

## Dr. Gallo calls for AIDS 'Manhattan Project'

by Warren J. Hamerman

In an interview published in the *Washington Times* on the last day of 1986, Dr. Robert Gallo, the senior U.S. AIDS researcher, stressed the need for a wartime urgency in dealing with the AIDS epidemic, and cited the Manhattan Project which led to the development of the atomic bomb as a paradigm for the type of effort needed to take on the fatal disease. Finally, a leading American AIDS researcher has publicly advocated the need for a Manhattan Project-style crash program to combat AIDS, the policy heretofore campaigned for exclusively by *EIR*.

Dr. Gallo's statements came on the heels of two breakthroughs on AIDS policy—one on the research front and the other on the public health policy front.

The new research development was the wide circulation on Dec. 30 of the publication of scientific findings by a team of researchers at the National Institute of Allergy and Infectious Diseases, that a dormant AIDS virus can be activated when other viruses infect the same cells. Dr. Malcolm A. Martin, the head of the research team, commented that the experimental work supports the view that co-infections, environmental, or nutritional "co-factors" trigger the dormant virus into activating.

Gallo's interview also came four days after Maj. Robert Redfield, M.D.—one of the U.S. Army's chief researchers on AIDS at Walter Reed Army Institute for Research and the coordinator of the military's massive AIDS testing program which began in the summer of 1985—threw down the gauntlet on the public health policy front in a long interview to the

*Washington Post* which appeared under the title "The Advocate for AIDS Testing." In a direct personal appeal for universal screening outside the military, Redfield confessed that he fears that one of his own four children may likely develop AIDS without an emergency national civilian effort comparable to what has been done in the military. Redfield is a strong champion of traditional public health approaches: To fight disease, you must test to find out who has it, then try to prevent those who are infectious from spreading it to others.

Redfield challenged the way in which public health and scientific leaders have capitulated to the paranoid fears of homosexual activists: "People don't understand why our public health officials have been paralyzed by these civil liberties issues. They are important, but knowledge is our only tool right now."

### Gallo's plan?

In his Dec. 31 interview, Gallo of the National Cancer Institute at the National Institutes of Health (NIH) in Bethesda, Maryland stressed that while he did not propose to end independent research, "if we could get together the major players we're collaborating with from universities and industry, and let everyone work together under a common roof, I think things could move much faster."

While Gallo's call for a "Manhattan Project" will be viewed positively among the scientific community, many will wait to hear the nature and content of the effort, as

Gallo's call for "centralization" comes from an individual who has been involved in such intense competition with Luc Montagnier of the Pasteur Institute in France.

All of the principal policy and "personality" issues will rapidly sort themselves out around the resolution of the following three questions: 1) making sure that the crash program is launched from the top down by the federal government; 2) ensuring that the content of the program is sufficiently broad-based, international and scientifically interdisciplinary; 3) ensuring that the research effort is complemented by a full-scale emergency traditional public health program, especially in collapsed tropical areas.

Rather than merely enhanced money going to a few "mainline" labs using molecular genetics and biochemistry approaches, nothing short of a full-scale Biological Strategic Defense Initiative (BSDI) will work. The Manhattan Project must foster the development of optical biophysics or non-linear biological spectroscopies in the tradition of the approach opened by Louis Pasteur in the 19th century.

Secondly, the crash program must include emergency public health measures including large-scale economic and sanitation infrastructure development in Africa.

Gallo's welcome public call for a Manhattan Project now forces the issue of Washington's intransigence on mobilizing the scientific community to combat AIDS. Up to now, the budget cutters epitomized by White House Chief of Staff Don Regan, who thought that a national scientific crash program was "cost prohibitive," could hide behind the excuse that the scientific community was "getting what it asked for" or was, at best, "divided." The White House's policy was not to waste budget money on AIDS research, but to let the Hollywood cohorts of Elizabeth Taylor and Mathilde Krim's National AIDS Foundation raise and steer private monies into selective research. In this way they hoped to keep AIDS research under tight control.

This policy led to a huge amount of money being steered into a small select group of scientists. The price for this largesse was that these select scientists were expected to come up with a miracle cure with the following strings attached:

- 1) Don't panic the general population because they will demand a sweeping policy response from Washington.
- 2) Remain totally silent or "bend the truth" in public statements so that the LaRouche-associated Proposition 64 is defeated in California.
- 3) Refute any dangerous evidence that there is a causal relationship between economic breakdown conditions in tropical areas such as Africa, South America, or southern Florida, and the uncontrolled spread of AIDS there to millions in the general population.
- 4) Don't back traditional public health measures such as universal screening because the very wealthy homosexual community, which is a large source of the private funds, feels

threatened and government finds them "too costly."

5) Delay sounding the alarm on the out-of-control emergency situation in Africa and Ibero-America because, quite frankly, those areas are "overpopulated anyway," "beyond hope," and emergency actions there are "cost prohibitive."

### **The disease burst the coverup**

In late October 1986, the National Academy of Sciences' Institute of Medicine issued a report warning of an AIDS "catastrophe" unless the United States increased funding to the \$2 billion annual level. Even after its report, the now-discredited Centers for Disease Control (CDC) in Atlanta continued to maintain that what was being done was sufficient, since AIDS only threatened a limited number of risk groups.

When the World Health Organization (WHO) head in November 1986 dramatically reversed its policy at a press conference given at the United Nations by Dr. Halfdan Mahler, WHO director, by admitting that the WHO (and implicitly its sister institution, the CDC) had "grossly underestimated" the threat of AIDS, what was left of the Atlanta CDC went into a catatonic fit. During this entire period, America's senior scientists refused to speak out publicly.

