

Mandatory AIDS tests— how soon a reality?

by Warren J. Hamerman

In the beginning of a wholesome and long-overdue shift in policy, the Atlanta-based Centers for Disease Control (CDC), which has heretofore led the cover-up of AIDS, has publicly opened a national debate on the urgent need for mandatory AIDS testing. The new policy, while not complete, represents a confirmation of the policy proposal and arguments used in the famous Proposition 64 ballot initiative associated with Lyndon H. LaRouche in the November 1986 elections. Had the CDC policy shift occurred earlier, before the vote on California's Proposition 64, many tens of thousands of AIDS-infected who are now doomed would not have been infected by AIDS.

Those who are now breaking the ice on the threat of AIDS to the general population have a scientific and ethical obligation to tell the entire truth about this species-threatening pandemic, its modes of transmission, and how they themselves were ordered to lie about Belle Glade, Florida and other questions by the budget-cutting White House Chief of Staff Donald T. Regan and his austerity-minded associates in the Reagan administration.

Dr. Walter Dowdle, AIDS coordinator of the CDC, on Feb. 4 announced that the CDC is considering recommending mandatory AIDS tests for hospital patients, pregnant women, and couples applying for marriage licenses, in a bid to slow the AIDS epidemic. He stated that officials have not drafted actual proposals, but are considering recommending such tests. "If people are infected with the virus, they should be informed for the benefit of their health and for society," said Dowdle. "We're not saying this is what we're actually going to do. We're looking at the options right now." The CDC has scheduled a public hearing on mandatory AIDS testing in

Atlanta for Feb. 24-25. It will propose guidelines that can then be accepted, modified, or rejected by states. "We want to hear from everybody," Dowdle said. "If there are obstacles, we want to know what the obstacles are." Homosexual and drug-trafficking-rights groups such as LAMBDA and the American Civil Liberties Union (ACLU) have already denounced the mandatory testing program as "scandalous."

The *Washington Times*, the *Chicago Tribune*, and the *Baltimore Sun* all editorially endorsed the plan for mandatory testing. The *Sun*, for instance, stated: "Now is the time to panic." The *Washington Times* wrote: "It's time to admit that AIDS is a plague and treat it accordingly." The *Chicago Tribune* stated: "The uninfected general public is entitled to sensible protections from exposure to the virus." In effect, they are admitting that Lyndon LaRouche and Proposition 64 were correct and those who opposed traditional public-health measures were either lying or ignorant.

According to the Feb. 3 *Los Angeles Times*, CDC Director James Mason said, on the issue of mandatory AIDS testing: "Our first responsibility is to the many, rather than to the few. Our vision has to be: We've got 240 million Americans—what are the steps that will protect them. If this were not AIDS, with its social and political aspects, I don't think there would be any question we would be testing at the time of hospital admissions. In the past, we have used testing for other disease because it has made public health sense—Why should we deny ourselves these tools?" (Emphasis added.)

Even Surgeon General C. Everett Koop and Health and Human Services Secretary Otis Bowen—both outright liars along with Mason on scientific questions to do with possible modes of transmission of the AIDS virus, as well as being

ethanasia advocates and condom pushers—have said that AIDS will wipe out more individuals than the Black Death.

Heretofore, Mason himself has been one of the staunchest opponents of such sensible traditional public health arguments. Under his direction, the CDC has been engaged in distorting, misreporting, and sabotaging research. The CDC's unsavory role in covering up evidence of AIDS among "non-high-risk" groups in Belle Glade, Florida has been documented in this journal for the last 18 months. Mason's radical change on the issue of testing is a good indication of how bad the AIDS situation actually is.

