
Interview: Dr. Debra Freeman



The United States has become a massive breeding ground for AIDS

On Sept. 29, Dr. Debra Freeman of Baltimore was interviewed by Warren Hamerman, the director of EIR's biological holocaust taskforce. Their subject: the rapid spread of AIDS (Acquired Immune Deficiency Syndrome) beyond the so-called risk groups to the general population.

Hamerman: Dr. Freeman, what is your background in public health?

Dr. Freeman: I have a Ph.D. in public health, and I have rather extensive experience in dealing with the epidemiology of various epidemic diseases, not only in terms of measuring how these diseases spread, but also, what kinds of measures city governments in particular need to take in terms of their health-care planning and health-care organization to stop the spread of various virulent diseases.

Hamerman: Over the past few days, shocking new numbers on the total magnitude of the pandemic, AIDS, have been coming to the surface. Dr. William Haseltine of Harvard Medical School revealed in testimony before the U.S. Senate [see *EIR*, Oct. 4, 1985] that in his estimate, there are a minimum 10 million Africans, and over 1 million Americans, already infected with AIDS. Dr. Clumeck of Belgium puts the figure at over 30 million Africans infected, and a doctor from the Pasteur Institute in France has stated that the entire population of Africa, in his words, is the "risk population." In your view, how vulnerable is the U.S. population itself?

Dr. Freeman: There is no question that the United States population is a population which is very much at risk. We can attribute this to a couple of different factors. In just the two groups that were the initial weak links in the spread of the disease, homosexuals and intravenous (IV) drug addicts, Dr. Haseltine's testimony indicates that probably 60% to 80% of all IV drug-users in Manhattan are people who are infected with AIDS—who would show up in testing.

But, if you actually look at the composition of the American population, what we are dealing with is one where, because of the results of 20 years of bombardment by the

drug-rock-sex counterculture, even the preliminary target-groups are so large and so prevalent in most major American cities, that you have a massive breeding ground for this virus.

When you couple that with the general economic collapse, the very poor nutrition levels among various classes of people in this country, you are dealing with a situation which is a potential disaster.

Hamerman: Do you have anything more specific in terms of the nutritional deficiencies of the American population, and how that would make them less resistant?

Dr. Freeman: Well, we are looking at a couple of different problems. Recent studies have indicated that you have levels of anemia and iron-deficiency among U.S. public school children, estimated at around 70%, which is absolutely incredible.

What can we attribute this kind of thing to? You have an increasing number of poor people in the United States who are incapable of providing a high-protein diet; they can't provide red meat in their diet; they can't do it on a weekly basis, let alone on a daily basis. But then you have an additional problem. A very interesting study done by the University of Pittsburgh, I believe, pointed out that you have a tremendous problem of iron-deficiency among the middle classes, particularly among the "yuppies," if you will. Why? Because these people are totally brainwashed by this nonsense that they should eliminate red meat from their diet, that they should adopt a diet of "nuts and berries," so to speak.

So, you have a significant population in the United States who could afford a better diet, but who are voluntarily adopting a Third World diet.

Added to this are the new diet guidelines that are being put out by the National Academy of Sciences, which are nothing more than an apology for cut-backs in food programs and other things among the nation's poor.

So, you are dealing with a population that has a heavily depressed immune system, as a result of just simple poor nutrition.

Hamerman: Why do you think the United States has not

adopted emergency public health measures to stop AIDS?

Dr. Freeman: The only possible explanation for why the United States has taken such a radical approach—and I really want to stress, what we see coming out of the Centers for Disease Control and National Institute of Health right now is completely out of line with traditional responses to these kinds of epidemics. The only possible explanation that I can find is that we are seeing a political response, a response to a budget-cutting mood in Washington.

It also comes right down to a very specific question. If, in fact, AIDS is a disease born of economic breakdown, then how do you explain the rapid spread of the disease in a country which is supposedly undergoing an economic recovery. Obviously, the recovery claim doesn't hold water. So, we see this kind of cover-up going on.

In fact, and this is what Americans have to understand, we have people functioning on the policy-planning level who are willing to let people die to save an ideology. And this is the most criminal thing that I think we've seen in this century.

