

CDC Call for Mass HIV Testing Echoes LaRouche 1980s Anti-AIDS Program

by Mary Jane Freeman

The Centers for Disease Control and Prevention issued new guidelines Sept. 21 for mass testing for HIV (human immunodeficiency virus) in the United States. Not a program for universal testing, the agency's plan is that HIV screening should be offered to everyone ages 13 to 64 in every hospital, doctor's office, and clinic—especially in pre-natal care for all pregnant women, to help in diagnosis and control of the AIDS epidemic (acquired immunodeficiency syndrome). In a radical revision of previous guidelines, pre-test written consent forms and counselling are no longer required.

In the District of Columbia, where there is an explosion of new AIDS cases, a mass testing pilot project is already under way. It is estimated that 25,000, or 4%, of D.C.'s 600,000 residents could be infected with HIV, but not know it.

The CDC testing plan is short of, but in the direction of, what Lyndon LaRouche advocated in his national campaigns in the 1980s, soon after the syndrome (and later, the virus) was identified. LaRouche called for universal screening to curtail the impending epidemic, an Apollo-style scientific effort to find a cure for the disease, and an infrastructure mobilization to treat everyone. Contrary to popular opinion and the CDC, LaRouche identified the context for the spread of HIV/AIDS as economic impoverishment, not simply "life-style" and sexual transmission. Poverty has increased globally in the intervening years and the epidemic has spread. Now that HIV and AIDS are the leading causes of death and illness from infectious disease, LaRouche's call for universal testing is all the more urgent today.

But typical of Bush Administration policies, the CDC plan does not provide funding for the initiative. Rather, private interests should pay. In fact, just as the CDC's initiative went public, White House allies in Congress sought to redistribute, rather than increase, funding from states with high HIV/AIDS incidence (like New York and California) to states in which the epidemic has more recently become prevalent (like Alabama).

Simultaneously, Bush Administration representatives at the just-concluded World Health Organization annual Asia-Pacific conference in New Zealand Sept. 22, forced the defeat of a resolution favoring universal HIV/AIDS treatment and care by 2010.

Routine testing for HIV is a critical public health tool to curb or reduce transmission of the virus. This is particularly true now that antiretroviral therapies have been developed to suppress or interfere with the virus's action, which attacks the body's defense or immune system. The CDC motivated its new testing guidelines by stating that an estimated "one-fourth of the approximately 1 million persons" in the United States who are living with HIV "do not know they are infected." Early detection is key. A 1999 Institute of Medicine call for universal testing, with opt-out screening of pregnant women, combined with medical care, "contributed to a dramatic 95% decline in perinatally acquired AIDS cases," the CDC reports. The tests have been much improved, and LaRouche's universal testing plan could be carried out even more efficiently today.

As of now, there still is no cure for HIV. And if not treated and contained, it develops into the deadly AIDS. Within three years of full-blown AIDS, most persons die. Between 1981, when the first AIDS cases were reported, and 2003, more than 900,000 people were diagnosed with AIDS in the United States. After 1981, the incidence of new U.S. AIDS cases increased rapidly, peaking in 1992 with 78,000 cases diagnosed, then levelling off to about 40,000 cases a year until 2000. But by 2003, 43,171 cases were diagnosed, a 4.6% rise over 2002.

A disproportionate number of AIDS cases nationally are among African-Americans. Though constituting about 13% of the population, African-Americans represented 49% of newly diagnosed AIDS cases in 2003. A study, "An Overview of HIV/AIDS in Black America," published by the Kaiser Family Foundation in August 2006, showed that African-Americans with AIDS in 13 metropolitan statistical areas were an astounding 68% to 84% of the total AIDS cases in each. (See Table 1.) A CDC June 2006 report found that of 35 areas reporting, "51% of HIV/AIDS cases diagnosed during 2001-2004 were among blacks," up from previously reported levels.

LaRouche 1980s Battle Plan Against AIDS

LaRouche had identified biological pandemic potentials, like HIV/AIDS, as early as 1974, when he warned that eco-



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At the 1986 Gay Pride parade in San Francisco, Lyndon LaRouche was a target for attack, because of his backing for Proposition 64 on the November ballot, calling for AIDS public health measures.

communicable disease and take standard public health life-saving measures. With 690,000 signatures, coordinated by the Prevent AIDS Now Initiative Committee (PANIC), “Proposition 64” appeared on the Nov. 4, 1986, ballot. It received 30% of the vote, with nearly 1 million votes.