Worse than the Plague

One indication of the out-of-control AIDS spread in the general population, was indicated by the huge front-page headline in the *New York Post* on Feb. 5: "NY AIDS 'PLAGUE': 150,000 DOOMED." The accompanying article reports that New York state health chief David Axelrod briefed Albany legislators on Feb. 4 on the escalating AIDS threat in New York, saying that AIDS is at Plague proportions and "has already doomed up to 150,000 New Yorkers." As many as 500,000 people in the state are infected with the AIDS virus, said Axelrod, noting, "We are dealing with something of the magnitude of a plague right now." Presenting charts and graphs to document his remarks, Axelrod warned: "It is an enormous problem. . . . No less than 20-30 % of those infected will develop AIDS and die."

Halfway across the country, in Chicago, the situation is no less frightening.

On Feb. 3, Cook County Hospital announced that an unidentified physician on the hospital staff who had AIDS was suspended from the hospital for refusing to stop treating patients. The hospital, which is the primary health care service center for the inner-city poor, also announced that two doctors who left the Cook County Hospital a few months ago had died from AIDS.

Worldwide action

With the U.S. situation beginning to open up, the policy battle for traditional public-health measures, adequate research programs, and honest experiments to investigate modes of transmission through respiratory aerosol and biting insects will now escalate throughout the world.

In England, for example, on Feb. 4, former cabinet office adviser to Prime Minister Thatcher, Christopher Monckton, blasted British Chief Medical Officer Sir Donald Acheson for saying that there is no "sound evidence" that AIDS can be transmitted by saliva. If so, Monckton asks in a letter to the Feb. 3 *London Guardian*, "why did his own department issue advice to dentists last spring that masks should be worn during dental surgery to reduce the risk of catching AIDS from patients?" Monckton cites cases of saliva-transmission of AIDS reported by Dr. John Seale, and by the journals *Lancet* and *Science*.

He then says: "How can Sir Donald know the routes by which the unidentified carriers become infected, if he doesn't know who they are? And how can he stop the virus spreading, if his department does not test the population so that the carriers can be told that they are carriers and counseled in how to avoid passing the fatal infection on?"

"In the extensive medical literature on AIDS, there is widespread and deep concern that, once a sufficiently large pool of infected people exists, unusual or accidental routes of transmission may become much more significant than they are in the early stages of the pandemic.

"Sir Donald and his team at DHSS would do well not to pooh-pooh such currently unusual routes of transmission as saliva. They should, instead, study the influence of environmental, bacterial and viral co-factors which may, if left undetected, cause AIDS to be spread in unexpected ways and with surprising speed."

The Reagan administration has "hidden behind the skirts," so to speak, of the homosexual lobby's civil rights objections to screening, simply because they thought that fighting AIDS was "too costly." Don Regan, the White House chief of staff, has cynically maintained a hard line against AIDS screening or a real crash research effort, deemed "cost prohibitive."

President Reagan has publicly asserted that the administration was doing all it could within the "given budgetary constraints."

The net effect of such budgetary delays, is that the situation in Africa has been allowed to become a full-scale biological holocaust with tens of millions already infected. Second, we have lost critical months in slowing the spread of the pandemic elsewhere through the lack of universal screening. Third, we still lack the commitment for the kind of space-age "Biological Strategic Defense Initiative" crash research program on the scale of the Manhattan or Apollo Project. Fourth, research into the potential of AIDS transmission through environmental "co-factors" or in conjunction with "co-infections" has not been done, under the pretext that if policymakers pretended that AIDS was the first deadly disease in human history which was not causally linked to collapsed economic conditions, then no one would question the illusion of the so-called Reagan economic "recovery."

The Reagan budget now before Congress cynically proposes not to fund 700 new research grants costing \$325 million in biological and medical AIDS research. Such a policy is, in fact, a policy of "research attrition," since most grants are of three-to-five year's duration. Those previously funded will get the duration of their grants. New projects, which will commence when the existing projects end, will simply not be funded. The net effect of this cost-saving policy will be to cripple research.

Now that recognition of the AIDS catastrophe has begun to shift, it is incumbent that a full-scale public-health program and a "blank check" for a Biological SDI be commenced, if mankind is to have a chance of winning the War on AIDS.