Hamerman: On this question of the relationship of economic breakdown and the spread of AIDS, with many, many studies in Africa, one of the most famous studies is in our own country, with respect to the town of Belle Glade, Florida. Dr. Mark Whiteside gave an interview to *EIR* where he discussed this [see *EIR*, Sept. 27, 1985]. I understand you were in Belle Glade. What do you think of what Dr. Whiteside said, and what did you see with your own eyes?

Dr. Freeman: There is no question that Whiteside's study has tremendous credibility. If you travel to Belle Glade, it is hard to believe that you are in the United States. It is a city which resembles in large part a Third World country. It is a city that has almost no sewage disposal. Almost every house—ramshackle homes—have attached to them various tanks that do not work. You have cesspools, open, throughout the city—open sewage flowing through entire portions of the city. You also have large bodies of what is obviously contaminated, still water. You couple this with a population which is composed largely of migrant farm-workers who live in incredibly crowded conditions, where the general level of sanitation is extremely poor—with almost no public sanitation—and what you are dealing with is a city which is just a giant culture for growing infectious diseases, not only for the AIDS virus but, undoubtedly, for countless other infections as well.

Hamerman: Let's turn to what we can do about it. Please give me an idea of what are traditional public health emergency measures. What would we normally do in this situation to deal with AIDS?

Dr. Freeman: Well, if you follow the route of various epidemics, particularly the epidemics that we've seen just in the course of the past century, the U.S. government in the past really distinguished itself in the field of public health. It

always moved quickly, very quickly, with prophylactic measures. Of course, during the great tuberculosis epidemics, themselves born out of a combination of economic breakdown within the United States, and also a large population with depressed immune systems among people who came over as immigrants under poor conditions, the country moved very rapidly. People were screened, of course, and if they showed positive on TB tests, they were placed in institutions where they could be treated, the sanitariums that most people are familiar with.

The interesting thing, though, was that when we were dealing with the TB epidemic, the first people who were quarantined were of course those who were showing acute symptoms of tuberculosis, but very quickly we moved toward a policy where anyone who screened positive on the tests being used, were moved to sanitariums.

Even more to the point is the treatment they were given there. These were people who were suffering from depression conditions. Once in a sanitarium, the treatment was very simple. They were given complete rest, and they were loaded with high-protein foods. You can read accounts of this: people who were eating eggs and red meat for the first time in seven to ten years. This was in the middle of the worst depression that the country had ever seen. Yet, despite those depression conditions, the government acted with wisdom to treat these people.

You had a similar situation with polio, which frankly was rather a small epidemic. It actually, I think, killed 57,000 people and affected 500,000 others between 1915 and 1955, when the Salk vaccine was introduced. Yet, despite the fact that in terms of the numbers, it was not that great—certainly nowhere near the magnitude of the current AIDS epidemic—the government moved quickly. We were not sure, for instance, that the virus was transmitted by insects, but because there was reason enough to believe so, during the course of the 1940s towns were sprayed with DDT in an effort to kill flies that might be infected. On the theory that polio was a summer disease, many towns delayed school openings. And in Milwaukee in 1944, a citywide quarantine was called preventing children from leaving their homes.

Some of these measures were effective in fact. Some of them turned out to not really address the cause of the disease. The important thing though health, the government moved very quickly to take whatever prophylactic measures it could to protect its population. And the key to public health has always been prevention. This is exactly what we are ignoring in the current circumstances of AIDS.

Hamerman: What would the prevention program be, in terms of nutrition, sanitation, water-supply, and screening and quarantining required for this country and, say, Africa, where there are now millions of cases?

Dr. Freeman: The screening and quarantining issue is that which must be most immediately addressed and acted upon. But in addition, you cannot function with a population that has as an "acceptable diet" one which gives them only 40 grams of protein. We would have to move quickly to reassess what we call diet guidelines in this country. People would have to be put in a position where they could afford, or where they would be directly provided through food programs, 100 grams of protein per day, and the necessary fresh fruits and vegetables that would keep them going.

