

# Pentagon to screen 2.5 million for AIDS

by Warren J. Hamerman

In a courageous decision in the interests of *national security*, the U.S. Department of Defense announced on Oct. 18, 1985 that all military personnel, numbering 2.5 million individuals, will be screened for AIDS. The three-tiered test procedure will cover all active-duty personnel and recruits in the Army, Navy, Marines, Air Force, Coast Guard, Service Academies, military reserves, and officer-training programs. The full details of the implementation of the program—as well as whether or not it will also be applied to reserves—has not been announced as of this writing.

Nonetheless, what the Pentagon has already publicly released presents the outlines of what ought to become a model screening program for civilian as well as military populations. The Department of Defense's approach will reportedly include a three-layered screen consisting of: 1) the ELISA test or Enzyme-Linked Immunosorbent Assay blood test; 2) the Western Blot test, which will be done on those who test positive on ELISA; and 3) Clinical medical exams for those who test positive on both ELISA and the Western Blot. According to the Department of Defense, those military personnel who are found to actually have the disease will be given medical treatment.

## Why the military acted

The most fundamental question which the Pentagon had to be concerned about was the issue of protecting the military blood supply and the "deployability" of military personnel under any possible hostile situation. Obviously, a disease like AIDS, which to date is 100% lethal yet involves a *lentivirus* which can lie dormant in an infected individual for years before it erupts to a full-blown case, is a most serious threat to the security of the West.

Pentagon authorities emphasized that they were carrying out the tests to combat the serious health hazard which AIDS poses. Those who test positive for the AIDS antibodies, but who show no signs of the disease, will be given limited duty, counselled, and monitored for subsequent developments.

The fact that the Pentagon made the decision to implement this costly test is indicative of their expert evaluation of the major threat which the disease poses.

The issues which prompted the Pentagon to make the policy decision to implement a top-down screening program—protecting the blood supply and "deployability"—are also of vital concern to the civilian population.

For example, at a forum at the Harvard School of Public Health on Oct. 3, Dr. Myron Essex stated emphatically that the U.S. blood supply is not safe.

Secondly, the civilian population of any nation is the backbone of that nation's economic productivity and intellectual resourcefulness in any potential military conflict. Therefore, the screening of civilian segments of the population is, also, of fundamental national-security consideration.

Throughout human history, screening of populations has been a standard and traditional procedure for determining which individuals are actively capable of transmitting the disease and separating them from those who have not yet been infected. The ABCs of public health, as well as the lessons of historic experience, argue for isolating people who suffer from a deadly communicable disease from those who have not been infected. Just as the first task of firefighters is to stop the conflagration from spreading, so is the same approach warranted in disease incidences.

It is only by such a program as the military has undertaken that we will be able to determine the true magnitude of the problem *and* determine the role of "co-factors" such as malnutrition, poor sanitation, concurrent infections, in the development of active disease among those already infected.

The essence of the matter is that public health is a national-security question. In fact, there is massive evidence that the Warsaw Pact nations have been operating on this basis for years. It has been emphasized by various infectious disease experts, that one of the primary reasons why the Warsaw Pact nations have been relatively unscathed by AIDS is because they have not lapsed in standard public-health precautions.

Furthermore, as *EIR* has massively documented, the primary center of the opposition to a full-scale public-health approach to AIDS in the West is located among Soviet officials at the World Health Organization in Geneva, Switzerland under the command of the Russian Dr. Sergei K. Litvinov (see "The Soviets are Covering Up the Deadly AIDS Pandemic," *EIR*, Oct. 25, 1985, pp. 26-37). The Soviet game has been to try to bamboozle the West into not implementing public-health precautions against AIDS, while implementing full-scale measures themselves.

This problem has been previously recognized in the vaccine area. On the one hand, the Warsaw Pact has a massive vaccination program, which Litvinov has been known to brag of. On the other hand, the United States is in the midst of a full-scale vaccination crisis. This summer America's Institute of Medicine issued a report entitled *Vaccine Supply and Innovation*, which documented the shocking reality that, in their words, America's vaccine supply and production capability was "precarious" and "a threat to public health."