Testimony by Dr. John Grauerholz to AIDS Commission

For an Apollo-style crash research effort, and public health measures

As delivered on Sept. 9 before the President's Commission on AIDS, in Washington, D.C. (subheadings have been added).

Ladies and gentlemen, members of the Commission: My name is John Grauerholz; I am a physician, a board certified pathologist, medical coordinator of the National Democratic Policy Committee, and medical adviser to Lyndon H. LaRouche, Jr., a candidate for the Democratic presidential nomination. The formation of this Commission represents a belated, but necessary, step in confronting the most serious health threat mankind has faced to date, a pandemic of a lethal, incurable, contagious disease for which we possess no preventative vaccine. Initially spreading among groups whose behavior provided the opportunity for highly efficient transmission of a predominantly blood borne, cell-associated virus, the large reservoir of infected carriers, combined with declining standards of nutrition, sanitation, and health care infrastructure, has created a situation where this virus, like many infectious diseases of the past, is disseminating into the general population at an increasing rate, and by previously less efficient transmission routes.

The number of cases which cannot be explained by "sexual" or needle transmission is constantly growing and, with the recent report of three health care workers infected by skin contact with infected blood, the continued pushing of this "line" will only serve to increase a growing loss of confidence in the health authorities on the part of the public in general, and health and public safety personnel in particular.

While the Centers for Disease Control (CDC) and the Surgeon General have been adamant that infection can only be spread by sexual contact, needle sharing, and blood transfusion, there was evidence as far back as 1984 that other secretions, such as saliva, could transmit infection. More recently, three cases of health care workers infected by brief skin contact with infected blood have cast serious doubt on the contention that the AIDS virus is difficult to transmit. In spite of this, many health officials continue to insist that the virus is only spread by sex and needles.

In order to understand the confusion, it is necessary to understand what is, and is not, known about the AIDS virus and how it is transmitted. The virus itself belongs to a group of viruses known as retroviruses, for their ability to insert their genetic material into the genes of the cells which they infect and thus establish lifetime infection of those cells. Within the retrovirus group, the AIDS virus, HIV, belongs to a subgroup known as lentiviruses (slow viruses), characterized by a long incubation period and slow onset of disease. Lentiviruses have been well known in other animal species since the time one such virus, known as the Maedi-Visna virus was identified as the cause of a devastating epidemic of lung and brain disease among Icelandic sheep. The virus, closely related to the AIDS virus, was spread when infected sheep coughed on uninfected sheep while they were closely crowded in winter shelters. Infected ewes then passed the virus on to their lambs, either in the uterus or in the milk.

The AIDS virus also produces a primary lung infection, known as chronic lymphocytic interstitial pneumonitis (CLIP), which looks just like the sheep disease, under the microscope, and the AIDS virus has been isolated from the lung fluid of these patients. So there is no biological reason why respiratory transmission could not occur under similar circumstances of prolonged crowding, or close association, of infected and uninfected individuals, as would occur in schools or crowded urban and rural ghettoes.

Another closely related animal lentivirus is the equine infectious anemia virus, EIAV. EIAV produces a chronic anemia and fever in horses and is mechanically transmitted from horse to horse by biting flies. Transmission occurs among horses crowded in stables and is most efficient when an infected horse has a high level of virus in its bloodstream. We now know that the level of virus in the bloodstream of AIDS infected persons can vary substantially from almost no free virus to high levels of virus, at different times in the course of infection.

The point is that the retroviruses of animals, especially

the lentivirus subgroup, are spread by three primary means in all other species:

1) Mother-to-child transmission, either in the uterus or through mother's milk.

2) Respiratory (coughing) and salivary (kissing or licking) transfer.

3) Mechanical transmission by biting insects. Mechanical transmission occurs when a biting insect carries blood on its mouth parts from an animal it has just bitten to another animal which it bites. Since it has now been demonstrated that mosquitoes can carry HIV for up to 48 hours, this is more than an academic point.

