

## Will the next President win or lose war on AIDS?

by Warren J. Hamerman

During the first days of June, on the eve of the California and New Jersey presidential primaries, a national policy debate on what should be done about AIDS dramatically emerged. The common theme of all policy proposals is that the Reagan-Bush administration's low-budget response to date has been grossly inadequate. From there, the policy proposals diverge into two diametrically opposed sides.

On the one side, the national health establishment, such as the National Academy of Sciences, the President's AIDS Commission, the Surgeon General, and the Centers for Disease Control all put forward "crisis management" schemes which completely lack a sense of national scientific mission to conquer the disease, and stink of defeatism, demoralization, cynicism, and scientific-technological pessimism. They all prioritize protecting the "civil rights" of the AIDS virus, over mobilizing with traditional public health measures.

On the other side, stands Lyndon LaRouche, who in an NBC-TV nationwide prime-time broadcast on June 4 put forward a three-point science-intensive plan for "total victory" to wipe the AIDS virus from the face of the earth.

LaRouche's 1988 Democratic presidential rivals Jesse Jackson and Mike Dukakis have engaged themselves in pandering to the homosexual voter constituency, with vague promises about civil rights protections, but have offered no concrete war plan. Republican George Bush has been so tarred with the failed low-budget and coverup policies of the Reagan administration, that the "health issue" may well emerge as one of his most vulnerable points.

### What the health establishment says

The conjuncture of policy reports on or about June 1 is as follows:

1) Surgeon General C. Everett Koop's simplistic and inaccurate brochure appeared in every American family's mailbox;

2) The Academy of Sciences and Institute of Medicine issued a shameless report in which they promoted, among other policies, the distribution of sterile needles to drug addicts and the construction of hospices for children with AIDS so that pediatric AIDS cases don't have to stay in a hospital for what the report calls their "home of last resort."

3) Adm. James Watkins, the head of the President's AIDS Commission, with the praise of the National Gay and Lesbian Task Force and the American Civil Liberties Union (ACLU), calls for giving national emergency health and anti-discrimination powers to Surgeon General Koop, and otherwise presents an encyclopedic catalogue of every commissioner's pet "obstacles" and pet "recommendations" for stopping the spread of AIDS. The Watkins report is a completely defeatist, anti-science report, which avoids the issue of a science-mission orientation. As a pathetic, consensus document, it simultaneously promotes federal anti-discrimination laws *and* calls for state laws to criminalize knowing AIDS transmission on the state level.

4) On June 1, Surgeon General Koop, Dr. Robert Gallo, the CDC, the Public Health Service, et al. began a meeting at the University of Virginia in Charlottesville to reassess the

national strategy for combating AIDS.

5) On June 12 in Stockholm, Sweden, the World Health Organization's Fourth International AIDS Conference will begin.

### The Establishment's secret agenda

The bad policies being promoted by the national health establishment flow from the guidelines presented to them by America's leading families and elites—that we are in such an economic crisis that only the most brutal austerity policies, such as low-cost hospices, euthanasia (the Nazi practice of “mercy killing”), and drug legalization to bring black market revenues into the “legitimate” banking system will be allowed. These elites have determined that, under either Dukakis or Bush, America will only pursue a cosmetic effort against AIDS. For instance, liberal Democrats such as Cyrus Vance and Baltimore Mayor Kurt Schmoke, and mainline Republicans such as Elliot Richardson and conservative economist Milton Friedman, have all endorsed a common proposal for drug legalization in the United States.

Therefore, the American elites not only lie and cover up the nature of AIDS, but they cynically wish to use the population's concern to “sneak through” some of their most loathsome policies—such as euthanasia and drug legalization.

What follows is a representative sample of some of the more outrageous policy recommendations which the higher-level backers of both Dukakis and Bush agree upon. The source of the new reports that the policy is contained in is given in parentheses:

- “Pediatric AIDS further disrupts families that may be already weakened as a result of parental drug abuse or HIV infection. Consequently, with few resources or social supports, pediatric AIDS patients remain hospitalized for prolonged periods. *The committee urges* that foster care, community-based residential care, and hospice care programs be developed or expanded to meet the needs of pediatric AIDS patients and their families so that hospitals are no longer the home of last resort.” (Academy of Sciences)

- “The committee continues to believe that evaluation of the effectiveness of providing sterile needles and equip-

## How Washington infected the nation

For a book which promises to explain “why society failed to meet the AIDS crisis,” it is curious that Sandra Panem's *The AIDS Bureaucracy* (Harvard University Press, Boston, 1988, 194pp., \$22.50 hardbound, \$9.95 paper) lauds virtually every key bureaucrat at the Centers for Disease Control, Public Health Service, National Institutes of Health, the Congress, and the San Francisco Public Health Department—anyone who has consistently made all the wrong decisions.

The author, at the time a guest scholar at the Brookings Institution and currently at the Alfred P. Sloan Foundation, is extraordinarily well-connected into the top levels of those who set national health policy. All those bureaucrats who made deadly policy mistakes to keep budgets down as the Reagan administration and think tanks like Brookings demanded, are politely let off the hook on the grounds that they didn't really understand the complicated scientific nature of the disease or that the “system” didn't run smoothly enough.

Panem was granted interviews with all the kingpins of national AIDS policy, from the top AIDS officials at the CDC to Mathilde Krim and Mervyn Silverman of the

American Federation of AIDS Research, to top AIDS researchers, Virtually entire sentences she wrote appear verbatim in the Watkins Commission recommendations.