A huge counter-LaRouche operation was mounted against this public health approach, by political/financial interests opposed to infrastructure development. Their catch phrases ranged from “invasion of privacy,” to “cost prohibitive.” Hollywood whoredom was whipped into action. Actress Patti Duke took the lead. Gay Pride marchers were incited to attack LaRouche organizers. In late November 1986, police raided the PANIC offices in San Francisco and Los Angeles, under false charges of petitioning irregularities.

But as the disease gained ground, LaRouche stepped up the fight. In 1986, a LaRouche-commissioned 140-page EIR Special Report, “An Emergency War Plan to Fight AIDS and Other Pandemics” was released by the EIR Biological Holocaust Taskforce. In his Feb. 7, 1988, ‘My Program Against AIDS,’ LaRouche called for screening, isolation, and a crash R&D program. He did a half-hour, prime-time national TV show in his Presidential campaign, which aired June 4, 1988, “Nothing Short of Victory: War Against AIDS,” bringing out the principles involved.

Unfortunately, reality has proven LaRouche’s analysis of two decades ago to be correct, on the potential for HIV/AIDS to be a global killer if economic and public health policies were not changed. Over the past 20 years, HIV has grown to worldwide pandemic proportions, with Africa a catastrophe. Globally, 65 million people have become infected and 25 million people have died of the disease. In 2005, the CDC reports, 4.1 million people worldwide were newly infected with HIV, 2.8 million persons died from AIDS, and 38.6 million were living with HIV. In the United States, from 1981 to 2005, more than 1.5 million people have been infected with HIV, and more than 500,000 people have died.

Washington, D.C. Testing Initiative

In June of this year, Washington, D.C. launched a mass HIV testing campaign, called “Come Together D.C., Get Screened for HIV.” The District of Columbia has the highest U.S. rate of new AIDS cases. It is estimated that about 10,000 residents, 2% of the population, already have HIV/AIDS. Dr.

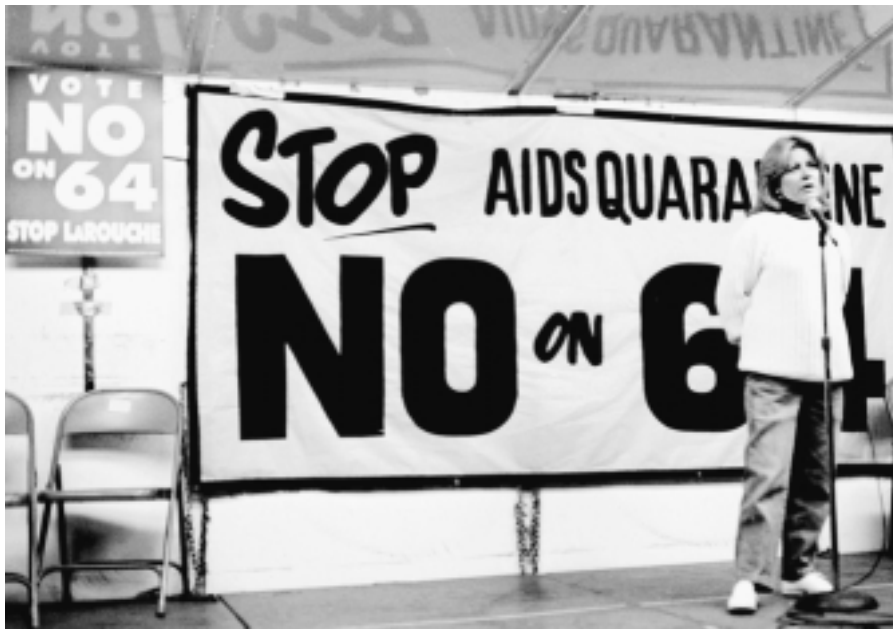
nomic austerity policies of the World Bank and International Monetary Fund were creating the conditions for such outbreaks. In November 1974, LaRouche initiated a Biological Holocaust Taskforce. By 1985, as AIDS was becoming epidemic, LaRouche issued an emergency program to fight the disease, including plans for 100% screening of the U.S. population. In October that year, LaRouche associates launched a petition drive for a California referendum to treat AIDS as a