If you needed a model for this kind of thing, just look at the diet President Reagan was provided when he was recovering from his cancer surgery. You have to put people in a situation where the body is functioning at a maximum level.

We also would have to address the fact that in many cities, sanitation has broken down. In cities all over the East Coast, you have normal trash pick-ups only twice a week, which is a result of budget-cuts. This would have to be reversed. We'd have to get our sanitation system in shape. We would have to make sure that our water purification facilities function.

Another issue which is of critical importance, particularly in port cities, is a massively expanding rat population. In most cities of the United States, all funds for rat eradication have been eliminated!

The city of Baltimore provides an excellent example. We have a population of less than a million people. However, we have a rat population which is estimated at six million. We don't know if the AIDS virus is vectored by vermin. But there is no reason to take a chance with that. If, in fact, the AIDS virus is not spread that way, many other diseases are spread that way—under the circumstances of a population with an extremely depressed immune system. This is an absolute priority.

Hamerman: Are there any instances in history when emergency public health measures were not put into place, and the society suffered? Can these be compared with periods when such measures were put into place, and they saved that society much suffering?

Dr. Freeman: Well, obviously, the most macabre example was the Black Death, when there were very few public measures taken, and 75 million people died in the course of three or four years. You also had a situation in 1665 in London: Because the city failed to take any public health measures, crazy theories and superstitions spread throughout the population as to what was causing the plague. This was a serious outbreak in 1665:

of London. People believed that anyone with syphilis was immune—so people went out of their way to contract a venereal disease.

But that's the kind of insanity which is in fact imposed on a population when the institutions upon which they depend do not move, and do not move swiftly.

Hamerman: Let's return to some of these institutions. The Atlanta Centers for Disease Control (CDC), the World Health Organization (WHO) in Geneva, the Secretary of Health's office in Washington, all are maintaining that if our population merely uses condoms and sterile needles, the disease will not spread. Do you think that is responsible?

Dr. Freeman: Not only is it totally irresponsible, it's completely ridiculous. The evidence speaks clearly: We have an increasing number of people across the United States who are being stricken with the AIDS virus, but who do not fit into any of the so-called high-risk categories, people who are not homosexual, are not bi-sexual, for whom we cannot identify any particular contact with homosexuals or bi-sexuals; they are not IV drug-users, they are not hemophiliacs—yet they are being stricken with the disease.

So, the response that says that condoms and clean needles will somehow put a lid on this epidemic is a cynical and viciously racist response, the idea that the disease is spreading because Black and Hispanic Americans are sexually promiscuous or all IV drug-users.

Hamerman: One of the things being stated by the Atlanta CDC is that there is no major risk of the disease being contracted through casual contact. AIDS teachers and cooks and children can be in public schools, and this is proven by the fact that health-care workers around the country have not come down with AIDS. Can you agree?

Dr. Freeman: Not only would I not agree, but we have fairly firm and documentable proof that in several hospitals in Florida, there are cases where health-workers have in fact been infected.

One case in particular is at the James Arthur Smith Hospital in Homestead, Florida. We have reliable reports that a nurse, who was not, by the way, victim of a needle prick or anything like that, was dealing with a patient who was a drug addict suffering from AIDS. And in fact, she contracted AIDS and now is in the advanced stages of the disease. This is something which is very hush-hush.

I fear that, once we delve into this, we will find that the claim that health-workers are not being stricken with the disease is just another part of the cover-up that says that the only people at risk are homosexuals and drug abusers.

Hamerman: I understand that you spoke with one doctor from a hospital, who hypothesized that as many as 50% of AIDS health-care workers around the country may have the antibodies indicating exposure to the disease.

Dr. Freeman: Yes, there are a number of people who are now saying this. One of the explanations that this particular individual gave to account for this is that in most hospitals, the patient is not labeled as an AIDS patient. They have various ways that they label the medical record. For instance, in Veterans Administration hospitals, it is done with a pink

sticker on the medical record.

The doctors may know, therefore, that they are dealing with AIDS patients. But the nurses, the orderlies, and the various other attendants, the dietary workers, do not know that in fact they are dealing with an AIDS patient! No precautions are taken. The patients have full access to the entire hospital.