While we do not know precisely who borrowed from whom, it is extraordinary that the recommendation of Admiral Watkins's Presidential AIDS Commission for the declaration of a centralized health emergency plan, modeled upon the Federal Emergency Management Agency (FEMA), to cut through “business as usual” and “micro-management,” is virtually word-for-word the same as Panem's concluding chapter, “Lessons for the Future.” If there must be a fall guy for the mistakes made, Panem suggests the “system” whereby the executive and Office of Management and Budget (OMB) negotiate to formulate the President's budget. The “system” has become even more inefficient with the adoption of the line item approach in the Gramm-Rudman-Hollings Balanced Budget and Emergency Deficit Control Act of 1985.

While protecting the individuals, the author manages to speak unkindly about the effects of what she calls the “rivalries” between the NIH and CDC, and between civil-service and university-based scientists.

Going through a catalogue of all the things which didn't work right, she stumbles into the correct conclusion: Nobody was in charge and there was no master plan. Instead of improvements in the way the cogs turn in the system, we had better improve the quality of the man who is supposed to be in charge, namely, the President, before the entire nation is infected.—Warren J. Hamerman

ment to drug abusers in certain circumstances is an essential part of planning a prevention strategy.” (Academy of Sciences)

- Surgeon General Koop and the CDC have given extraordinary and wonderful leadership to the nation. (Academy of Sciences and Watkins)

- The Surgeon General should be given special “emergency public health powers” to control and coordinate all AIDS programs and ensure that there is no discrimination practiced against the AIDS-infected. (Watkins)

- Fighting discrimination and protecting confidentiality is our national priority. (Watkins and Academy of Sciences)

- “The First Lady’s highly visible ‘Just Say No’ campaign, for example, has successfully drawn our nation’s attention to the devastation of drug abuse and called on America’s youth to reject drugs. Such efforts need to be strengthened and increased.” (Watkins)

- The Centers for Disease Control (CDC) has recalculated the number of AIDS-infected and has come to the amazing conclusion that there are fewer people infected now than there were two years ago! In 1986, the CDC and national Public Health Service (PHS) estimated that there were between 1.0 and 1.5 million Americans infected. Now they estimate the number as having gone down to between 945,000 and 1.4 million infected. (Academy of Sciences and Watkins)

- Condom use should be encouraged. When condoms burst it is because of “user failure,” and not “product failure.” Will elementary schools now offer a course in condom use? (Academy of Sciences and Koop)

- There should be *no* mandatory testing of hospital patients, marriage license applicants, *nor even* of prostitutes. Voluntary testing is okay. (Academy of Sciences)

- The nation must vastly increase its AIDS education effort to counter the dangerous belief in the population that AIDS can be spread through casual transmission or through mosquitoes. (Academy of Sciences and Koop)

- There should be *no mandatory testing*, even in prisons. (Watkins)

### **The LaRouche call for victory**

The LaRouche war plan challenges the “doom and gloom” approach of the health establishment and consists of: 1) not less than \$3 billion a year for an Apollo-style “crash program” of scientific research geared to the frontier area of nonlinear biological spectroscopy; 2) universal mass testing for the infection, combined with public health and outpatient medical services to all infected persons and their families; 3) a large-scale program of constructing hospital-bed capacity for handling the expected caseload of AIDS-infected. Three days after the LaRouche broadcast, California voters cast their ballots for Proposition 69, a traditional public health AIDS referendum virtually identical to the famous Proposition 64 of 1986. (See “End the low-budget Reagan-Bush folly on AIDS,” *EIR*, May 27, 1988, Vol. 15 No. 22.)

# Moscow summit: a

by Webster G. Tarpley

“I will spit in your eye, and you will say that it is holy water,” goes the Russian proverb. Those intelligence professionals around Washington who are congratulating themselves on having gotten off with an almost-whole coat at the Moscow summit should look again. If they think this was a successful rearguard action and that Reagan didn’t sell out the proverbial store, they ought to think of Braxton Bragg, “victor” of Chickamauga, when he wrote, “One more like this and I am ruined.”

The Moscow damage report must start with the completed ratification and entry into force of the INF treaty, ratified for the summit deadline. Soon Soviet GRU inspection teams will appear at sites in the United States and Europe, including the Hercules plant in Magna, Utah, where no Pershing IIs are produced any more, but where MX and Trident D-5 missiles, the most modern in the U.S. inventory, are currently in production. Soon thereafter, the United States is required to begin the destruction of \$6 billion worth of modern INF missiles. Within 30 days of the entry into force of the INF treaty, the U.S. and the U.S.S.R. are mandated to exchange “updated data” on the numbers and positions of their medium-range missiles. What the Soviets will report is anybody’s guess. If they claim that numerous missiles have already been “eliminated” before the treaty came into force, it is a safe bet that these missiles have been put aside, and separated into their component stages—an option that the treaty leaves the Soviets free to carry out without the slightest violation.

Then there are the two arms control agreements signed during the summit. One provides for mutual notification of ICBM and SLBM test launches. The other is the Joint Verification Experiment Agreement, by which the two sides are to carry out verification tests at each other’s underground nuclear test sites. The goal here is to agree on verification measures that will allow the revival and eventual Senate ratification of two relics of the long-dead Nixon-Brezhnev détente, the Threshold Test Ban Treaty of 1974, and the Peaceful Nuclear Explosions Treaty of 1976. Gorbachov is also proposing a three-phased pullout of 500,000 troops by each side in Central Europe, with the United States not yet biting. Regional issues were also discussed, but little information was made public about the haggling or possible secret protocols.

Defense Secretary Carlucci became the first defense sec-