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Affidavit: John Grauerholz, M.D.

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# California officials refuted on transmissibility of AIDS

This November, the California electorate will vote on Ballot Proposition 64, an initiative which calls upon the state to apply the same standard public health measures to stop the spread of AIDS which have traditionally been applied to other diseases listed by the state as "infectious, contagious, and communicable diseases." Nearly 700,000 California citizens had signed petitions to qualify Ballot Proposition 64, which has been identified internationally as the "LaRouche measure."

On July 30, California Secretary of State March Fong Eu went into California Superior Court to strike sections of arguments filed by proponents of Proposition 64. Those arguments, which outline the magnitude of the health crisis already caused by AIDS and the dangers of transmission of the disease, had been prepared for publication in the *California Voters' Handbook*.

Fong Eu filed the case under a procedure which permits the Secretary of State of the state of California to prevent publication in such pamphlets, of any copy which she or he claims to be false, misleading, or inconsistent with the requirements of the Elections Code. The case does not affect Proposition 64's ballot status, but only concerns the information which reaches the public through the *California Voters' Handbook*.

The entirety of Fong Eu's case is based on a sworn statement from Dr. Mervyn Silverman, who was health director for the City and County of San Francisco for over a decade. In short, Silverman is the man whose refusal to apply elementary public-health measures of quarantine and prevention made San Francisco an AIDS necropolis, and produced a situation in which as many as 500,000 Californians are now carrying the AIDS virus.

In his statement, Dr. Silverman advances fraudulent and preposterous arguments concerning AIDS, to the effect that only homosexuals and drug users have anything to fear from this deadly disease.

We print here the affidavit submitted in refutation of the Fong Eu claim by Dr. John Grauerholz, *EIR's* medical editor and the medical director of *EIR's* Biological Holocaust Task Force.

## The declaration of Dr. Grauerholz

I, John E. Grauerholz, declare as follows:

1. I am a physician, licensed by the states of North Carolina, New York, New Jersey, and Virginia, and Board Certified in Anatomic and Forensic Pathology. I have served in senior level positions in the State Medical Examiner systems of North Carolina and Rhode Island and am presently a Designated Forensic Pathologist for the State of New Jersey. . . . I make this declaration of my personal knowledge and/or experience.

2. I received my medical degree from Duke University in 1973 and subsequently completed a residency in Pathology in the Pathology Department of Duke University Medical Center, during which time I was a research fellow in cytopathology and diagnostic electron microscopy, and did research on cellular immune function in cancer.

3. I completed a fellowship in Forensic Pathology at the Office of the Chief Medical Examiner of the State of North Carolina, during which time I served as Assistant Chief Medical Examiner of the State of North Carolina.

4. I served as Deputy Chief Medical Examiner of the State of Rhode Island and held the academic position of Instructor, and later Assistant Professor, of pathology in the Brown University Medical School. I have taught at numerous seminars for law enforcement personnel, legal personnel, and medical personnel on various medical-legal topics in North Carolina, Rhode Island, and New York.

5. Most recently I have worked as a private consultant in Forensic Pathology and Legal Medicine, and presently serve as the Medical Director of the Executive Intelligence Review Biological Holocaust Task Force and Director of Health Policy for the Fusion Energy Foundation. In these latter capacities, I have had occasion to follow the scientific literature on AIDS, and other potential pandemic diseases, as well as attend conferences of the American Society of Tropical Medicine and Hygiene and the Conference on African AIDS, held in Brussels. In addition, I have had numerous conversations with various scientists and clinicians working in the area of AIDS research.

6. I have read the Declaration of Mervyn F. Silverman,

M.D. MPH, which appears as Exhibit E in a Petition for Writ of Mandate (No. 341940) by March Fong Eu, Secretary of State of the State of California v. Donald E. Male, State Printer of the State of California.

7. Dr. Silverman states in paragraph 11 of Exhibit E, "The authors of the above rebuttal state that 'transmission by casual contact is well established.'—This statement is false." This statement may, or may not, be false, but it is not the statement to which I agreed to append my name. The correct statement reads, "—There is no evidence for the assertion that AIDS cannot be transmitted by casual contact."

Dr. Silverman goes on to state (paragraph 11-line 20), "Modes of Transmission are well established and occur when infected blood, blood products, or semen is introduced into the body of another. In my opinion, AIDS is not transmitted by casual contact." A letter to the medical journal *The Lancet* describes "an elderly couple whose sole contact was kissing. The husband had transfusion-linked AIDS and was sexually impotent after abdominal aortic surgery. The wife, who had no other known risk factor, is HTLV-III viraemic." If casual contact is to be defined as transmission by means other than introduction of infected blood, blood products, or semen into the body of another, then this case and others like it, which do exist in spite of Dr. Silverman's opinion, certainly fall into that category.

