

EIR Science & Technology

Don Regan charged with cover-up on AIDS spread

Warren J. Hamerman, director of EIR's Biological Holocaust Task Force, looks at the terrifying spread of the disease, and the White House Chief of Staff's protection for CDC inaction.

White House Chief of Staff Don T. Regan, the economic policy strongman of the Reagan administration, in late September personally had his office exert what a government informant described as "massive pressure" to shut down a U.S. Senate investigation of the Atlanta Centers for Disease Control (CDC) cover-up of the spread of AIDS in the United States. The investigation of the CDC, according to various informants, had threatened to uncover details of a full-scale AIDS cover-up at CDC which included:

- Sabotage of research experiments;
- Suppression of evidence which did not conform to the administration official line that AIDS is "only" a threat to certain limited "high-risk groups" and cannot be transmitted through "casual contact" in economically collapsed tropical areas;
- Efforts to publish "faulty reports" and otherwise discredit the work of Dr. Mark Whiteside and Dr. Caroline MacLeod, who have documented a causal relationship between the collapsed socio-economic conditions in Belle Glade, Florida and the uncontrolled outbreak of AIDS among Non-Identified-Risk-Other-Than-Poverty individuals in south Florida;
- Misuse of government funds which were supposed to be used for surveillance and research on AIDS;
- Total collapse of morale among honest scientists at CDC;
- An internal atmosphere at CDC of a "mafia organization" run by "AIDS godfather" James Curran through a clique of handpicked "trusted lieutenants."

Why did White House Chief of Staff Don Regan order

the cover-up to continue? The specific motives fall into two areas—economic and political.

1) **Economic reasons:** If the American public found out the truth about AIDS, they would demand a costly Public Health Emergency program and Apollo-style research program which Don Regan, as economic czar of the administration, does not want to fund. It would ensure that California's Proposition 64, the ballot initiative which embodies this program, would pass overwhelmingly. The fact of the matter is that a full-scale war on AIDS would blow up the Reagan administration's budget and force them to break with the International Monetary Fund (IMF). An emergency and "costly" public health emergency program for Africa, as well as impoverished areas in the United States, would be required. It would also demonstrate that the entire seven-year economic policy of the administration was a total failure.

2) **Political reasons:** An investigation coming on the eve of the November general elections would have political consequences which would "blow back" upon the administration at the polls. Since *EIR* and its founder, Lyndon LaRouche, have led the global campaign to expose the truth about AIDS from Africa to Belle Glade, the population would demand that the War on AIDS and economic development policies of LaRouche be implemented as an alternative to those hitherto pursued by the White House and CDC. In the November elections, California Proposition 64 and candidates associated with LaRouche would win by a landslide, an occurrence which is abhorrent to Don Regan and his associates, who have been personal enemies of LaRouche for over a decade. Furthermore, there would be an international clamor from

governments in Africa, Ibero-America, Asia, and perhaps Europe to turn to LaRouche's overall international economic policy plan.

Europe

Across Western Europe, populations and governments are now receiving daily official reports in the media and in government channels on the catastrophic proportions of the AIDS spread.

According to a report in the Italian newspaper *Corriere della Sera* on Oct. 9, the Italian cabinet and prime minister heard a special report the night before on the catastrophic spread of AIDS in Italy. Eyewitness accounts report that the ministers came out of the meeting "looking horrified," their faces white.

Virtually every day during the month of September the British media carried statements from high-level medical and health officials warning that AIDS was heading for Doomsday proportions in England and Africa.

In West Germany, the mass-circulation daily *Bild Zeitung* has carried feature-reports on the true horrific dimensions of the pandemic.

While the CDC maintains the cover-up in the United States, its international umbrella organization, the Geneva-based World Health Organization (WHO), is brutally sup-

pressing accurate reports on the nature of AIDS' spread worldwide.

Proof of the cover-up

Various scientists around the world point to one specific document which proves that the CDC and Reagan administration were intent for some time on covering up the truth on AIDS for economic and political reasons. The document is a signed letter to me, dated Aug. 27, 1985, from Dr. James Mason, the director of the CDC, who, also, as the Acting Assistant Secretary for Health, *de facto* ran the U.S. Department of Health and Human Services (HHS) for much of 1985, as a result of the political controversy surrounding HHS Secretary Margaret Heckler.

In his letter, Mason stated the following, among many, incredible and egregious "biases" of the CDC:

1) There is no evidence that there are AIDS cases from non-risk groups in Belle Glade, Florida and there is absolutely no evidence of a relationship between the miserable socio-economic conditions and AIDS cases there. This bias was stated before the CDC study in Belle Glade began!

2) AIDS and other pandemics are not threatening an ecological-biological collapse and threat to human life itself, because the health condition and standard of living of mankind is improving in Africa and around the world!

