

# Will California lead the world in the war against the AIDS epidemic?

Dr. John Seale, a leading British expert on AIDS, declared in testimony before the California state legislature on Sept. 29 that this virus, which is "more dangerous than nuclear war," may even be unstoppable at this stage in its development. "But if it is stopped," he said, "the counter-attack will have been started when 600,000 ordinary California citizens put Proposition 64 onto the ballot paper. This will not mark the beginning of the end of the rampage of the savage virus throughout mankind; but it will mark the end of the beginning."

Seale came to the United States at the end of September to campaign for Proposition 64, the California ballot referendum which would place AIDS, and the condition of carrying the AIDS virus, on the official list of communicable diseases, mandating that it be treated like other deadly communicable diseases. Health professionals would then be required to report all cases of AIDS, and the state would be obliged to test and quarantine those infected as much as required to stop the spread of the disease. The initiative is opposed by the California Medical Association, a group known as "No on Proposition 64/Stop LaRouche," and a wide array of homosexual, communist, and liberal groups and individuals, including a hefty contingent of Hollywood movie stars led by Liz Taylor.

The California legislature's hearings on Proposition 64, before the Senate Health and Human Services Committee and Assembly Committee on Apportionment and Elections, began with State Sen. Herschel Rosenthal announcing flat-out that the purpose of the hearings was to destroy the proponents of the initiative. Indeed, the scientific evidence presented by supporters of the initiative, concerning the extraordinarily lethal character of the disease and its spread to non-"high-risk" groups, only served to further enrage and exasperate Proposition 64's opponents. Following Dr. Seale's testimony (see *Documentation*, below), Sen. Diane Watson, the chairman of the hearings, dropped any pretense of decorum, demanding that Dr. Seale take his written testimony back, calling it "the most snobbish, gross, and vulgar presentation I have ever heard!"

Following Seale's presentation, Debra Freeman, doctor

of public health, spoke on behalf of Proposition 64-backer Lyndon LaRouche, demonstrating the extreme communicability of AIDS, compared to other communicable diseases like yellow fever, lassa fever, and malaria.

Physicians testifying against Proposition 64 included Dr. Donald Francis of the Atlanta Centers for Disease Control (CDC), Dr. James Chin, and Dr. Gladden Elliott, head of the California Medical Association. All reaffirmed the CDC line that there is no possibility of transmission of AIDS by "casual contact," pulmonary means, or insects.

John White, representing State Attorney General John Van de Kamp, delivered a diatribe against the Prevent AIDS Now Initiative Committee (PANIC), the sponsors of Proposition 64. He reviewed the witchhunt being conducted by the Attorney General's office, alleging that Caucus Distributors, Inc., a "LaRouche organization," had spent hundreds of thousands of dollars in illegally gathering petition signatures. Were federal laws violated? White was asked. "No." Would Proposition 64 be disqualified? "No." He further declared that PANIC organizers were under investigation for "conspiracy to commit perjury" (sic).

## Cover-up!

Dr. Seale's tour next took him to Los Angeles, for a press conference on Sept. 30. He first read a short statement expressing his outrage at the behavior of Sen. Diane Watson for attempting to censor his testimony, saying that she evidently feared the implications of his statements on modes of transmission.

The first question was from an ABC reporter who asked Seale why all the medical authorities disagreed with him. Seale pointed out that in 1983 he had said that AIDS could be transmitted to women; all the medical authorities disagreed, and now he's been proven right. He said that AIDS could be transmitted to babies; everyone disagreed, and now that's been proven true as well. In 1984, he said the blood supply was tainted, and the Red Cross said it was impossible. The authorities have been wrong on every issue before, Seale said, so why would they be right now?

Dr. Seale next went to Washington, D.C., beginning his

stay there with an appearance on a television talk show on Oct. 2. There he immediately clashed with other panelists who denied the possibility of transmission of AIDS among children. "There is no doubt," he retorted, "the scientific evidence has now been published that AIDS can be transmitted from one child to another. I'm sorry, but it's been published in the *Lancet*, the very important scientific journal from England. . . . The case, just published two weeks ago, of a three-year-old boy who had a blood transfusion and died of AIDS a few years later. He infected his brother by biting him. It's all been published. . . . This was in West Germany. There were about seven doctors who wrote this article. They checked with their governments, because of the implications of this, before publishing it. This is like the famous case of the first known infection by a blood transfusion. It was supposed to be impossible. Until the end of 1983 it was denied in the United States that this was possible. And now it is well known to occur."

