
Interview: Gus Sermos

CDC man charges that CDC has 'abandoned' AIDS surveillance

Dr. John Grauerholz, medical coordinator of *EIR*'s Biological Holocaust Task Force, interviewed Mr. Gus Sermos on his work in Florida in AIDS surveillance programs. Mr. Sermos is currently public health adviser to the Atlanta-based Centers for Disease Control, assigned to Florida. He immediately became embattled with Florida health officials, whom he charged with mismanaging the AIDS-surveillance program, and then, with his CDC superiors, who tried to prevent him from disclosing the situation.

After providing information on the gross irresponsibility of CDC and Florida officials to newspapers in the state, CDC recalled him from his assignment, and put him on "sick leave" amid much publicity. Mr. Sermos, however, against orders of his superiors, testified before state senate hearings, granted interviews, and filed charges against Florida officials and his superiors.

What he describes here serves to underscore *EIR* charges that the CDC is involved in massive, willful cover-up of both the nature of Acquired Immune Deficiency Syndrome, and the extent of its spread into "non-risk" populations.

Grauerholz: What was the situation you found when you arrived in Florida?

Sermos: When I arrived in Florida in June of 1983, essentially the state had no case list. Only 76 cases had been reported then, and of those, I could find 55 or 60 that had been reported straight from physicians in Florida to the Centers for Disease Control, and the CDC in turn notified the Florida Health Department about those cases. But there was no case registry and no organized program. They had nobody working on AIDS, and they didn't really have anybody keeping a list of the 10-15 names they knew. . . .

Grauerholz: So what did you do at that point?

Sermos: At that time, we found out there were going to be federal grant monies available from Washington through the Health and Human Services Department. . . . Florida applied for a grant from the CDC, and, in fact, I wrote about 80% or 90% of that grant, over the period of July and August of 1983. . . .

At that time, it looked as if we were going to get into quite an organized program, especially since we had a very

low number of cases, about 125 or 130 cases, by August of 1983. It still was a small enough number that there was no problem in getting all the information on the patients' categories, as far as where the cases were located in the state, and what were the particular risk factors, if any, of all the cases.

But the state, even then, started essentially concentrating a lot of the funds right in Tallahassee, to start building up a headquarters staff there. So the money never actually began to trickle down so that we could even get out to the field and begin to write up all the cases, interview the patients, consult with the many different physicians who were seeing patients that they thought had AIDS. . . .

We began to get stymied from the beginning, because the state, at that time, under the direction of Dr. John Witte evidently—either he and CDC fell out, or they began to have a divergence. I've never figured that out myself, but I do know that, even way back then, I was told to not make any comments about how the state was using its money, just to do my own work and not poke my nose into any state business; it was their program.

Grauerholz: Who told you that?

Sermos: My supervisors. . . . They would come down periodically, or I would go to Atlanta for meetings, and they would seem very, very alarmed if it even sounded as if I were going to complain to anybody about how the state was doing things. . . .

Grauerholz: What has happened to AIDS surveillance in Florida since you were relieved of your duties?

Sermos: The program, of course, has gone downhill. So, as far as the AIDS surveillance, AIDS epidemiological work, essentially not one thing has been done since Nov. 13 or 14, in the state of Florida! Just a lot of lip service coming out of the health program office, which is Dr. Witte's operation, and a lot of talk about what they plan to do with some new physicians, but they're not freeing any physicians for field or epidemiological work.

So, since that time, I've been busy responding to letters from senators or congressmen, and even people at the CDC, who wanted to know about the allegations that I had made against the state of Florida. Also, since that time, I've filed

allegations of abuse of power and authority against my supervisors, and I've also filed something that's being investigated at the Office of Special Counsel in Washington now, saying that these actions—of the state in collusion with the CDC—have created a situation that I believe could represent a clear and specific danger to public health, either now or in the future. . . . And if they decide that there is enough information there to go on and do an investigation, they're going to recommend that the Health and Human Services inspector-general do an investigation of the allegations on the CDC side, and they'll also look into my allegations of personnel abuses that I maintain have been done against me for what they felt was a release of information, and also the way that the circumstances have been handled.