AIDS Cases Outside Risk Groups in 'High Risk Areas'

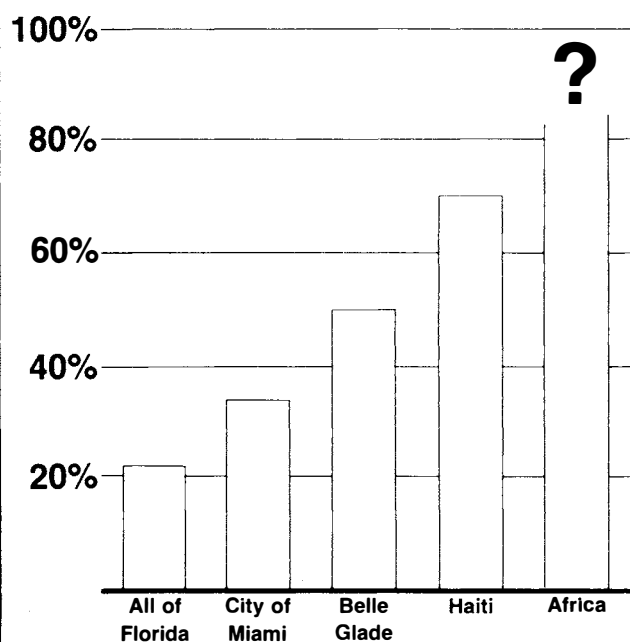
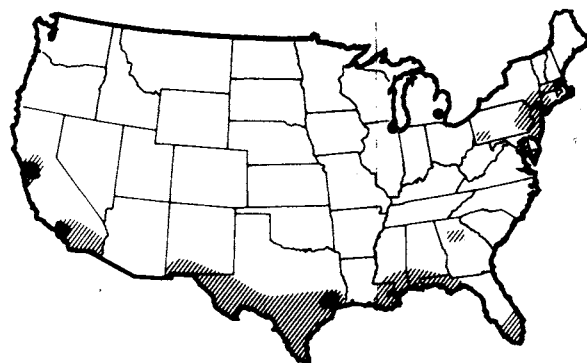


FIGURE 1.

High Risk Areas for AIDS



Tuberculosis and A.I.D.S. concentration in U.S.
FIGURE 2.

3) Insects cannot carry the AIDS virus.

4) The national security of the nation is not threatened by the extent of the outbreak of AIDS and other diseases.

The basic theme of the Mason letter is that because the economic policy of the administration is "improving" the living standards of the people of this nation and around the world, no additional *extra funds* have to be spent on research and emergency public health measures.

In short, the shameless policy of the Reagan administration has been to "operate within budget constraints" and not inform the nation of the true dimensions of the AIDS threat to the entire population in order to prevent a groundswell demand for an immediate War on AIDS program.

EIR's new study

One leading European medical expert has described the recent *EIR* Task Force study which is circulating in California on behalf of Proposition 64 as the best summary of the scientific evidence on the unique aspects of AIDS as a species-threatening disease. Now our Task Force is developing an additional study. This new study concentrates on estimating the conditions under which the AIDS pandemic becomes unstoppable.

Never before has the human species experienced a "slow-acting" retrovirus pandemic prior to AIDS; ordinary epidemiological studies cannot be used as models of comparison. The key difference is that the AIDS virus infects the DNA directly, as well as infecting other human tissue to an undetermined extent. However, AIDS-like slow retroviruses such

as Visna in sheep have existed as animal epidemics, well known to veterinary medicine. Besides Visna in sheep, other animal retrovirus epidemics have included Infectious Anemia in horses and cows (Equine Infectious Anemia and Bovine Infectious Leukemia). The new study applies the model of a slow-virus retrovirus epidemic in animal species to the spread of human AIDS.

The study is intended to map the critical *phase change* in the disease dynamics which indicate that certain geographic regions become "high-risk areas." What are the characteristics of a high-risk area?

Through studying animal retrovirus epidemics, we can see that there are three critical parameters in the spread of diseases like Equine Infectious Anemia and Bovine Infectious Leukemia: (a) tremendous overcrowding; (b) abundance of insects; (c) high levels of viremia.

The new AIDS study will focus upon the fact that there are two general routes for transmission of AIDS infection among persons: 1) The "fast-track" of transmission, through direct serum transfer, as by hypodermics and homosexual practices; 2) the normal, slower track of transmission, by insect-bites, aerosols, and other so-called "casual means." Relative to AIDS-like slow retrovirus epidemics in animal species, "fast-track" transmission among persons is "atypical," transmitted by types of behavior not typical among animal species or normal human beings. The most characteristic, typical mode of transmission, is along "casual" routes.

Relative to the population generally, the significance of atypical, "fast track" transmission, is that homosexuality and

The Contagious Window

1. The average highly communicable disease has a contagious window of $\frac{1}{2}$ month or less.
2. AIDS has a contagious window of 48 months (4 years) or more.



The AIDS Contagious Window is at least 96 times longer than the average highly communicable disease.

FIGURE 3.

