

U.S. disease crisis acknowledged; first emergency actions under way

by Warren J. Hamerman

Since the July 1 release of *EIR's* Special Report entitled *Economic Breakdown and the Threat of Global Pandemics*, which documented that the U.S. vulnerability to uncontrolled epidemics constituted a national security threat, two initial actions have been taken by government authorities. These preliminary moves parallel a portion of *EIR's* recommendations, and reject the protests of self-proclaimed civil libertarians, on the grounds of national security.

In late August, Dr. William Mayer, Assistant Secretary of Defense for Health Affairs, announced that all recruits entering the Armed Forces starting Oct. 1 will be given a new AIDS blood test, and will be rejected if they appear to have been exposed to the virus. Furthermore, a Special Army Board may recommend that the tests be extended to all 2.1 million men and women currently in the Armed Forces, despite protests from civil libertarian and homosexual activist groups. The policy being considered would ensure that all members of the military confirmed, after two different tests, to be suffering from AIDS, would be given full medical care and an honorable discharge. Mayer reported that to date there have been 100 confirmed cases of AIDS in the Armed Forces.

The new policy of screening potential recruits, subsequently adopted by the West German military as well, will work as follows: The tests will screen the approximately 25,000 men who apply for service each month, or about 300,000 per year, at an annual cost of \$1 million. The initial \$3 blood test will be followed by a second, more expensive test; if the second test is positive, the would-be recruit will not be inducted.

The second government move was the release of the conclusions of a two-year-long study by the Institute of Medicine of the National Academy of Sciences, first announced in a press release on July 31. The report recommended the creation of a congressionally chartered, federally funded National Vaccine Commission. The committee of experts called the supply of vaccine in the United States "precarious" and "a threat to the public's health." Their report, entitled *Vaccine Supply and Innovation*, calls for action "urgently" to be

taken to assure that vaccine supply, stockpiles, production, and development remain adequate to meet the nation's needs. Over the past two decades, the number of manufacturers of vaccines in the United States has steadily declined, and "during the 1970s and early 1980s, the proportion of the total pharmaceutical industry R&D investment in biologics also declined," according to the report.

The study analyzes the current crisis in vaccine production: "Twelve commercial manufacturers (five of which only produce vaccines abroad), two state laboratories, and one university are licensed to produce one or more vaccines for use in the United States. Vaccines against 20 different infectious diseases are marketed, several in various combinations. Three are licensed for use in the military only. Seven vaccines (pertussis, poliomyelitis viruses 1, 2, and 3; measles virus; mumps virus; rubella virus; and the diphtheria and tetanus toxoids) are recommended for routine administration to all children. The other vaccines are intended primarily for use in groups of individuals who are at special risk because of circumstances of age, exposure, life-style, or underlying health problems."

The committee was chaired by Jay P. Stanford, dean of the School of Medicine at Uniformed Services University of Health Sciences.

The national security issue

EIR had begun, months before, to raise the issue of the crisis caused by the dismantling of U.S. vaccination programs. Our Special Report of July 1 presented the following conclusion:

"The Soviet Union is known to be currently intensively involved in biological warfare research and experimental 'pilot projects' at a rapidly accelerating rate. The highest level of military evaluation confirms that over the recent period the Soviets have massively upgraded vaccination and other disease prophylactic programs at the very same time that the United States, in pursuit of suicidal economic policies, has drastically curtailed our own inoculation and disease

prevention programs among school children and other segments of the population. In fact, the economic policies of the United States could not have been better designed to create the 'most favorable conditions' for pandemic devastation vulnerability. The two most vulnerable segments of the population are the very segments of the population who have suffered drastic reductions in nutrition, health care, sanitation, and other basic aspects of their standard of living—namely, the elderly and the young.”

The Institute of Medicine Report was issued in the face of two years of fulminating against vaccinations by radical civil libertarians, who organized a national campaign to block the routine use of vaccines on America's children, claiming that the vaccines themselves pose a danger. The American Civil Liberties Union won a number of lawsuits, particularly on the East Coast, for the so-called right of children not to be vaccinated.