So, there are several things now that could end up coming out of this for further investigation. However, in the long run and the short run, still nothing is being done in the state on AIDS epidemiology. The whole program is just on hold. And obviously, to me, whether it was my supervisors or the CDC AIDS branch under Dr. Curran, the CDC's complete AIDS policy, has been just completely cast adrift in Florida. And, of course, the state of Florida's policy has been to do absolutely nothing.

If you're going to look at it on a financial basis, the state has done nothing for two or three months and it should give back the money. If you're going to look at it from an epidemiological impact basis, the state is losing valuable time; cases are going unregistered and undocumented, if you will. No interviews are being done, obviously, on the people that probably do need to be interviewed as far as transfusion-related cases and no-identified-risk cases. So, the program will completely bog down, and they'll never make up for this lost time.

I've brought that up to the senators on the HRS subcommittee on Health and Human Services, and on the AIDS program, when I testified before them in Tallahassee on Jan. 27. And they were going to study the situation and see what impact it had, but if they decide to really institute an excellent surveillance program, none of that will probably take effect for three or four or five months anyway. So, by that time, the state could lose track of hundred of cases.

One of the things I pointed out to the senators was that the AIDS cases in Florida wouldn't necessarily just plateau; they would actually start going down. And then people would say, oh, well, we don't need to have much of an AIDS program, because there are a lot less cases. But I made sure that they understood that they would be fooling themselves. Anyone who would believe that would certainly be drawing false conclusions, especially since *nothing* has been done to get cases reported, much less having an active program that CDC is paying for, with three people in the field and two support staff in offices. So the CDC is getting cheated financially, it's getting cheated epidemiologically. The state is completely irresponsible and careless in how they're handling it—or not handling it—and nobody's ever going to

really know *what* happened during that time, or in the future, if no program is implemented!

Grauerholz: Again, it would appear that this is the result of an active disinterest on the part of a number of people in actually reporting the cases.

Sermos: Yes, completely. In fact, I believe I heard either [CDC doctors] Jaffee or Curran once say: "Why do we go on so frenetically about all this surveillance? The percentages have never changed in three or four years as far as the number of people that are gay males, or IV drug users, or whatever." And I just said, "Well, how will we ever know if there *is* a shift?"

They didn't respond, they just looked at me and just rolled their eyes, so to speak.

But even in the CDC epidemiological training manual, it says one reason you need to have vigilant surveillance, is that many diseases have significant gaps in the information that is known about them, and there can be a shift, in either risk categories, a shift in the causative agent and its pathogenicity, or a shift or a change in environmental circumstances, in addition to shifts in the host circumstances—whether those shifts are brought about by either immune responses or lack of responses—shifts in the host because of different sanitary factors, shifts in the host because of different dietary factors, shifts in the host because the host comes down with an ancillary or some other type of infection that then permits the original infection to take hold.

These things have to be watched consistently, and I don't see why the CDC, which specializes in diseases, doesn't want to recognize that you have to look at many factors, at least those causative agents and environmental factors. Even if one or two of those factors may play a much heavier role in certain diseases, you still need to take all of those into account when you're looking at patients who get diseases—and especially with AIDS, since the book hasn't been written.

One of the reasons I feel that we have to be very strong about this, is that AIDS, so far as we know, in the time CDC has been studying it—back a maximum of four and a half years—the disease isn't even through its first complete incubation cycle yet! So, we have absolutely no idea what new gaps could come up, and we'll never know, if we're not watching it.

Grauerholz: So, what you're saying is, that for this disease, which in its present form, is essentially 100% lethal, and which is spreading in the population, CDC has essentially abandoned its own criteria for surveillance and reporting.

Sermos: They certainly have in Florida. And I can't imagine it's different elsewhere if it's the same people that are supervising all these grants around the country. If they're as lackadaisical about it in other places—perhaps those other places have interested physicians and people that are interested in doing the work, but if they're not even held to some relatively significant stipulations in *their* grants, then we could have

this type of neglect built into all of the grants. And I agree, in Florida, *the CDC has been completely and actively negligent*, or irresponsible, to any needs of the surveillance program around the state. And they just completely pooh-poooh any efforts to discuss it with them; they don't want to hear it.

