condoms” campaign of Surgeon General C. Everett Koop, the Atlanta Centers for Disease Control (CDC), and Jonathan Mann’s World Health Organization (WHO). The outright wrong policies implemented by the governments of the West have been led by the Reagan administration’s intransigent position for a low-budget approach—no money for traditional public health measures, only cosmetic expenditures for research to stumble across a pharmacological “magic bullet” even where one may not exist, and no investment in providing health infrastructure or cleaning up the environmental co-factors for rampant AIDS spread in the economically-depressed tropical areas of the world.

In mid-December a secret plan surfaced which was drafted by federal budget officials to sell off the National Institutes of Health to the private sector. The proposal, which was prepared by the Office of Management and Budget (OMB), was intended for inclusion in President Reagan’s 1989 budget and would sell off the NIH to a combination of drug, chemical, and food companies. One senior scientist who worked at the institute for 20 years characterized the proposal as “an abdication of the government’s responsibility to conduct research at the highest level of sophistication.” Other scientists were concerned because researchers would be distracted from their work and be obliged to raise money.

The only ray of hope in 1987 was the fact that over 725,000 California registered voters have joined their names

to a petition which successfully qualified the AIDS Initiative Statute for the June 1988 ballot.

The new AIDS Initiative Statute is virtually identical in wording to last year’s Proposition 64, which was widely associated with Democratic presidential candidate Lyndon H. LaRouche, Jr. It calls for making AIDS a reportable disease, placing it on the list of dangerous communicable diseases, and thereby applying all traditional public health measures to halting its spread.

Less than four days after the California secretary of state announced that the 1987 AIDS referendum had qualified for the ballot with well over 100,000 signatures to spare, the George Bush-Ronald Reagan White House staged an atrocious press conference in which national health officials punted once again on fighting AIDS because they were ordered not to spend money.

In the early months of 1985, nearly three years ago, we emphasized that the political-economic questions of budget commitment would be decisive in determining whether or not Western civilization would survive the pandemic. Now the AIDS pandemic has brought mankind directly to the point of no return which *Executive Intelligence Review* has long warned of.

AIDS overwhelms all barriers

In 1987, AIDS broke down the Asian “door” and began its grim spread through the most crowded and impoverished population centers on earth. In early January, the Indian Council of Medical Research announced that it had no adequate infrastructure for checking the spread of AIDS in their

nation. AIDS cases had been confirmed in Calcutta in eastern India, New Delhi, Bombay, and in Madras in southern India. Throughout the year, reports were logged of confirmed AIDS cases in the population-dense centers of Asia, from China's one billion people to Japan's teeming cities.

In 1987, Ibero-America woke up to the fact that an AIDS pandemic of African dimensions was rapidly spreading across the continent. Brazil conservatively counted 500,000 already infected with 1 million forecast in that nation, which has one of the steepest infection-rate curves in the world. Colombia, Mexico, Peru, and Venezuela documented that the virus was spreading like wildfire and beyond their capacity to check its spread.

During 1987, too, the world finally acknowledged that AIDS had already decimated Africa in a full-scale biological holocaust, as a result of the deliberate and conscious decisions of governments and the international banking community, who found it doubly convenient 1) not to spend money in Africa, as well as 2) to eliminate those whom they saw as the overpopulated "excess eaters." Estimates are that within six years, 70% of the urban population of Zambia will be infected. In Uganda, 10% of 14 million inhabitants are already infected. In Ruanda, 20% of urban dwellers are carriers. Zaire, by all accounts the epicenter of the pandemic in Africa, has suffered so large an overload that her previously fragile health infrastructure has been overwhelmed. AIDS is no longer relatively localized in a "belt" across the central part of the continent.

AIDS is not merely out of control in the developing sector. The virus marched unrestrained across Western Europe and the United States. In New York City, with the most overcrowded ghettos on the face of the earth, for example, the Department of Health announced in 1987 that through May, approximately 500,000 individuals were already infected. Right now there are more AIDS carriers riding the subways and busses of New York, shopping in department stores, or eating in city restaurants than in any other area on earth. Conservative estimates are that 50-60% of New York's 200,000 intravenous drug users are infected and the figure may be as high as 87%. Estimates vary that between 50-70% of New York's approximately 500,000 homosexuals are already infected. For comparison sake, were every man, woman, and child in San Francisco's population of 400,000 to be infected in the future, that would still be only 80% of the known carriers in the densely-packed New York City population as of early 1987.

There are already well over 10,300 full-blown AIDS cases in New York, with computer models referenced in the *New England Journal of Medicine* (Dec. 3, 1987), suggesting that 25,000-40,000 new cases will be diagnosed by 1991, even under the conservative assumption that no further cases of AIDS infection have occurred since mid-1987. On top of the full-blown AIDS cases, specialists estimate that there are

at least 100,000 cases of AIDS-related complex in New York.

By March of 1987, some 5% of the total acute-care beds (1,067 beds) were already occupied continually by approximately 4,000 AIDS patients. By 1991, somewhere between 25 and 50% of New York's medical-surgical beds will be constantly occupied by AIDS patients.