The case of DPT shots

The most dramatic case in point is that of DPT shots (for diphtheria, pertussis or whooping cough, and tetanus). DPT is—or was—routinely administered to infants at 2, 4, 6, and 18 months, and again at 4 to 6 years. Perhaps one in 100,000 has a serious reaction. But those reactions have been used to organize a national lobby, Dissatisfied Parents Together (DPT), which filed such huge lawsuits against doctors and the three U.S. companies that manufactured the serum, that two of the three commercial firms which marketed DTP at the beginning of the Institute of Medicine's study in May 1983 (Lederle Laboratories, Squibb-Connaught, and Wyeth Laboratories), had ceased distribution by 1984. Wyeth Laboratories announced on June 13, 1984, that it intended to discontinue the sale and distribution of pertussis vaccine, because of extreme liability exposure, the high cost of litigation, and the difficulty of obtaining adequate insurance. In June 1984, Squibb-Connaught Laboratories informed the Center for Disease Control (CDC) that it would fill only existing contracts.

The Institute of Medicine report states: “These events demonstrate that the United States is precariously dependent on an extremely small number of companies for the major pediatric vaccines. (Polio, measles, mumps, and rubella vaccines are supplied by only a single manufacturer.)”

The curtailment of vaccine distribution had its effects. Children over a year old were refused DPT booster shots, due to the shortage.

As a result, whooping cough is on the rise. It reappeared this year in south Texas—128 cases in eight months—in 21 counties on the Mexican border. There were only 60 cases in all of Texas last year. Whooping cough is a very dangerous disease for an infant or young child. In Britain, where DPT shots were stopped a decade ago on the same radical liberal grounds, whooping cough had returned to epidemic levels by

1984, taking the lives of hundreds of infants and children.

The Institute of Medicine recommended that a National Vaccine Commission “monitor all aspects of the immunization efforts in the U.S. One of its primary responsibilities would be early identification of potential problems affecting vaccine supply. . . . Recent advances in all aspects of biotechnology, and particularly gene manipulation . . . have opened a new era in vaccine development. Effective vaccines for meningitis, diarrheal diseases, malaria, and other parasitic diseases (responsible for enormous morbidity and mortality) may be technically feasible within a decade.”

The U.S. vaccine industry is going to pieces: “The number of manufacturers has declined steadily. During the 1970s and early 1980s, the proportion of the total pharmaceutical industry research and development investment in biologics also declined.” The committee attributed much of that decline to the increasing “risk of litigation” and “limited sales.”

Manufacturer of last resort

Drawing on the DPT experience, the committee also recommended that the Vaccine Commission set up plans for the federal government to become directly involved in vaccine production, as a manufacturer of last resort, should no commercial manufacturer find continued manufacture of a major vaccine a viable option.

To deal with the legal liability which vaccine manufacturers face from infrequent cases of vaccine-related injury, the committee recommended that Congress choose one of 10 options for shifting some of the burden for vaccine-related injury from the manufacturers to the national government. These include: supplementary nonexclusive national compensation system; vaccine supply public insurance program; promotion of no-fault insurance for vaccine-related injury; and federal assumption of liability for all vaccine-related injury. Because vaccination is clearly in the public interest, Congress should ensure that it occurs.

Tasks of the National Vaccine Commission would include: working out problems related to vaccine supply; developing vaccines for rare, serious illnesses that do not affect enough people to make the vaccine profitable for commercial manufacturers; setting priorities for establishing new and improved vaccines; disseminating data on advanced biotechnologies that could speed the production of new vaccines; educating medical personnel on possible reactions to specific vaccines; and encouraging greater use of immunization, especially for neglected groups like the elderly.

The committee noted that, although the U.S. Armed Forces Epidemiological Board oversees efforts to develop vaccines for pathogens encountered in tropical areas or from potential biological warfare agents, the availability of these vaccines still depends upon the willingness of a commercial manufacturer to produce them. Hence, the U.S. population, the committee acknowledges, faces risk from imported pan-

demics and potential biological warfare—as *EIR* had documented earlier.