8. Scientific evidence does not show that AIDS is not transmitted by mosquitoes or casual contact. Rather the *a priori* assumption that such transmission does not occur is used to justify a policy of not seeking relevant environmental data, or ignoring any evidence which contradicts the CDC's [Centers for Disease Control] ideological convictions on this matter. Doctors Mark Whiteside and Caroline MacLeod of the Institute of Tropical Medicine in Miami, Florida, and Mr. Gus Sermos, the former CDC health officer in charge of AIDS surveillance in Florida, have abundantly documented the role of environmental factors in the transmission of AIDS and the CDC's systematic attempts to suppress that evidence.

9. The evidence for environmental factors, including biting insects, in the transmission of AIDS is at least as compelling, if not more so, than the evidence for heterosexual transmission. The AIDS virus was documented in tears, sweat, respiratory secretions, and saliva long before it was finally found in female genital secretions. The persistence of virus in both wet and dry saliva is well documented, and as the kissing case cited in paragraph 7 attests, this can function as a potential route of transmission.

10. In a letter to the HRS Program director in Florida, Dr. Mark Whiteside of the Institute of Tropical Medicine, made the following observations:

"There is a public health emergency in Belle Glade [Florida]. Over one hundred cases of AIDS and over sixty cases of tuberculosis cluster in two central depressed sections of town. There is currently an explosion of noncharacteristic or 'no identifiable risk' (NIR) AIDS from the same area. Inde-

pendent surveys document a 10% seroprevalence of antibodies to HTLV-III/LAV in this largely heterosexual population. A sexually transmitted disease does not confine itself to a single poor neighborhood. Neutralization data reveals a remarkably high prevalence of antibodies to several different, potentially pathogenic arboviruses (mosquito transmitted viruses). Seventeen percent of the target population have serum antibodies to Maguari, a Bunyamwera serogroup arbovirus endemic to the Caribbean and South America and previously never reported in the United States. This data should be irrefutable proof of environmental exposure in this economically disadvantaged group of people.

"The proposed interview form virtually ignores important environmental considerations. For example, there is no attempt to quantify exposure to blood-sucking insects, or identify time and place of exposure. Occupational history is inadequate and there is no mention of recreational activities, i.e., fishing on canals. There is no measure of exposure to wild and domestic animals which carry fleas and ticks and serve as a reservoir for arbovirus infections and such opportunistic infections as *Pneumocystis carinii*. There is nothing to document the level of fecal-oral contamination such as stool for ova and parasites or serum antibodies to infectious (type A) hepatitis. It is unfortunate that yet another scientific study overlooks what has become increasingly obvious even to the untrained lay-person: the connection between environment and disease in Belle Glade."

11. A letter in the July 5, 1986 issue of *The Lancet* documents the recovery of the AIDS virus from bedbugs one hour after they were fed on infected blood. Another letter in the March 6, 1986 *New England Journal of Medicine* reports finding antibodies to HTLV-III/LAV in 8 of 24 Venezuelan mine workers with malaria, who had no other risk factor for the disease. These data alone are more than adequate indicators of the potential of blood-sucking insects to transmit this virus.

12. On the question of potential respiratory transmission of HTLV-III/LAV, now known as the Human Immunodeficiency Virus, in the July 18, 1985 *New England Journal of Medicine*, researchers from the Pasteur Institute, in Paris, reported isolation of LAV (their term for AIDS virus) from the pulmonary secretions of a 30-year-old woman with ARC (AIDS-related complex) and Chronic Lymphoid Interstitial Pneumonitis. She had no history of blood transfusion, drug abuse, or sexual promiscuity, and so it is difficult to understand, if one accepts Dr. Silverman's viewpoint on transmission of this agent, how she could possibly be infected with the virus which was isolated from her respiratory secretions and blood.