White Houses confesses: no \$\$ for a war

One government source described the current situation in the following terms:

The overall situation is very bad. The White House has not only ordered that no money be spent. The President has become convinced that AIDS is no longer a headline issue and it can be ignored. Reagan wants to finesse the Commission out of existence after another report or two. There is total demoralization among researchers. The Atlanta CDC hasn't been able to replace those it fired. Furthermore, many researchers are themselves sick. There is severe demoralization among those who are supposed to be fighting the disease.

At a White House news conference on Dec. 3, Secretary of Health and Human Services Otis Bowen, flanked by Presidential AIDS Commission head Admiral Watkins and CDC Director James Mason, unsuccessfully tried to maintain that the number of AIDS-infected in the United States had *not* changed in over 18 months, when the Public Health Service first announced that 1-1.5 million Americans were infected. The main subject of the Dec. 3 press conference was for Admiral Watkins to release the first official report of the President's AIDS Commission, proposing nothing that would cost the federal government more money.

The theme of the report was to seek "solutions that are cost-effective, cost-efficient, and creative." In effect, such an approach would have mankind throw up its hands in futility when confronted by very real problems, such as the fact that the fear of AIDS among our youth has led to a severe shortage in nursing school enrollments.

Yet, the President's Commission had the following to say:

One large and serious obstacle to progress associated with patient care is the growing shortage of nurses and other non-physician health care workers in the United States. . . . With schools of nursing around the country experiencing a drop in enrollment, prospects for solving the nursing shortage appear bleak. The need for programs of scholarship support, work-study, and other avenues of student aid which may encourage students to seek nursing careers must be rapidly assessed. Solutions that are cost-effective, cost-efficient, and creative must be found. . . . (page 20.)

While invoking the magic words “cost-effective” on virtually every third page, the report specifically promoted the following recommendations because they will not cost the federal government money:

1) “Community-based organizations, and in particular in the gay community” which have cared for their own infected without squandering a lot of society’s money.

2) More comprehensive activities from state and local governments.

3) More activities from the private sector in research, education, and patient care.

Under questioning by the press at the Dec. 3 White House press conference, the three government health spokesmen—Bowen, Mason, and Watkins—all admitted that the true extent of the penetration of the AIDS infection into the United States remains uncertain. Watkins stated that the old June 1986 figures are “rough,” and that researchers need to find out how many Americans are really infected. James Mason of the Centers of Disease Cover-up (CDC) in Atlanta then commented:

“We’re not saying [AIDS] is under control. We’re saying it’s *not* spreading like wildfire.”

The Presidential Commission Report was a travesty both for what it said and what it failed to say.

We could have fought back

It need not have turned out that way. For the first six months of 1987 momentum appeared to be building to take decisive actions along the lines of those proposed by this journal and California Proposition 64.

In early January, the Italian health minister, Carlo Donat Cattin, mandated a policy of AIDS reporting and forcefully rejected the would-be dictates of the homosexual lobby to use the state to launch a so-called “safe sex” campaign. Donat Cattin referenced the letter of Cardinal Ratzinger on the question of homosexuality. On Jan. 13 the Italian health minister stated that the mandatory reporting of AIDS cases would also include cases of people infected by the AIDS virus.

The Bavarian cabinet announced at a cabinet press conference on Feb. 25 a full-scale public health program against AIDS including the testing of all public servants and prison inmates and a ban on blood and human organ donors infected with AIDS. There will be an obligation for the AIDS-infected to inform their doctor and sex partner. Bavaria also considered mass testing.

On Aug. 25, the nation of Israel placed AIDS on the list of communicable diseases.

Even in Ronald Reagan’s and George Bush’s America there were considerable indications of a policy shift. On Feb. 4 Walter Dowdle, AIDS coordinator of the CDC, announced that the CDC was considering recommending mandatory AIDS tests for hospital patients, pregnant women, and couples applying for marriage licenses. CDC scheduled a public

hearing for Feb. 24-25.

In mid-March both the United States Public Health Service and the American Red Cross called for screening the 30-34 million Americans who had received blood transfusions between 1978 and 1985. They especially urged that testing begin in the “high risk areas,” New York City, Miami, Washington, D.C., Los Angeles, and San Francisco. In mid-March, as well, the two leading AIDS researchers in the world, Luc Montagnier of France and Robert Gallo of the United States, admitted the potential of the AIDS virus to mutate and for the mutated strains to be capable of “casual transmission.”

Then in May, weeks before the opening of the Third International AIDS Conference in Washington, the Atlanta CDC was forced to release documentation on three health care workers who had contracted the disease at their work despite taking professional precautions.

By that time, over 350 separate pieces of AIDS legislation had been introduced into state legislatures around the nation.

These events set the stage for Ronald Reagan’s dramatic speech on the eve of the Washington AIDS conference. On May 31, Reagan called for “routine testing” for the AIDS virus. He ordered that AIDS, for the purposes of the immigration statutes, be placed on list of communicable and contagious diseases. He also announced “routine” testing at federal prisons and veterans’ hospitals.