For instance, at the November 1985 Brussels, Belgium conference on African AIDS, some of the same senior U.S. researchers who have now called for a multibillion-dollar crash research program personally stated in response to this writer's suggestion that a "Manhattan Project crash program" had to be launched to save millions from dying in Africa, that it was "not necessary."

In another example, at the very last minute in the summer of 1986, a grouping of America's senior AIDS scientists mysteriously "pulled out" of what was going to be a closed congressional emergency briefing with a group of U.S. senators in Washington on the need for a full-scale AIDS crash program. By canceling their appearances, these senior researchers left the briefing to the government-controlled science administrators, who were certain not to "spread panic" by demanding a costly full crash research program and emergency public health measures. Unfortunately, the long period in delay of the crash program will mean that many more people will die from the 100% lethal disease.

### **Gallo urges centralization**

In his 1986 year-end interview, Gallo said the consolidation he proposes would involve scientists from about a dozen laboratories with which NIH has collaborated closely in AIDS research. "There's a group at Duke and another group from MIT, who have been working on a vaccine," he said, citing the need for a coordinated approach that would result in less duplication of effort, fewer trivial subjects being pursued, and less research money being wasted.

"AIDS is too important a problem to be bureaucratized,"

Gallo said. "I'd like to see more movement of money, slots, and information." Gallo said he meets regularly with Dr. Anthony Fauci, director of the infectious disease institute, discussing ways to improve communication on AIDS-related issues. "In AIDS research, there is a need to get information out as quickly as possible," said Cecilia Mayer, who works with AIDS researcher Jay Levy at the University of California, San Francisco. "As of now, most of us learn of someone else's findings when they are published in medical journals," she added. Dr. Gallo, saying "to construct a new building for AIDS at NIH would probably take too long," suggested that NIH set aside a building at its Bethesda headquarters as a temporary AIDS institute, where people could easily share the results of their work.

### Co-factors

One of the central questions which any crash AIDS research program will have to address is looking at the environmental co-factors in the rapid spread of AIDS among non-risk populations in poverty areas. Except for the work of the research group under Dr. Jean-Claude Chermann of the Pasteur Institute, the hypothesis of Doctors Mark Whiteside and Carolyn MacLeod of the Miami Institute of Tropical Medicine has not been seriously researched. The question of mechanical transmission by biting insects and looking for the "co-factors" and "co-infections" complex in high-risk AIDS areas is of vital concern.

It is encouraging that simultaneous with the Gallo call, researchers at the NIH's National Institute of Allergy and Infectious Diseases announced that they found that a dormant AIDS virus lying in cells can be stimulated into reproducing by exposure to a different family of viruses known as DNA viruses. The AIDS virus is an RNA virus or "retrovirus."

Dr. Malcolm A. Martin, chief of the Laboratory of Molecular Biology, stated: "One of the big issues is what is it that determines why people stay asymptomatic for many years and what makes others go downhill? It could be infections with different viruses, as we have examined, or there may be environmental, diet, or hormonal factors that can up-regulate a dormant copy of an AIDS virus." The work is reported in a supplement to the December issue of *The Proceedings of the National Academy of Sciences*.

Dr. John Ziegler at the University of California-San Francisco commented: "This is an important observation and confirms the suspicion that there are co-factors in the progression and possibly the acquisition of AIDS virus infection."

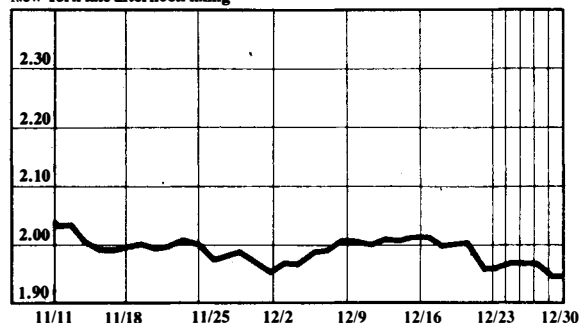
The DNA viruses tested included herpes simplex, adenovirus (causes respiratory infections), varicella-zoster (responsible for chicken pox and shingles), and JC virus (causes degenerative neurological diseases).

The new findings lend support to those who have raised the issue of the causal relationship between the collapsed sanitation, nutritional, and insect-eradication programs in the tropics, and the widespread AIDS pandemic among the general population there.

## Currency Rates

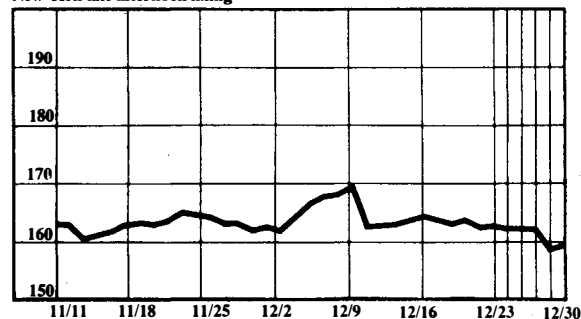
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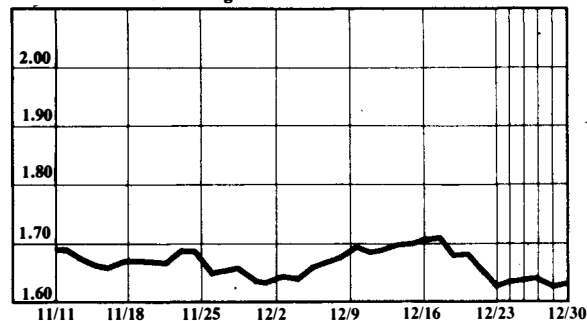
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New York late afternoon fixing



### The dollar in Swiss francs

New York late afternoon fixing



### The British pound in dollars

New York late afternoon fixing