13. Chronic Lymphoid Interstitial Pneumonitis represents a primary infection of the lung by the AIDS virus. No other infectious agents have been isolated from these patients, and a patient with this infection who coughs will aerosolize the virus into his/her surroundings. In view of the

large number of AIDS-infected individuals (estimated at 500,000 in California alone, according to Dr. Kenneth Kizer), and the high prevalence of tuberculosis in AIDS-infected individuals, the occurrence of simultaneous infection of the lungs with tuberculosis and the AIDS virus is more than a theoretical possibility. Again, in spite of Dr. Silverman's statement in paragraph 13 of Exhibit E that "This is false. There absolutely are no medical studies or clinical data which support this assertion" ("potential insect and respiratory transmission have been established by numerous studies"), these studies do in fact establish potential insect and respiratory transmission. Were it not for such studies, and others, as well as studies on the behavior of animal retroviruses closely related to the AIDS virus, I would not have affixed my name to the statement about potential insect and respiratory transmission.

14. The rapid spread of this infection, with an estimated 500,000 infected in the state of California, and over 30 million infected in Central Africa, indicates that this virus is not all that hard to get, and as the number of carriers increases, transmission other than by "the intimate sharing of bodily fluids during sexual relations and the exchange of blood products or blood as in IV drug abuse" will become increasingly common.

15. According to Dr. Silverman, the statement "that the vast majority of AIDS cases worldwide lie outside 'high-risk groups,' and the victims are not homosexuals and are not intravenous drug users (rebuttal paragraph 5)" is "patently false." Yet 15%-22% of AIDS victims in Central Africa are children and no studies of which I am aware have documented widespread homosexuality or intravenous drug abuse in Africa. In addition, the demonstration that bedbugs can carry the Human Immunodeficiency Virus, casts serious doubt on the question of widespread heterosexual transmission, since the vast majority of heterosexual transmission cases come from poorer socio-economic backgrounds where bedbugs are likely to be a part of the environment. The only heterosexual transmission case documented in San Francisco was in a black female, despite evidence presented by Dr. Nathan Clumek, at the Brussels Conference on African AIDS, that 21% of homosexuals in San Francisco had had intercourse with one or more females in the last five years.

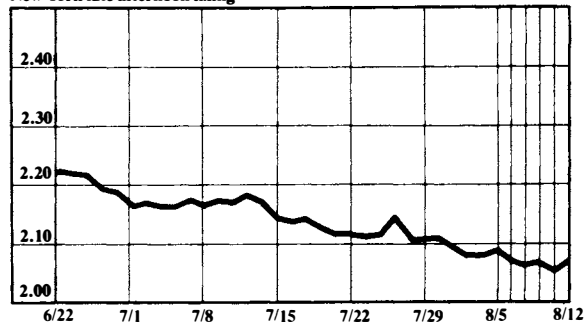
16. The facts are that AIDS is a communicable, infectious disease which is presently in an epidemic phase, and is 100% lethal once symptoms manifest themselves. The present extent of the infection indicates that it is easier to acquire than Dr. Silverman is willing to admit, and the evidence for means of transmission other than "the intimate sharing of bodily fluids during sexual relations and the exchange of blood products or blood as in IV drug abuse," is continuing to accumulate in spite of his categorical refusal to acknowledge it.

I declare under penalty of perjury that the foregoing is true and correct and if called upon as a witness I could competently testify thereto.

## Currency Rates

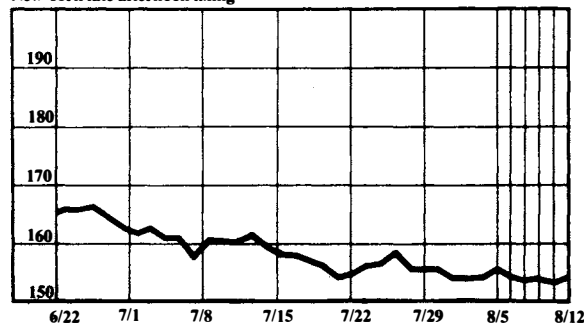
### The dollar in deutschemarks

New York late afternoon fixing



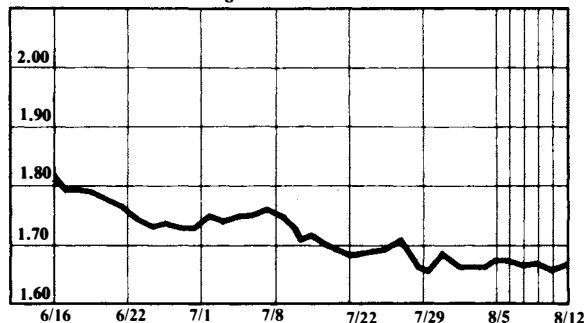
### The dollar in yen

New York late afternoon fixing



### The dollar in Swiss francs

New York late afternoon fixing



### The British pound in dollars

New York late afternoon fixing

