

## Why is the Atlanta CDC covering up the AIDS story?

by Warren J. Hamerman

The official policy position on AIDS of the United States' Centers for Disease Control (CDC), located in Atlanta, Georgia, violates the basic precepts of traditional public health measures for dealing with a rapidly spreading deadly disease for which there is no known cure. The statements coming through CDC spokesmen, in fact, go against the heretofore extremely traditional and cautious standards on such questions for which CDC has distinguished itself over the years. Therefore, we believe and have direct unimpeachable evidence, that CDC is being given political policy orders from Washington to adhere to a position of *not* calling for a costly emergency public health program.

CDC is being given such orders because, if America's premiere health institution plainly stated the full story on the AIDS crisis, the government would have to institute costly public health programs for the sake of national security.

In fact, CDC has staked out for itself such a radical and unconventional position by hesitating to insist on classic public health precautions, that unrest is spreading among doctors and public health professionals around the country. While a vast number of medical professionals are privately outraged, a growing number are now publicly exposing the fact that CDC is deliberately disseminating disinformation, both against its own better judgment and against its own previous cautious and responsible practices.

The exclusive statements of Dr. Mark Whiteside on the AIDS outbreak in Belle Glade, Florida; of Dr. John Grauerholz on the overall situation; and of Dr. Ronald Rosenblatt in New York City—all contained in this special package—are merely representative of this nationwide unrest.

The do-nothing position adopted by the United States also stands out internationally. Why, then, is America on such a reckless course?

We have direct knowledge, corroborated with medical and health specialists around the United States and in key West European biomedical research facilities, that the real reason CDC is maintaining this indefensible position, is because of a policy decision, made in Washington, that any acknowledgment of this health emergency would call into question the so-called economic "recovery." Furthermore, CDC has been told that the costs of addressing the situation with the required public health measures would be incompatible with the administration's current "budget-cutting" mode. Any official acknowledgment that there exists, as this magazine has documented, a potential threat of worldwide biological-ecological breakdown, or a threat to our national security from disease caused by economic squalor, would mean that the administration would have to break decisively with the austerity policies dictated by the International Monetary Fund and Paul Volcker's Federal Reserve Bank.

Contradicting a massive amount of data and medical reports known to be in their possession, CDC is attempting to downplay the danger of AIDS. The most problematic features of CDC's position, pointed to by professionals around the country, are the following:

- 1) Covering up the true magnitude of the number of cases. First, CDC tried to restrict the definition of what should be called AIDS; now they are simply ignoring the results of studies, such as those of Drs. Englemann and Lifson, published last summer by the Stanford Medical School, which show that CDC is "massaging" the data downward, to report perhaps as few as one-tenth of the true number of cases.

- 2) Ignoring the existence of massive studies, some by CDC's own research teams, on the direct relationship between the rapid spread of AIDS, and conditions of economic

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collapse in Zaire and Africa generally, in Belle Glade, New York City, Miami, and elsewhere.

3) Covering up the results of numerous studies proving that it is medically unsound to allow children or teachers with AIDS into the school system, while promoting the irrelevant half-truth that heretofore "AIDS is generally not transmitted through casual contact."

4) Downplaying the efficacy of the blood screening test for identifying infected individuals. This is quite remarkable, since at the same time, CDC has been extolling the efficacy of the blood test for eliminating infected blood from the nation's blood supply.

5) Obfuscating the significance of factors of economic collapse, in accounting for the outbreak of AIDS in Belle Glade, among non-homosexuals and non-drug users.

6) Maintaining that AIDS is "only" a disease which can be transmitted to a restricted "risk" population, and not a general threat to society.

Throughout history, pandemics have not been stopped by "miracle cures;" but by the society imposing strict public health measures to stop the contagion from spreading. If the disease is contained, then medical research—if adequately funded—has the time to make research breakthroughs.

It is one of the ABCs of public health, that the very first thing that must be done, is to identify those who are carrying the deadly disease and isolate them from healthy people.

By this criterion alone, the position so far taken by the CDC in Atlanta and by the government health authorities is incompetent, dangerous, and a violation of every basic precept of public health.

In New York City, for example, the law prescribes that children found infested with lice must be sent home from school; but children with AIDS are supposed to stay.

The deadly pandemic AIDS, for which there is no known cure, is currently spreading at such an alarming rate that the number of confirmed victims of the disease, according to many medical experts, is doubling every six months. What does this mean for the United States? How fast is it growing?

In the calculation below, the left-hand column is based on the CDC's official estimates of confirmed cases, which they reported to be approximately 12,000 last June (now, nearly 14,000). The calculation in the right-hand column is based on the more probable figures reported by medical and public health officials around the country. Medical and health professionals generally agree that the CDC figures are vastly underestimated. Official estimates are that as many as 1.5 million Americans are carrying AIDS antibodies, indicating that they have been "infected" with the disease, even though they may not yet be suffering from the disease itself.

Thus, without a crash public health effort, even the conservative figures in the left-hand column indicate that hypothetically the U.S. population could be wiped out by some time

between June 1992 and January 1993. The more probable figures on the right (which themselves are, most likely, conservative) indicate an endpoint between January and June of 1991. In short, if the doubling rate continues, and does not accelerate, the U.S. population has between six and eight years before every American could be infected by a disease which kills everyone who gets it!

Date	No. of victims	No. of victims
June 1985	12,000 cases	100,000 cases
Jan. 1986	24,000	200,000
June	48,000	400,000
Jan. 1987	96,000	800,000
June	192,000	1.6 mil.
Jan. 1988	384,000	3.2 mil.
June	768,000	6.4 mil.
Jan. 1989	1.5 mil.	12.8 mil.
June	3.0 mil.	25.6 mil.
Jan. 1990	6.0 mil.	51 mil.
June	12.0 mil.	102 mil.
Jan. 1991	24.0 mil.	204 mil.
June	48.0 mil.	No Americans left!
Jan. 1992	96.0 mil.	No Americans left!
June	192 mil.	No Americans left!
Jan. 1993	No Americans left!	

The designation "No Americans left" in the chart indicates that, at that point, the number of victims caused by the AIDS doubling rate will hypothetically have exceeded the total U.S. population.

But will the disease always continue to double every six months? Not necessarily. There are only two possibilities:

1) The disease rate will accelerate, and take off even faster than doubling every six months. It could suddenly spread in non-linear fashion at an even faster rate, with one deadly disease "piggybacking" upon another, as they recombine into ever more deadly strains. This, of course, would bring closer the point at which the disease infects everybody.

2) The AIDS doubling rate will be halted when the nation imposes traditional emergency public health measures.

On July 1 of this year, *EIR* published a Special Report entitled *Economic Breakdown and the Threat of Global Pandemics*, which outlined the policy necessity for the United States to declare a worldwide War on Disease. The report provided the policy basis for such an effort, which must begin with the recognition that there is a direct causal relationship between the worldwide economic breakdown caused by incompetent and brutal International Monetary Fund and World Bank policies, and the outbreak of deadly pandemics. In the several months before and since, *EIR* has been insisting that America's medical and public health officials must adequately brief the President and that emergency actions must be taken. We have not the slightest margin for further delay.