We were told of a case here in Maryland, which we are now investigating, of an AIDS patient who was permitted to roam the halls of the hospital, and ultimately found his way into the hospital kitchen where he vomited. Since no one in the kitchen knew that this person was an AIDS patient, they simply called the hospital orderly, who came in, mopped up the mess, and proceeded to use the same mop to clean the rest of the floor!

Now, when you are dealing with this kind of situation, you can see why we are courting disaster, and why in fact, public health workers in these various hospitals are being set-up as potential victims of the most virulent virus that we've seen in this century.

Hamerman: You have been touring the United States giving presentations to groups of parents, citizens, the media, and so forth. What is your reading on the political mood of the American people on this question?

Dr. Freeman: The American people are not prepared to buy the kinds of lies that are coming out of CDC and NIH. The population is frightened. The population doesn't understand why this is happening, but they do not intend to sit back on it. For instance, in school board meetings across the country, what parents are saying is that, if in fact there is any question at all, that settles it. They don't want to hear testimony from countless "experts" and so forth. What they are saying is that even if there is the slightest possibility that this disease can be spread through something less than repeated sexual contact, they do not want to play Russian Roulette with the lives of their children. They are concerned. They are panicking at this point. They don't trust anything that's coming out of CDC or the other institutions.

What we are also seeing, which is very, very interesting, is that in most urban areas where the question of allowing an AIDS child to come to school has arisen, the strongest outcry has come from the children themselves. High school students all over the United States are now dealing with this issue. The student government association, which represents high school students throughout the state of Maryland, is now actually itself considering resolutions urging school boards to ban AIDS victims from the schools.

At a school board meeting in Prince George County, Maryland, the non-voting student member of the school board pleaded with the school board on behalf of the 100,000 school children in that county. He said, "Please don't play games with our lives. Don't take this chance."

You also have emerging in the population a very deep suspicion that there is something else involved here, that there is something more sinister to the cover-up. This, too, has historical precedents. During the 19th century in Hungary, the cholera epidemic sparked major, violent uprisings in 1831 among peasants, who were convinced that cholera was a plot by the aristocracy to reduce their numbers. There are many people in the United States who are beginning to get the same feeling.

Hamerman: The U.S. State Department has a stated policy, expressed in the document, *Global 2000 Report to the President*, in this instance, Carter, that they want to reduce the world's population. Robert McNamara when he was head of the World Bank, in 1977 gave a speech in which he said that disease was the most effective way of increasing the death rate and thereby reducing the "excess populations" in the developing sector nations. The International Monetary Fund and other agencies have made comments on this question. How do you view it?

Dr. Freeman: I think this is the ultimate irony of the situation we are dealing with now. When the AIDS virus was first discovered, and we realized that we were dealing with something very virulent and almost 100% fatal, many people believed that this disease would somehow be limited to the continent of Africa. They were very pleased to see this disease wreaking havoc on that continent. One of the things pointed out by Dr. Haseltine in his testimony is that—undoubtedly one of the greatest tragedies that we have to look at—this epidemic was allowed to rage for 10 years completely undiagnosed, unchecked, and untreated in Africa.

Now, those policies are coming home to roost. Something we have said repeatedly is that diseases, viruses and bacteria do not respect national borders. They are not going to be contained to one place. We are seeing the results of this in the United States, where this disease is killing thousands.

I think that it is also very important to note in this situation that, while the first target populations may well be people of lower income, people who may be considered "undesirable" by our very undesirable State Department and the likes of Robert McNamara, AIDS is not going to be contained there. It reminds one of the famous Pushkin play, *A Feast During the Plague*. An aristocratic family has a gay feast, while the death wagon is going back and forth. The final scene is something that anyone would predict: Every member of the aristocratic family is stricken, and thus end the play by their own deaths.

If we don't act from the United States to protect our own population, and alleviate the kinds of economic conditions that led to the outbreak of this disease in Africa, then not only will we kill a significant portion of the population of the world with this epidemic, but we will be faced with many others, and will kill ourselves.