As we go to press, Dr. Seale was scheduled to give a press conference at the National Press Club in Washington, D.C. on Oct. 3.

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## Documentation

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### The AIDS virus: prognosis, transmission, and control

*The following are excerpts from the testimony of Dr. John Seale before joint hearings of the California Senate Health and Human Services Committee and Assembly Committee on Apportionment and Elections, in Sacramento on Sept. 29. Dr. Seale is a member of the Royal College of Physicians, and runs a private practice in London, specializing in genitourinary medicine and sexually transmitted diseases. In early 1983, he started studying the epidemiology, pathogenesis, prognosis, and transmission of AIDS virus infection, and has published numerous articles and letters on the subject.*

I am honored to have been invited by the Senate of California to testify before your committee today. This is the second time in four months I have been invited to the United States to speak about AIDS. In May, Mario Cuomo, Governor of New York, asked me to speak on the impact of AIDS on public policy. Today I have 15 minutes to explain my endorsement of Proposition 64.

Some of you are old enough to have heard my eminent fellow Englishman, Winston Churchill, speak for 50 minutes at Fulton, Missouri, in 1946. At that time he was not Prime Minister, but spoke as a private citizen, just as I speak to you

today. In those few minutes, his description of the hideous Iron Curtain which had descended upon Europe, struck the imagination of Americans like a thunderbolt. He opened their eyes to the reality that the Soviet Union was not merely a friendly ally, under the leadership of Uncle Joe, which had helped win a terrible war against Hitler and his Nazis. Russia was, at that time, a charnel house in the grip of a merciless megalomaniac, Stalin, who was preparing to extend his monstrous empire across Western Europe.

Hopefully, in the next few minutes, I shall open your eyes to the reality of a new, and far more deadly, peril which you face today. This peril is not in some distant foreign land, across the Atlantic, or across the Pacific; it is right here, now, in the heart of lovely California.

### Threat to the whole human species

The AIDS virus is the molecular biological equivalent of the nuclear bomb. The genetic information contained in its tiny strip of RNA has all that is needed to render the human race extinct within 50 years, along with the dodo, the dinosaurs, and the saber-tooth tiger. The distinguished immunologist, Peter Medawar, once defined a virus as "bad news wrapped up in a protein coat." The AIDS virus is the ultimate piece of bad news—because it has the capacity to create an infinite variety of coats. . . .

The key scientific facts underlying the AIDS epidemic are extraordinary and painfully simple.

The entire genetic code of the AIDS virus is contained in a tiny strip of RNA. A central step in its replication in human cells is conversion of the RNA code of the virus into a strip of DNA—the so-called pro-viral DNA. The pro-viral DNA is then spliced into the DNA of the genetic code of one of our cells. There it stays for the life of that cell, and if the cell divides, both daughter cells still have the viral genetic code within them. When activated, the pro-viral DNA, which is now a part of our own genetic code, produces numerous virus particles which infect new cells within us. Over a period of years, ranging from 1 to more than 20, our cells are slowly, genetically, transformed. It is not only the T-lymphocytes which are genetically tainted—the cells in our brain, heart, liver, lungs, and skin are all affected.

In a profound biological sense, once we have been infected with the AIDS virus, we have a new set of infectious genes: These are capable of producing virus particles which will eventually, slowly, kill us. This is the hallmark of a slow infectious disease, caused by a lentivirus; a type of disease, and virus, of which there has never been an epidemic in mankind before. When the virus is transferred to another person, he, or she, also acquires a new set of lethal, infectious genes, and so on, *ad infinitum*.

The essence of the conceptual problem facing mankind, is that the prolonged incubation period averages 7-10 years, before infected people become seriously ill. This means that huge numbers are infected and become infectious, before any

epidemic becomes visible. The deadly virus arrives, leaving no visiting card to announce its arrival.

Twenty-five thousand Americans have already developed full-blown AIDS, but 100 times as many, 2.5 million additional Americans, are already infected. The number infected, and the number dying, is doubling remorselessly, every 10 months in your country, in my country, in Europe, in Africa, and in South America.

How many of those infected with the virus will die within 20 years? Thirty percent develop full-blown AIDS within six years of infection—and all of these die within the following three years. That is the official estimate of the U.S. Public Health Service. As each year passes, the percentage rises.

