

AIDS policy—even worse than it looked

by John Grauerholz, M.D.

As one reviews the past year, it is hard to escape a feeling of unreality, as if one were living through an episode of "The Twilight Zone." It is five years since we confronted the fact that a new lethal, incurable infectious disease, for which we possess no preventive vaccine, is spreading around the world. Since that time it has become increasingly evident that this epidemic could, indeed, exterminate the human race.

What has been the response of national and international health agencies and officials to this potentially apocalyptic situation? In its superficial aspect, it is a policy of bureaucratic crisis management designed first and foremost to contain costs. In its deeper aspects, it is something much more sinister and profound.

Nineteen eighty-eight is the year in which the HIV epidemic was brought under "control," at least for the time being. It is important to realize that this "control" has nothing to do with containing the actual spread of infection with HIV, and the development of illness from that infection, but rather it pertains to controlling the perception of that spread and the resulting "panic" in the general population.

This was accomplished in part by the ability of the public health establishment to control and manipulate the the data on the number of infected individuals in the United States and elsewhere. A classic example was the U.S. Public Health Service calculation that the number of infected persons in the United States was between 948,000 and 1.4 million in 1988 as compared to an estimated 1.5 million in 1986. Needless to say this reduction in cases was credited to the success of "safe sex" as well as the fact that certain "risk groups," such as homosexuals in some metropolitan areas, were already "saturated."

When the Hudson Institute of Indianapolis, Indiana published a study which contested the PHS figures and gave an estimate of at least 3 million infected, most of them heterosexuals, they were vigorously criticized, as were Masters and Johnson, who also raised the issue of heterosexual spread in the general population. Subsequently, the Hoover Institution published a study lowering the number of infected to half the PHS estimate!

These manipulations bore fruit in July 1988 when California voters turned down Proposition 69, which would have placed HIV infection under the existing public health laws dealing with infectious diseases. Proposition 69, which was supported by Democratic presidential primary candidate,

Lyndon H. LaRouche, Jr., received 31% of the vote as compared to Proposition 64, an earlier version of the same measure, which received 29% of the vote in November 1986. Following this, Proposition 102, a more detailed measure sponsored by U.S. Rep. William Dannemeyer and political activist Paul Gann, lost by a 62-38 margin in the November elections after leading by a 72-28 margin in early polls. A limited testing measure for accused criminals, sponsored by Los Angeles Sheriff Sherwood Block, was passed.

While the government continued to oppose mass testing as too expensive, it decided to expend \$17 million to mail a copy of Surgeon General C. Everett Koop's picture, attached to a pamphlet recapitulating the official "line" on how HIV is and is not transmitted, to every household in the United States. Not accidentally this mailing occurred just prior to the vote on Proposition 69. Since HIV is a fairly simple organism, it is doubtful that it could read the pamphlet or that it would be willing to change its behavior to conform to government policy.

In addition to the Fourth International Congress on Acquired Immune Deficiency Syndrome held in Stockholm, Sweden in June, there were numerous other meetings and conventions, including a World Summit of Ministers of Health on Programmes for AIDS Prevention in London in January. As if that wasn't enough, we had World AIDS Day on Dec. 2, 1988. Since the essential approach to the problem hasn't changed one iota in the last five years, and appears to be immune to the biological evidence, almost all of this activity consisted of bureaucratic back slapping, pornography, and the lynching of an occasional heretic who had the nerve to buck the "line."

Quo vadis?

A review of the actual scientific work makes it increasingly evident that this problem is every bit as bad as the so-called "doom-sayers" say. When all is said and done, we have no vaccine and no real prospects for one, no curative treatment and only one palliative drug with substantial side effects. The virus mutates so rapidly that it is meaningless to talk of a viral isolate, even from a single patient! In addition, it is more and more evident that the primary target of the virus is the nervous system and that a number of such viruses are spreading simultaneously.

The response to this problem is to spend increasing funds in molecular biological research which, by the researchers' own admission, is incapable of dealing with this infection, while refusing to utilize the increasingly sophisticated tests which molecular biology has developed in a comprehensive program to detect infected carriers as part of a real public health approach to this disease. Thus the answer to the question, *Quo vadis?*—Where are you going?—is that we are going to be gone unless we change our approach to this disease in particular and our view of the value of human life in general.