Dr. Koop’s revenge

The counter-reaction of the alliance between the budget-cutters and the homosexual activists, and those medical and public health officials who had been promoting the “safe sex” campaign was furious and immediate. Nancy Reagan herself launched a public crusade for a homosexual to be placed on the President’s AIDS Commission. Not only was Dr. Koop not fired, but he was politically protected on the highest levels.

Before the first meeting of the AIDS Commission last autumn, our close collaborator Dr. John Seale of the Royal Society of Medicine in Britain came to the United States and met privately with most of the members of the President’s Commission. It was obvious at the time that then Chairman Mayberry of the Mayo Clinic and a minority clique of physicians on the Commission opposed the views of the majority who wanted an end to the sorts of lies, condoms, and inaction peddled by Surgeon General Koop. The majority instead wanted widespread testing and traditional public health measures.

The fight between the Koop-allied minority and the traditional-public-health majority crystallized around the issue of the nature of the first Commission report. The Koop minority wanted the first report to say nothing new and merely continue the discredited policies of “no mass testing—only mass distribution of condoms” and “alternative sexual procedures.”

The anti-Koop majority did not wish to put out merely a preliminary report but wanted the First Report to declare a full-scale war on AIDS which began with overturning Koop's policies and moved onto mass testing. Chairman Mayberry was forced into the position of having to contemplate writing a minority report as chairman, against the majority of his own Commission.

In the fight which ensued, Mayberry resigned because he was outnumbered. When Admiral Watkins replaced him as chairman, there was hope that now the majority view for a war on AIDS would prevail. However, in the climate of "no-budget-for-anything," which rules in the White House after the stock market crash, the White House ordered the Commission to punt on all major issues and be "cost-effective and cost-efficient."

Thus, instead of the first presidential report declaring an all-out war on AIDS, Chairman Watkins repeatedly apologizes that his report is only "preliminary."

We can still fight

Now that the political-economic crisis underlying the failure to mobilize against AIDS has come into focus, we have a few precious months, corresponding to the period of the presidential primaries, to shift policies onto a war mobilization against AIDS. The substance of that mobilization is fivefold:

1) AIDS must be treated as a communicable infection requiring application of a full spectrum of available public health law to prevent the spread of infection. This would include extensive use of testing, reporting procedures, and quarantine measures modeled on those used in Chicago to halt the spread of tuberculosis.

2) More attention must be paid to co-factors in the progression from infection to active disease, particularly the economic co-factors in impoverished areas.

3) Institutions must be created to enable the infected, asymptomatic individual to continue making productive contributions to society, while eliminating the risk of transmission to others.

4) The government should suppress the drug traffic rather than distribute drug paraphernalia in the form of sterile needles.

5) A Biological Strategic Defense Initiative should be implemented, creating a multidisciplinary scientific mobilization to apply the most advanced technologies of optical biophysics to AIDS and the life process. We require an approximate 10-year research program which masters the spectroscopies of the different processes of mitosis in cells which are a) healthy; b) infected but dormant; c) virus factories. The price tag for basic biological research alone should begin at \$3 billion per year.

With these measures, 1988 can be the year in which mankind starts to win a few battles against the AIDS virus.

Time is running out for Africa

by Mary Lalevée

"Not everyone works as hard as you," said the German journalist to the African doctor in charge of the AIDS patients at Congo's main hospital in Brazzaville. "Do you think Africa is going to die of AIDS?" The doctor answered, "Well, perhaps not Africa . . . but Congo? Congo will die."

Every week in that hospital, between 15 and 18 new patients with AIDS were arriving. The Norwegian Red Cross has already described Africa as "the continent of death" because of AIDS. Conservative estimates are that 8% of Africa's urban population is already infected with AIDS—40 million people!

In 1987, these horrific facts could no longer be ignored. The January issue of the German magazine, *AIDS-Forschung*, published an anonymous article by a researcher on AIDS in Africa, detailing the catastrophic situation. On Oct. 5, Zambia's President Kenneth Kaunda announced that one of his sons had died of AIDS the previous year, showing that Africa's elite is far from immune. An international conference on AIDS in Naples, Italy Oct. 8-9 heard the dreadful warning, "There will be a hecatomb" in Africa. Speakers stressed that in the very near future, everyone will be at risk of infection with AIDS. Professor Luc Montagnier said, "Transmission of the disease is taking place at breathtaking speed."

The World Health Organization's efforts to play down the disaster would be laughable were the situation not so tragic. Interviewed on the same German television broadcast that, for the first time, fully revealed the situation, Jonathan Mann, the Geneva coordinator of the WHO's worldwide AIDS program, commented that African societies had "some advantages" over the Western industrial countries. What advantages? "AIDS patients will not be isolated, their families will look after them."

On average, African governments have \$1 per capita per annum to spend on health care. One AIDS test alone costs \$15. The result, in the Central African Republic, for instance, is that blood supplies are tested for AIDS, but there is no money available to test patients who are suspected of having AIDS. "We have to rely on doctors reporting the clinical