
Interview: Charles Quincy Troupe



Fight against AIDS is a public health priority

Rep. Charles Quincy Troupe, 62nd District, Missouri House of Representatives, was appointed by President Clinton to the Presidential Council on HIV (human immunodeficiency virus) and AIDS (acquired immune-deficiency syndrome). The council, organized under the auspices of the Department of Health and Human Services, is to "provide advice, information and give recommendations regarding programs and policies to promote effective prevention of HIV disease, advance research on HIV and AIDS, and provide quality services to persons living with HIV disease and AIDS." Representative Troupe is also one of over 600 current and former state representatives nationwide who have signed a call for the exoneration of Lyndon LaRouche. The interview was conducted by Marianna Wertz, vice president of the Schiller Institute, on Dec. 29, 1995.

EIR: In an interview in the November-December issue of *The Legislator*, published by the National Black Caucus of State Legislators, you said that you have made prevention of the escalating incidence of HIV-AIDS among women in minority groups your "critical, crucial, number one" priority. What has led you to this?

Troupe: We looked at the progression of the disease in 1985, and we put AIDS on a chart. We looked at syphilis, gonorrhea, chlamydia, other sexually transmitted diseases, and at how those diseases had impacted the black community. We looked at the progression of the disease and we saw how most sexually transmitted diseases had a disproportionate and unrealistic impact on minorities and, especially, women. So we started looking at AIDS and how it was moving through the African American community. We were looking at the portals of opportunity for the virus. We looked at IV-drug use.

One of the crucial problems we had was drugs and alcohol, which created an environment that permitted sexual promiscuity. It made people more susceptible to conduct that placed them at risk. When we saw the oversaturation of drugs and alcohol in the black community, we knew then that AIDS was going to be a disease that might undermine all of the progress that blacks have made in the last 140 years. It was the single most deadly foe that we've faced since slavery.

EIR: The AIDS epidemic is certainly wiping out entire na-

tions in sub-Saharan Africa.

Troupe: That's my point. It's almost like a biological neutron bomb.

EIR: Do you see the oversaturation of the black community by drugs and alcohol as coincidental?

Troupe: No, that's by design. The black community, especially the black male, is targeted. He's a target for the drug dealers. He's a target for the alcohol distributors and dealers. He's a target for the whole apartheid system, and he's always been a target. All of history shows, in our relationship with this country, that if you destroy or maim or cause the black male to be dysfunctional, then it will, in most circumstances, define the destiny of black women and children. In the AIDS and alcohol and drug atmosphere, it is defining the life cycle of black women and children.

If you look at what's happening to the black male in general, whether it's lack of quality education, lack of health care, lack of housing, lack of employment, lack of transportation, lack of self-esteem, self-love, self-worth, hopelessness; when you look at all of those things, and you look at the people and the impact of a damaged black male on black women and children, then you never see the time (or I don't see it in my lifetime), when the black male is going to be an asset to black women and children.

EIR: Addressing that problem was, obviously, the intent of the Million Man March.

Troupe: That was the whole intent. It was to turn that around, to cause the black male to look at himself and to understand that when I point my finger at the drug dealer or the liquor store owners, or the oppressors, I still have four fingers pointed back at me. So I've got to take on a lifestyle that will make me an *asset* to my woman, my child, my community, my city, my state, and my country. Despite all the overt impediments.

I see AIDS as an untreated and unobstructed effort, if not to destroy the community, to allow it to die on its own, from its own weight. At what point does the overall negative weight of the influences that impact the black community cause it to fall? There's got to be a breaking point.

EIR: You've called for a Manhattan Project in research on

the AIDS issue, which is similar to what Lyndon LaRouche called for in 1986, when his associates in California put Proposition 64 on the ballot. Are you familiar with that?

Troupe: No, I'm not.

EIR: Proposition 64 called for treating AIDS with standard measures of public health, including quarantine, universal screening, and a Manhattan Project for the development of a vaccine and cure. LaRouche was vilified as another Hitler by homosexual organizations.

Troupe: The gay community has moved to that [Proposition 64] position. When you look at their recommendations now, they're calling for pretty much the same thing.

Look at the cuts in Medicaid, the federal proposals on this issue. Look at [Sen. Jesse] Helms's [R-N.C.] statement on AIDS, and all the craziness that's going on in D.C. In Missouri, right now, we are finding a \$2.2 million deficit in the AIDS program. They're not hiring anybody and they're not doing anything. They can't do anything, because they spent \$2.2 million over budget. Now they've got a hold on all services, goods, and everything related to AIDS, which means that the AIDS issue is on hold here in Missouri because of a lack of money. Neither the Department of Health, the governor, nor anybody else saw fit to provide monies to keep the program going.

EIR: Do you expect that the Contract with America, if passed, is going to have that kind of impact nationally?

Troupe: Yes, I think it is. I think most of the people who are affected by this disease are what has been called, or looked at as "throwaway people." They are not people who have the ears of, and the concerns of the decision-makers, of the power-brokers. You have homosexuals, the minorities, women and children, especially poor women and children—they don't have the clout. They're like dust in this arena. They don't have any standing.