Communicable Index

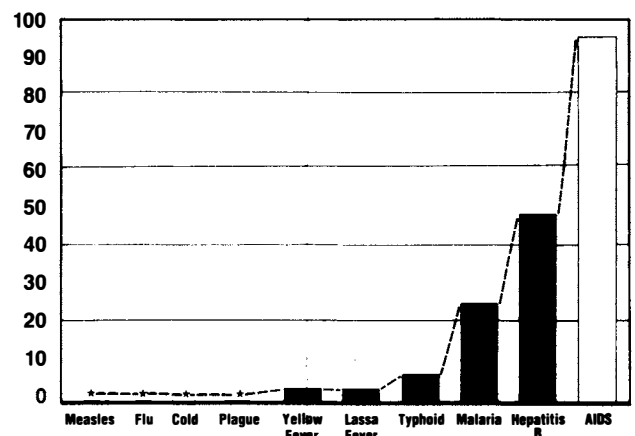


FIGURE 4. AIDS has a "lapsed time" Communicable Index which is nearly 100 times greater than the "Contagious Window" of an individual with the common cold.

drug-usages build up a reservoir of long-term-infected persons within the population. As the minority engaged in drug usage and homosexual practices becomes infected, this minority becomes a "human reservoir" of the infection. At this point, "slow-track," typical transmission becomes an increasingly dominant mode of spread of the disease. The increasing percentile of infected persons, not members of the federal Centers for Disease Control's "high-risk" classifications, in total numbers infected, is a reflection of this transition.

The case of Belle Glade

Why has the CDC spent so much time and effort trying to cover up the reports from Belle Glade, Florida? Quite simply, it is because Belle Glade provides the best documented data anywhere in the world of the true nature of the spread of AIDS in tropically collapsed conditions. Belle Glade is the model for a tropical "high-risk area."

Belle Glade is a town of 20,000 people with the highest density of confirmed AIDS cases in the nation—2.5 per 1,000 residents.

In the central portion of the town, there is a completely impoverished zone of two 10-square-block areas where 8,000 people, or 40% of the total population, live. Certain census estimates indicate that the population density in this area approaches 1,000 people per acre.

In animal retrovirus epidemics, under conditions of crowding, a lot of insects and high levels of viremia, insect mechanical transmission of retroviruses has been document-

ed to go through 80-90% of a herd in one season.

Thus, the "density function" for Belle Glade's inner slums is not surprising. In addition to human overcrowding, the insect density can be measured in the following quantitative terms—at least 100 bites per 24-hour period per person.

The density function of AIDS in a *high risk area* can be summarized in the "Belle Glade Ice Berg," the prototype for a collapsed tropical zone:

Total CDC-defined AIDS cases	60
Suspected AIDS cases who died before confirming tests	100
AIDS-related complex (ARC) cases exposed or infected	800
Active TB cases	100
Total population in area	8,000

In the assessment of medical experts on the scene, the situation in south Florida may already be near the point of no return. The real question has no longer become "stopping the epidemic," but trying to "slow it down."

If Don Regan is allowed to continue his criminal cover-up, then entire nations, including the United States, and whole continents may pass the point of no-return and become high-risk areas. AIDS is thus the first actual species-threatening disease, and those in government who have engineered the cover-up, such as Don Regan, qualify as having committed the worst criminal malfeasance in mankind's history.

Disease-Specific Mortality

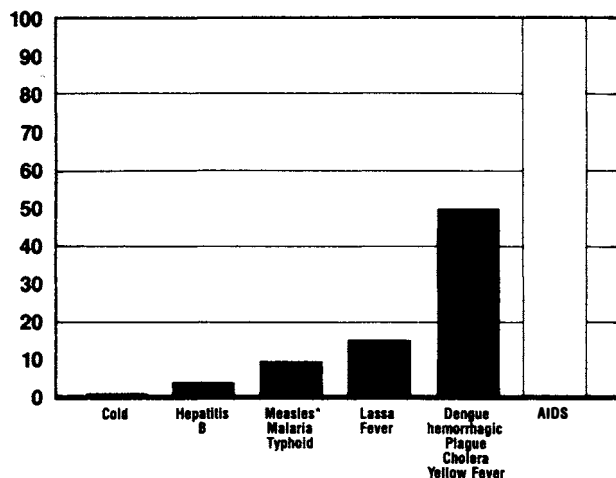


FIGURE 5. The highest mortality rates prior to AIDS were associated with plague, dengue fever (untreated) and cholera (untreated), all with a rate of 50%. Confirmed cases of full-blown AIDS have a mortality rate of 100%.

Mortality-Communicability Index (MCI)

DISEASE	MORTALITY	COMMUNICABILITY	MORTALITY-COMMUNICABILITY INDEX
AIDS	100	96	9600
Malaria	10	24	240
Yellow Fever	50	3	150
Typhoid	10	6	60
Plague	50	1	50
Dengue Hemorrh.	50	?	50
Cholera (unrelated)	50	1	50
Hepatitis B	1	48	48
Lassa Fever	15	3	45
Measles in Malnourished Children	10	1	10
Conjunctivitis	0	1	0
Common Cold	0	1	0

FIGURE 6. The MCI is a measure of the "deadliness" of a disease and it is the product of the mortality index and the communicability index. AIDS is 40 times as deadly as the deadliest diseases heretofore known.