The two policy moves by the government are welcome, but by no means adequate, for various reasons:

1) The AIDS screen only begins in October and will only cover 25,000 new recruits per month. Even were the entire military eventually to be covered, the civilian population would remain unprotected. Therefore, we need the type of emergency action outlined in the National Democratic Policy Committee's proposed AIDS Program, the text of which follows.

2) The Institute of Medicine Report recommends actions which rely upon congressional legislation, a process which could well drag on too long to prevent the early outbreak of an epidemic tragedy among children or other segments of the population.

3) Both the initial steps taken fail to identify the cause of the threat of generalized pandemic outbreak. *EIR*'s Special Report proved that there is a direct causal relationship between the malthusian policies of the International Monetary Fund (IMF), the World Bank, and their principal U.S. agent, Paul Volcker's Federal Reserve, and the outbreak of disease. Furthermore, a War on Disease can not be fought merely on a national basis, because the breakdown of the world economy has generated the conditions for the outbreak of global pandemics.

The worst diseases threatening the United States are originating in the hell-holes of economic devastation created by the IMF in Africa and other tropical zones. Only a global War on Disease, which begins by dismantling the policy authority of the IMF and World Bank, would create the preconditions for success. The point is simple: Healthy people live in healthy economies.

Documentation

Memorial bill to stop AIDS

The following memorial bill for emergency measures to deal with the growing AIDS epidemic, was released by the National Democratic Policy Committee for adoption by state legislatures and local governments. The memorial bill, issued the day after the Pentagon announced that all potential recruits to the U.S. Armed Forces will undergo blood testing to determine whether they have been exposed to AIDS, calls for similar measures to be extended to members of the civilian population who work as food handlers, service workers, and elementary and secondary school teachers.

WHEREAS, AIDS (Acquired Immune Deficiency Syndrome) is rapidly becoming the Black Death of the 20th century; and

WHEREAS, more than 12,000 cases of AIDS have been reported in the United States, and between 500,000 and 1 million Americans have been infected, according to Dr. James Curran of the Atlanta Center for Disease Control; and

WHEREAS, many AIDS researchers report that the actual number of AIDS cases is 10 times the amount of officially reported cases, thereby placing the number of AIDS victims at more than 100,000; and

WHEREAS, The doubling rate of the disease is now at six months, making the disease potentially worse than the bubonic plague; and

WHEREAS, no known AIDS victim has lived more than a few years with the disease; currently, there are no cures or treatments for the disease; and

WHEREAS, AIDS was the number one killer of New York City men between the ages of 30 and 34, one of the top five causes of death in New York City for men between the ages of 20 and 50, and the second leading cause of death for women between the ages of 30 and 34; and

WHEREAS, AIDS is no longer a disease that only affects homosexuals, intravenous drug users, and hemophiliacs. More than 30% of all new AIDS cases in the United States are among heterosexuals. In Africa, nine countries—Zaire, Rwanda, Burundi, Uganda, Congo, Kenya, Zambia, and Tanzania—are currently experiencing epidemics, primarily among heterosexual populations. It is believed that AIDS originally spread from Zaire and Kenya, in 1973, to Belgium, Haiti, and finally the United States; and

WHEREAS, AIDS is a communicable disease, presently incurable, and occurring on a global scale, we now face a public health hazard that threatens this country and the entirety of Western Civilization; and

WHEREAS, AIDS, in posing threats to the safety of our national blood supply, and other areas of health, constitutes such a national security danger that the Department of Defense has announced screening methods for all new recruits to the Armed Forces. As of Oct. 1, 1985 all new Armed Forces recruits will be given the new AIDS blood test, and rejected for admission into the military if results show that they have been exposed to the virus; and

WHEREAS, methods of isolation and cure for treatable and incurable diseases, such as typhus, tuberculosis, and hepatitis, have been effective in the past.