EIR: That's the case also with old people, who are now being encouraged to die.

Troupe: I just see that as being a forerunner of things to come. You probably won't believe this, but I see the same thing happening with juveniles. If they start giving kids—and we will at some point in time—the right to make up their minds, do you want to spend the rest of your life in jail or do you want to get the Kevorkian treatment, I think a lot of people in jail who know they're going to be there for life without parole, will opt to die. The cost of keeping these people in jail is prohibitive.

EIR: LaRouche is now calling the House speaker Newt Gingrich, because his policies are Nazi-like.

Troupe: They are Nazi-like. And what makes it so bad is that he's tenacious in his policies. It doesn't matter to him what the public thinks and it doesn't matter that what he does is *wrong*, as long as it meets his ends.

The thing that is frightening me most in this whole AIDS issue, is when I look at the needle-exchange programs across the country. Ten years ago, when I started complaining and asking the black churches, the black leaders, the black politicians to take a pro-active position on this virus, and to start moving and developing education and prevention programs, and to look at ways to keep our women and children from being infected, at that point, I would have taken the position that a needle-exchange program for the purpose of combating the spread of AIDS into our heterosexual community was the wrong way to go. But today, I am advocating a needle-exchange program. The reason I'm looking at a needle-exchange program is that 60% of the HIV infections that are occurring in the black community are occurring as a result of IV-drug use.

EIR: I presume that you're taking that position out of despair, because I'm sure you agree that it were better to get rid of the drugs.

Troupe: Yes. It's out of despair. But, we don't even have treatment programs for drug addicts. So, how are you going to get rid of the drugs? And the federal government has got to be involved, and the police departments are definitely involved, in bringing the drugs into the community.

EIR: But the needle-exchange programs encourage drug use.

Troupe: I don't know that they encourage drug use, because drug use is already taking place. I think what the needle-exchange program does, is that it creates an atmosphere where you don't have the sharing of needles and you don't have those people who are HIV-positive passing the virus on to other people. The [Atlanta, Georgia] Centers for Disease Control estimate that there are going to be from 40,000 to 60,000 new patients with HIV occurring annually in the United States. Fifty percent of those are going to be from among injection-drug users.

If we take the position that we can provide a system where we don't condone the drug use, but we want to make the drug use as safe as possible for the drug users and, in turn, protect the significant others of those drug users, who might be innocent: You have a faithful mate at home who becomes HIV-infected because her significant other is HIV-positive through IV-drug use, which he might not even be aware of. I think that is worthy. What I think is also worthy for taking this position, is the HIV infection among women and infants—this will help bring an end to the epidemic if we can close that portal. We can cut off 50% of all HIV infection just by providing clean needles to the drug dealers. I'm for that. It might be morally wrong, but it is the correct public health decision to make.

EIR: It's a compromise public health position, because the real battle can't be won immediately. But we shouldn't forget that the real battle is both to stop the drug epidemic and also

to get competent medical care for people.

Troupe: I agree. That's why I'm saying it's so important that this be moved to a public health problem, and it's got to be attacked at the national level, and it's got to be an all-out war. A Manhattan Project would make sense. *It's overwhelming women and children.* When you see the injection-drug use directly or indirectly being responsible for the overwhelming majority of HIV infection among women and infants, how can you take the position that we're not going to address that issue?

EIR: You can't. But there's another way to address it. Have you read the book *Dope, Inc.*?

Troupe: No.

EIR: We published it first in 1986. It was subtitled "Britain's Opium War against the United States."

Troupe: Yes, I saw that.

EIR: The British opium wars against China are the model for what's being done to the United States today. They were conducted for the purpose of addicting an entire population so that it could be subdued. That's what's being done to the United States today by the same British-centered banks that financed the opium wars against China. You see the black population in this country being subjected to a drug war which now also includes the AIDS virus.

Troupe: The people who are infected, their number one

priority is, "I need a cure." My number one priority is to make sure that people who are not infected don't become infected. If we had a Manhattan Project-type or any other type of serious national program, we could prevent most people from ever becoming infected. My concern is education and prevention, in conjunction with research for a cure.

EIR: That's how this country wiped out tuberculosis.

Troupe: That's all I'm saying. We need to do that. And we need to be out front in doing it. The issue will never be discussed unless we start advocating creative things, like a needle-exchange program. When you look at what's happening to black women in this country, and what's happening to women in Africa, especially women who are infected heterosexually—that's where the danger is. . . . This is the fastest-growing group of diagnosed AIDS patients in the United States. The fastest-growing group is not HIV-drug users, it's not homosexuals, it's not bisexuals, it's heterosexual women and their babies. If we allow this thing to destroy the wombs of our women, the impact on the black community, if this thing is not checked, I don't know what the black community will look like in the year 2025.

EIR: It'll look like Auschwitz.