The optimists, like Professor Jay Levy of San Francisco, believe that a mere 50% will die following infection with the virus—the other 50% will come to little or no harm. This optimistic vision makes AIDS twice as deadly as smallpox, and as deadly as bubonic plague, the cause of the Black Death in the 14th century, which killed one-third of the entire population of Europe.

The pessimists, like Professor William Haseltine, of Harvard, believe that 100% of people will die within 20 years or so of the infection—as is the case with rabies virus infection. This is why he testified before a Senate Committee in Washington a year ago that AIDS was “species-threatening.” In simple English, Prof. Haseltine believes the AIDS virus has the capacity to spread, and to kill every man, woman, and child on Earth.

Within two weeks of infection with the AIDS virus, every person remains potentially infectious to others for as long as he or she lives. The virus persists as cell-free infectious virions, in blood, at titres ranging from 10 infectious particles per milliliter up to 100,000 per milliliter. In saliva, respiratory secretions, semen, vaginal secretions, tears, and mother’s milk, the virus is largely cell-associated and very few cells are infected. This makes these secretions vastly less infectious than blood.

The AIDS virus is unusually stable outside the human body. It loses little of its infectivity, if kept in water, at room temperature, for seven days, and retains some if kept dry for a week.

With these properties it is hardly surprising that the virus is transmitted with devastating efficiency by re-used, inadequately sterilized hypodermics, contaminated with invisible quantities of blood. It doesn’t make a damn bit of difference to the virus whether the hypodermic is delivering heroin to some hooker in Harlem, or giving penicillin to save the life of a tiny child in Haiti, Mexico City, or China. Both the hooker and the child will become infected, and infectious to others, and will eventually die after a protracted and humiliating illness. . . .

Once a critical mass of the population has been infected with the virus, by highly efficient means of transmission, then less efficient means inevitably become more common. These include blood transfusions, transmission from mother

to newborn babe, biologically normal sexual intercourse, needle-stick injury to nursing staff, chance contact of blood, saliva, or sputum with sores or abrasions in the home, at work, and at play. And, biting insects and flies, acupuncture, tattooing, ear-piercing, blood brother rituals, and routine dental procedures. It is easy to see how the entire population of a poor, tropical country can become infected with the virus within a few years of its first arrival. The same is true in California, in Britain, or in New Zealand—it just takes a few years longer to reach 100% saturation.

What are the prospects of a cure? Once the pro-viral DNA is spliced into your own genes, no product of the pharmaceutical industry will ever get it out. Any drug which blocks the replication of the virus, which is the most that can be expected, will have to be continued for life.

And the prospects for a vaccine? Few of the antibodies that are naturally produced are neutralizing; some of those that are, get knocked out by antigenic shedding; most of the *in vivo* cytopathology is immunologically mediated; intercellular spread of the virus during membrane contact evades antibodies; antigenic drift is continuous in every infected host. All these factors combined make an effective vaccine theoretically impossible. . . .

### Emergency action required

So what would I like to see done about all this in the immediate future? All those who are already infected must be identified at once. Whatever steps are required, must be taken, to ensure that those infected do not transmit the virus to others. Any nation which cannot, or will not, take such action with alacrity will perish within a few years. There is only one person in the world who has the power to take the actions to begin to stop the spread of the virus. That is Ronald Reagan, backed by the admirable Nancy Reagan.

I would like President and Mrs. Reagan to meet soon with some of the few biological scientists who have studied the subject deeply, and have a clear vision of the scale of the AIDS catastrophe, and the actions which must be taken to counter it. . . . In addition, Prime Minister Margaret Thatcher should be present because, as a scientist by training, she has the ability to grasp the realities of scientific problems, which is most unusual in a politician.

And what will President Reagan and Prime Minister Thatcher be able to offer their people as a solution to the AIDS epidemic? Nothing that will not entail blood, tears, toil, and sweat. And it will not be a short war against the virus. . . . It will be a 100-year war. The alternative is the extinction of mankind.

It may be that it is already too late. The virus may be unstoppable everywhere. I do not know. But if it is stopped, the counter-attack will have started when 600,000 ordinary Californian citizens put Proposition 64 onto the ballot paper. This will not mark the beginning of the end of the rampage of the savage virus throughout mankind; but it will mark the end of the beginning.