NOW, THEREFORE, be it resolved that the following emergency measures be taken immediately:

1) General screening and detection:

AIDS is communicated through bodily fluids. The virus is found in blood, semen, saliva, is probably present in tears, and may be present in sweat. The disease is known to spread through blood and possibly also through fecal contamination, in a manner similar to hepatitis.

Those who are AIDS carriers, therefore, cannot be permitted to work as food handlers, in service occupations (barbers, eye doctors), and as elementary and secondary school teachers.

There is a rapidly administered, inexpensive blood test available to test for AIDS antibodies. The presence of AIDS antibodies indicates that a person has been exposed to the disease, although he may still not be a carrier of the virus.

If this first test is positive, a second test will be administered to determine if the individual has the antigen. T-cell abnormality tests exist to determine whether an individual has the disease or is carrying the virus.

The National Democratic Policy Committee is circulating legislation calling for an Apollo-style crash program to be initiated, using a range of conventional and unconventional methods to determine the nature of the AIDS virus, along with its prevention, treatment, and cure.

AIDS is a virulent disease, with no known cure, therefore it is important to locate every potential carrier of the virus. Positive tests will be followed up by personal interviews, as in the cases of venereal diseases, to determine if the disease has been communicated, and to isolate these cases.

If both tests prove to be positive, an individual cannot work in the aforementioned occupations. Minimally, those who work or intend to work in these occupations will undergo screening.

2) Treatment and isolation:

A series of AIDS research institutes will be set up throughout the country, where patients can be brought and treated in isolation. Many of the country's long-term hospitals are tuberculosis sanitariums that have excellent facilities and are currently underutilized. These AIDS research institutes are not hospices. In contrast to the hospice "death with dignity" ideology, patients will not be put there to die, but will be

given every available medical treatment.

Patients can admit themselves voluntarily to these facilities, unless public health officials determine, at some future time, that more compulsory quarantine measures are needed.

3) Research:

A crash program must be initiated, using conventional and unconventional methods to determine the nature of the AIDS virus, along with its prevention, treatment, and cure.

Our nation needs an Apollo-style medical research program in the areas of degenerative diseases associated with the aging of tissue (cancer and heart disease). This will be the broad rubric within which AIDS research will fall. Medical research facilities must be staffed and funded to meet the needs of this top-priority program with the same kind of commitment that was made to put a man on the Moon.

The AIDS research task force will be an independent task force, however, unattached to existing federal and state agencies, but cooperating and coordinating efforts with these and all concerned institutions.

4) Preventive economic measures:

As this and other diseases break out of control and reach into the streets and homes of America's cities, one can blame the high-interest-rate programs of Federal Reserve Chairman Paul Volcker and the International Monetary Fund for perpetrating austerity programs on a global scale, that have destroyed not only the economic infrastructure of this country, but of the entire world.

International Monetary Fund "conditionality policies" and World Bank programs have facilitated the creation of austerity conditions throughout the underdeveloped sector, resulting in malnutrition and disease, exemplified by the current outbreak of global pandemics. While AIDS is the most virulent, cholera epidemics are now ravaging 22 African countries. There is a growth of tuberculosis cases, worldwide, reaching an estimated 20 million, and malaria has already spread to an estimated 200 million, internationally. These are just a few of the diseases that are breaking out of control.

The usurious interest rate policies of Federal Reserve Chairman Paul Volcker, coupled with the "Big MAC"-style austerity programs, have ravaged the sanitation and medical infrastructure of urban America, making the nation vulnerable to these kinds of epidemics.

It is absolutely critical, therefore, that the policies associated with Paul Volcker and the IMF be reversed. Once the fetters of usury are removed from American agriculture, for example, a vast increase in U.S. food production can go a long way toward reversing global starvation and malnutrition, thereby eliminating the breeding grounds for epidemics. With Big MAC-style austerity programs abolished, urban infrastructure, especially in the areas of sanitation and medical facilities, can also be brought back to a safe public health level.