Troupe: That's my point. And I don't know how to impress upon the black leadership, especially the black churches, that they've got to address this issue. I've been trying to get them to address this issue in a real way for ten years. Now, most

Recommendations on HIV-AIDS

The Presidential Advisory Council on HIV/AIDS recently asked its members to advise President Clinton on actions the President should take to advance the battle against HIV. Rep. Charles Quincy Troupe provided EIR with his answers, which are excerpted below. Emphasis is in the original.

Priority 1: The President needs to provide leadership in *prevention* activities. He needs to be reminded that *no new person* needs to become infected. . . . Special attention should be given to minority women and to preventing a second wave of infection in the gay/bi-sexual community. . . .

Priority 2: AIDS research is off track. The President needs to provide cross-agency guidance to refocus, coordinate, and intensify the research effort. Early in his term, the President's staff met with community representatives and researchers, to discuss a "Manhattan Project" for

AIDS research to find a cure and an effective vaccine. *Nothing* happened.

Priority 3: The future of the Ryan White Care Act, HOPWA, and the Americans with Disabilities Act is uncertain. Our own community depends heavily on these federal programs. The President should use the power of his office to assure continuation of these federal programs.

Priority 4: . . . Presidential policy on HIV and AIDS must be clearly communicated to the public; one that would set the tone for the country's response to the epidemic.

Priority 5: The council must address the ownership issue imposed by white gay males in the area of prevention strategies and funding. It is important to note that all communities and voices must be heard as plans are developed and implemented in the fight against HIV infection.

[Representative Troupe notes later in the questionnaire the "appalling disparity" in life-expectancy between people of color and white gay males from the time of AIDS diagnosis: approximately 19 weeks for African-Americans versus two years for white gay males. The same disparity relative to white gay males also exists for people who live and receive care in rural America, he notes.]

of the church choirs are dead, because they are riddled with homosexuals. Most of the choir directors and piano players and organists are dead or dying. The church ministers are beginning to bury their family members now and they're preaching the funerals. I have to attend them, but I see the agony when they preach these funerals.

EIR: There are places in Africa where AIDS has killed half the population and there are whole villages where there's nobody there.

Troupe: That's why I'm saying that, if you look at this thing, it's almost like a biological neutron bomb. It kills the people, but it leaves the real estate intact.

At this point, the black community cannot be pro-active. We tried to be pro-active ten years ago, and nobody listened to us. Now what we have to do is to cut our losses. The needle-exchange programs allow us to cut our losses, [even though] it's reprehensible, it's immoral.

EIR: I disagree with you completely on that. I understand your humanitarian concern, but it leads to the dead-end of drugs. You're providing a much higher quality of leadership, when you propose that this must be approached from the standpoint of a Manhattan Project. I think you would be much better off pushing that with both the black and white leadership. If you focus your energy on a needle-exchange

program, you may save a few lives. But if your energy is focussed on the real solution, the real battle, and this is LaRouche's method, then, a lot more people will be saved.

Troupe: I don't disagree with that. But all I'm saying is that—I'm looking at Medicaid. Let's say the Republicans had their way on the Medicaid program. Then the AIDS community would be devastated. The funding would just not be there. The needle thing is just a stop-gap measure to try to cause people to focus on the bigger issue, and that is that the drugs are the problem. Without the drugs, we could reduce the AIDS infection rate by 50%. But we're not going to have an all-out war on drugs. We had a war on drugs in which a shot was never fired.

EIR: That was not a war on drugs. It was a war on drug pushers, not a war on those who are creating the drug problem.

Troupe: As a black person, I don't see that the government is going to stop the drugs. I turn in drug dealers in their homes every week to the police department. You know what they tell me? "We can't arrest anybody on drugs. We have to send it downtown, and then the DEA [Drug Enforcement Administration] has to do the arrests." In other words, I can stop a policeman and say, "They're selling drugs in that house," and he can see them selling drugs, but he can't make an arrest.

I told the area commander what was going on, and he said, "I can't do it. I've got to send it downtown."

EIR: It's obvious that very powerful forces are preventing the elimination of drugs.

Troupe: So, when I look at that, and see that we could eliminate 50% [of the rate of infection] and a whole host of other problems—but I just don't see that happening.

EIR: I only see it happening if good people don't stop fighting.

Troupe: I'm not going to stop. I've been fighting ten years, so I'm going to be out here.

EIR: President Clinton has done more in stopping the cartels than any President so far.

Troupe: I agree.

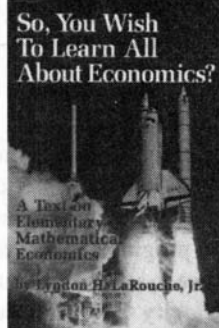
EIR: The fundamental fight is to get rid of this Congress and get Clinton to focus on what has to be done to stop the descent of the whole civilization into a Dark Age. AIDS is the least of the diseases that are going to hit mankind in the course of the next few decades, if this is allowed to continue.

Troupe: That's why there's got to be a national priority, a national public health priority, and it's got to work. If we don't get out there, it's not going to work.

EIR: There won't be a human population left.

Troupe: Well, I know there won't be a human black population left anywhere.

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