While the CDC and other "authorities" will state that no cases of transmission by coughing, saliva, or insects have been demonstrated, that statement is meaningless. With the exception of cases such as the three health care workers referenced above, the only cases in which we know exactly how and when a person was infected are those persons who received infected blood transfusions. All other cases represent association, real or arbitrarily assigned, with certain forms of behavior which are officially "acceptable" means of transmission of the virus, i.e., sex and needles. Because of the long, and variable, incubation period from infection to disease, statements about how a given person became infected are, for the most part, guesses.

Applying public health law

The unique nature of this infection, with its prolonged incubation period in individuals who are not ill, but nonetheless capable of infecting others, presents us with two major problems, which also represent opportunities to contain, and ultimately eliminate, this problem. On one hand, we must confront the fact that this is a communicable, contagious infection, requiring application of the full spectrum of available public health law to prevent spread of infection to uninfected persons. This must include extensive use of testing to identify infected, asymptomatic carriers of the virus, especially in situations in which other persons will be exposed to blood, and other infectious fluids, from such carriers, as well as use of quarantine measures as necessary to prevent exposure of uninfected persons.

When members of the National Democratic Policy Committee, associates of Mr. LaRouche, and others, nearly 700,000 to be exact, placed an initiative, calling for use of existing health law, on the California ballot, it was defeated by a campaign of lies. Since then, people who spoke against Proposition 64 have called for just about everything in it. What their opposition accomplished was to delay the necessary measures and increase the number of infected persons. At present there is an active petitioning drive to place this initiative on the ballot once more, and signatures are being collected at twice the previous rate, reflecting the public concern over lack of substantive action by health officials.

One aspect of public health overlooked in all this, is the question of co-factors in the progression from infection to active disease in the infected individual. We are looking, conservatively, at an estimated four to five million persons, predominantly newborn children and young to middle-aged adults, infected with this virus in the United States, and tens of millions in underdeveloped countries. We cannot afford to allow these people to progress to active disease without making interventions which may delay the onset of disease, just as with tuberculosis, where the goal was not only prevention of disease transmission, but also improving the health of the infected person. As with any other infectious disease, healthy, well-nourished persons control this infection better than unhealthy persons exposed to other diseases and environmental stresses. We must create the necessary institutions to enable the infected, asymptomatic individual to continue making productive contributions to society, while eliminating the risk of transmission of infection.

Need for a crash program approach

The demographic groups affected by this disease represent both our present and future labor force, and the most rapidly declining segments of our population, even without AIDS. A policy which does not intervene to delay the onset of disease in these people, and counsels those who become ill to die quickly, and cheaply, in a hospice, is a policy of national suicide, a policy coherent with the simultaneous policy of encouraging our elderly, who now represent the most rapidly increasing segment of our population, to forego such extraordinary treatment as food and water when they become ill. The basis of these policies lies in a Gramm-Rudman economics of austerity, and renunciation of technological progress, similar to that which motivated the Nazis to programs of euthanasia, slave labor camps, and gas ovens to eliminate so-called "useless eaters."

Even the conservative U.S. Public Health Service estimate of 270,000 cases by 1991, will impose $200 billion in health care expenditures and lost productivity costs over the period 1981-91, an amount approximately equal to our annual expenditures for illicit drugs. To argue against an annual expenditure of $5-10 billion a year, 5% of that amount, to fight AIDS, is to argue that the United States cannot afford to continue to exist, which is true under current economic policy. If we are serious about stopping this epidemic, the government should suppress the drug traffic, and confiscate those multibillion-dollar revenues, rather than engage in the distribution of paraphernalia in the form of sterile needles.

