

Cover-up persists on AIDS co-factors

by Warren J. Hamerman

Despite the AIDS biological holocaust unfolding in Africa, the Reagan administration continues to maintain its genocidal cover-up on AIDS—particularly in tropical areas—for budgetary reasons.

- Within the next few weeks, the Office of Technology Assessment (OTA) is expected to release a distorted report on its recent hearing on insect transmission and environmental co-factors to AIDS. Sources say the OTA report will entirely misrepresent the evidence to make it appear that AIDS transmission by insects is virtually impossible and environmental co-factors are irrelevant, despite the extensive testimony to the contrary given at the OTA meeting.

- The hypocritical Dr. Robert Gallo, behaving more like a junior secretary in the population control section of the State Department than a scientist, is trying to “take back” his quoted comments on the recent experiments conducted by scientists in his own laboratory! The experiments demonstrated that the AIDS virus persists in mosquitoes which ingest AIDS-infected blood for at least 48 hours. Gallo has been ordered to close the door on environmental co-factors because the administration does not want to arouse developing-sector militancy against the brutal socioeconomic conditions they face.

- The World Health Organization’s Jonathan Mann peddled shameless lies about AIDS in Asia at a conference in Sydney, Australia of 27 Asia-Pacific nations the week of July 20. Mann not only opposed screening. He made a direct attack on the warnings of tropical disease experts that AIDS transmission or transmission of AIDS-associated infections by insects has not been disproven by any scientific experiment.

The overall effect of these recent developments adds up to the Reagan administration’s consciously dooming millions in the developing sector and impoverished populations in the United States to certain death from AIDS.

Seek mass testing in U.K.

Ten eminent British medical authorities have joined together in an extraordinary effort to demand that mass routine testing for AIDS be automatically given to all hospital patients and personnel. On July 18 the *Times* of London printed

a letter to the editor which laid out the case for such testing.

The 10 medical experts who co-signed the letter are: John Seale, MD, formerly Consultant Venereologist, Middlesex Hospital and St Thomas’ Hospital, London; Reginald Murrey, KBE, TD, MS, FRCS, past president, Royal College of Surgeons, England; Huw Bevan Griffith, FRCS, FRCP, Senior Neurosurgeon, Frenchay Hospital, Bristol; Ivor Slee, FFARCS, Consultant Anaesthetist, Charing Cross Hospital, and Director, Intensive Care Unit, St. Stephen’s Hospital, London; Christopher Earl, MD, FRCP, Senior Consultant Physician, Neurological Department, Middlesex Hospital and National Hospital, Queen Square, London; Celia Oakley, MD, FRCP, Senior Cardiologist, Hammersmith Hospital, London; Edward Coomes, MD, FRCP, Senior Consultant Physician, St. Stephen’s Hospital, London; Ronald Pridie, FRCR, FACC, Consultant Radiologist, Harefield Hospital; David Powell, FRCP, FRC Path., Senior Pathologist, Princess of Wales Hospital, Bridgend; Lesley Kay, MRCP, MRC Path., Consultant Haematologist, Royal Infirmary, Sunderland.

The letter to the *Times* states:

“Routine testing of some hospital patients for antibodies to HIV (the AIDS virus) which you suggest (leading article, July 3) would help to clarify the various means by which it is being transmitted and the rate of its spread into the general population. Three female health-care workers infected with HIV in 1986 by minor contamination of their hands and face with blood on a single occasion, were recently reported by the U.S. Public Health Service. Two of them were detected only because they were blood donors and routinely checked every time they donated blood. Similarly, a mother infected by her sick one-year-old son was discovered because she was a blood donor.

“It was only the mass routine screening, already compulsory for all blood donors in the United States and Western Europe, which picked out three of these four cases. This routine testing has provided compelling direct evidence, which would not otherwise have been available, of the real danger to nurses of infection by blood soiling their skin and mothers caring for their own sick children. In the light of this new evidence the medical profession must now give the public a clear lead on testing.

“We suggest, first, that all hospital patients whose blood is tested for any purpose should also be screened automatically for HIV antibodies, provided that they have not already recently tested negative. Second, hospital personnel who have direct contact with patients, including all doctors and nurses, should be tested routinely each year. Individuals should be informed of the results of their tests and the public health services be notified. Is it right, and is it fair, that doctors and government should have imposed routine testing and notification on all blood donors for nearly two years, but meanwhile have failed to introduce routine testing for the rest of the population?”