TABLE 1

Afro-Americans With AIDS in 12 Metropolitan Areas Where They Are the Highest Percentage of Total Cases, 2004

Jackson, MS	84%
Baltimore, MD	82%
Baton Rouge, LA	80%
Columbia, SC	78%
Memphis, TN	77%
Augusta/Richmond, GA	76%
Washington, D.C.	74%
Richmond, VA	73%
Raleigh, NC	72%
Charlotte, NC	70%
Atlanta, GA	69%
Detroit, MI	68%

Sources: Kaiser Family Foundation, Jennifer Kates, Presentation to Black AIDS Institute symposium: “Moving Forward: The State of AIDS in Black America,” Aug. 2006; CDC HIV/AIDS Surveillance Report; *EIR*.



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In September 1986, Actress Patti Duke spoke at a rally against public health measures to fight HIV/AIDS in Proposition 64. LaRouche was her special target.

cal science research programs, is obvious.

Instead, during August, White House Republican allies Sen. Mike Enzi (Wyo.) and Rep. Joe Barton (Tex.), who chair the respective congressional health committees, shepherded companion bills through their committees to amend the Ryan White Comprehensive AIDS Resources Emergency Act, not to increase its funding, but to require a shift in how its minuscule \$2.1 billion is distributed over the next five years. They also seek to expand the number of people eligible for coverage by counting patients with the HIV infection who have not yet developed AIDS, but without increasing funding.

A group of Senate Democrats, Barbara Boxer (Calif.), Hillary Clinton and Charles Schumer (N.Y.), Robert Menendez and Frank Lautenberg (N.J.), blocked action on the

Senate bill. And Rep. Frank Pallone (D-N.J.) scored the GOP House effort, “We shouldn’t be robbing Peter to pay Paul, and that’s essentially what’s happening.”

Congress will have to step outside the budget box to adequately address this national health threat. It will require LaRouche’s “War Against AIDS” approach to secure the health and well-being of all our citizens.

TABLE 2
Top 15 States by AIDS Case Rate per 100,000 Among African-Americans, 2004

District of Columbia	335.1
New York	158.7
Florida	148.7
North Dakota	131.1
New Hampshire	114.7
New Jersey	110.2
Maryland	92.6
Rhode Island	86.9
Pennsylvania	84.6
Delaware	77.1
Connecticut	74.5
Texas	68.4
Louisiana	65.8
Illinois	62.4
Georgia	61.8

Sources: Kaiser Family Foundation, Jennifer Kates, Presentation to Black AIDS Institute symposium: “Moving Forward: The State of AIDS in Black America,” August 2006; *EIR*.

Gregg A. Pane, director of the city’s Health Department called the testing program a “cutting edge . . . comprehensive” effort to stem the spread of the HIV virus. With \$8 million of city funds, the program ordered 80,000 rapid HIV test kits; put up posters and billboards; and is coordinating a community outreach program aimed at reaching 400,000 men and women ages 14 to 84 years old.

Dr. Marsha Martin, director of the city’s HIV-AIDS Administration, told the PBS “NewsHour” program in August, that the rapid test “has shown 99.95% accuracy,” takes 20 minutes, and does not require blood to be drawn.

Initial results from those tested so far were released on Sept. 19, showing that of the more than 7,000 residents tested, the rate of HIV-positives is about 3%—more than twice what is considered the national prevalence. More than 1 in 20 inmates at the D.C. jail have HIV. Nearly 10% of the users of the D.C. mobile van for needle-exchange are HIV-infected. Overall, the rate of AIDS cases per 100,000 D.C. residents is nearly 180 persons. But among African-Americans in D.C., as of 2004, the rate was 335 per 100,000, according to the Kaiser Family Foundation August 2006 study. (See Table 2.)

HIV/AIDS Spreads As Congress Stalls

As poverty has increased in both the nation’s urban and rural areas, and reporting of HIV/AIDS cases became mandatory in 2002, the prevalence of the disease has become more widely recognized. The need for a national mobilization of funds and public health workers, along with expanded medi-