Likewise, educating children to use condoms may be cheaper than testing for infection, but will not substantially slow the spread of infection. As one researcher has noted, "The only safe sex is sex with an uninfected partner." With a one out of six failure rate of condoms to prevent transmission of infection, this is a policy of Russian Roulette, and sexualizing third graders by "explicit" sex education will simply increase the number of times the trigger is pulled among a

AIDS hearings: Crisis management won't work

Activities at the first day of hearings of the Presidential Commission on the Human Immunodeficiency Virus Epidemic on Sept. 9 in Washington, D.C. exemplify the problem of the present "crisis management" approach to this disease. The tone was set by a noisy demonstration of homosexuals outside the National Press Club, some of whom rushed up to commission member John Cardinal O'Connor and thrust their bleeding sores at him, while screaming "bigot!" and other derogatory terms.

The insanity continued as Surgeon General C. Everett Koop denounced doctors and other health workers who refuse to treat AIDS patients as a "fearful and irrational" minority, who are guilty of "unprofessional conduct." Koop called the conduct of such health workers "extremely serious," saying "it threatens the very fabric of health care in this country," which assumes that "everyone will be cared for and no one will be turned away." He warned the commission that, "In some ways the purely scientific issues pale in comparison to the highly sensitive issues of law, ethics, economics, morality and social cohesion that are beginning to surface."

Koop told the commission that it had to give precedence to these "highly sensitive issues of law, of ethics, economics, morality, and social cohesion" over the scientific issues of curing and preventing the spread of AIDS. He then presented a series of "ethical conundrums," shaped in such a way as to argue against public health measures against the virus, and, in fact enforce a fascist "let them die" policy towards AIDS victims. Koop concluded with a plea for funding WHO's AIDS program, and forecast a rapid spread of the disease.

Following testimony by a number of public health bureaucrats and researchers, there was a "panel discussion with interest groups." The general tenor of this was reflected in the plea of Commission chairman, Dr. Eugene Mayberry, for testimony which did not simply consist of attacks on the commission.

Things took a more serious turn in the press conference in the afternoon. After several questions from various media, a "journalist" stepped to the microphone, announced that he had AIDS, and began ranting at the commission. In the course of his tirade, he bit a press club security man on the hand and drew blood. He then left, while the freaked-out security man was assured that everything was okay!

Throughout the press conference, and the hearings, there was loud hissing and booing anytime anyone raised any serious suggestion for doing anything to stop the spread of the disease which might inconvenience members of the homosexual community, who formed a preponderance of those in the audience. The repeated attacks on the bias of the commission were greeted with thundering applause, the whole scene reminiscent of the Tom Wolfe book, *Radical Chic and Mau Mauing the Flak Catchers*.

Following this, a Public Comment session was held, in which members of the general public could make five minute presentations to the Commission. The first speaker, a leader of one of the homosexual AIDS groups, denounced the slowness of the drug testing program and accused Dr. Robert Gallo and Dr. Anthony Fauci of deliberately holding up the development of drugs and treatments for AIDS. He then treated the commission to a litany of popes, cardinals, and saints, including Joan of Arc and Saint Augustine, who were supposedly homosexual!

This was followed by the accompanying testimony of NDPC medical coordinator, Dr. John Grauerholz.

group which is not presently a major source of transmission.

The appropriate American response to this challenge is typified by the Apollo Program of President John F. Kennedy, which mobilized the nation to a great commitment and created the climate of cultural optimism of the early 1960s. America's unique strength is its capacity to undertake such great tasks of technologic mobilization and succeed. This is why Lyndon H. LaRouche, and the National Democratic Policy Committee, have called for the implementation of a BSDI, a Biological Strategic Defense Initiative, which would create a multidisciplinary scientific mobilization to apply the most advanced technologies of biophysics to AIDS in particular, and the life process in general.

AIDS policy at crossroads

Absent such a scientific crash program, combined with a real economic recovery, public health measures alone will not stop the disease, and any time they buy will be wasted. This program will require billions of dollars to implement, but, like the Apollo program, will repay the investment more than tenfold, and reestablish our cultural commitment to growth and development, while providing our only hope of ultimately stopping the AIDS pandemic. If we persist in the present economics and culture of stagnation and decay, then the AIDS virus and many other infectious organisms, which in their own way are committed to growth and development, will prevail over us.