Grauerholz: Is this different than your previous experience in working with CDC?

Sermos: Yes. I never expected this type of reaction; I've never seen this type of reaction by the CDC to anything. I've always been able to rely on people up there for advice and help. In fact, I would say, 99% of the people I know at CDC are responsive, intelligent, competent people, and they do what they're supposed to do. But this is the first time I've ever seen them so completely disinterested—especially for this disease, which is essentially lethal in its present form!

With any person I have talked to up there, it's like they're talking about corn blight or something like that, that affects nobody but one set of farmers in one county of Texas. I've

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never seen them so completely disinterested as far as the administrative staff. The lab workers may be interested, the people who do the testing there for the Western Blot tests, and do the HTLV-III antibody tests—perhaps they're very interested. I knew that some of the tissue-testing people who look for viruses themselves are certainly interested in their work, because I've visited them in the laboratories at CDC. But I've never seen this kind of—just putting everything on the back of the state, and then letting the state do absolutely nothing. And then, to keep funding that!

That's one reason I decided to make the press releases in September of 1985: CDC was going to fund the state for a third straight year, and this time at \$185,000 or \$186,000, and essentially three-fifths of that was going to be thrown right out the window! There's no conceivable way I could sit back and watch that happen for another year.

It was very frustrating, especially if you're trying to do the work. But it's frustrating to the taxpayer, it's frustrating to the disease investigator, to see that kind of haphazard, careless, absolutely neglectful throwaway of money—espe-

cially on something that's as desperately needed as surveillance of AIDS in this state, where we've essentially got a tropical country, here in south Florida. This is not just a county in Ohio or Michigan; this is tropical country, in Dade County.

Grauerholz: So, what is your current status?

Sermos: My current status is that I'm on leave—I'm on sick leave now, to the best of my knowledge. And at such time as I go back on regular duty, I got a letter on Jan. 6 stating that I was to report to Atlanta immediately. In fact, the letter that I got on the sixth ordered me not to go to Tallahassee on the seventh, to testify to the senators. They said I was to report to Atlanta that morning! They had airplane reservations for me, and said I was not approved to speak to the senators, and that I did not represent the Centers for Disease Control and should not speak in that vein. I went to Tallahassee anyway, and essentially I decided that whatever Atlanta does, they can do, but they're just not going to sequester me in the bowels of their giant basements up there. So I decided to go ahead to Tallahassee.

Since then, I've received a letter from Dr. Walter Dowdle, who is the director of the Center for Infectious Diseases; he wanted me to elaborate on my allegations against Florida. I did not do that for him. Number one, if I'm either on sick leave or on leave without pay, I do not need to be doing that type of paperwork; I have no facilities. And also, just for your interest, of course, I have been trying to tell them for two years what was going on, and nobody would listen. So I felt no obligation to jump up and write him a big note.

I got a letter dated Jan. 17 from [CDC director] Dr. James Mason; it was a request to send *him* the information. And I answered him with a certified letter mentioning some of what I thought are some of the major flaws in the CDC command structure that absolutely inhibits or prohibits information, salient information, from flowing upward from the chain of command. And I did tell him, though, that I would be willing to *meet* with him to discuss the allegations against the state, and also, which he doesn't know yet, I've made allegations against his own operation in the CDC, and some of his key subordinates. So if he decides he is willing to discuss it with me, I will go to Atlanta or wherever he wants . . . but if he doesn't, then as far as I'm concerned, that's just typical of this disinterest that's been there all along.

As I stated, in my letter to him: "Since my own agency, the CDC, has ignored me all this time, I am seeking resolution in another agency." And I have done that. I don't really feel obliged to even elaborate much to them anyway, unless I happen to feel like it—because they have been so completely careless. They so completely turned blind eyes or deaf ears to me, any time I tried to show them something or tell them something—they just flat wouldn't do anything except walk right out of the room. For that kind of medical disinterest and medical irresponsibility by public health officials, there's absolutely no excuse—no conceivable excuse.