
Interview: Dr. Allen Salzberg

New AIDS study warns of 25 million Americans dead by the year 2008

Dr. Salzberg, director of medical services at the Veterans Administration Hospital in Miles City, Montana, has conducted a computer study on the AIDS epidemic in the United States. Summarized in the Dec. 18, 1987 issue of the Journal of the American Medical Association, the study predicts an economic, social, and medical catastrophe unless the U.S. adopts mandatory testing and other public health measures. Dr. Salzberg will soon present his findings to the staff of the President's Commission on AIDS. He gave this exclusive interview to EIR's Kathleen Klenetsky Jan. 16.

EIR: What have you found so far in your study?

Salzberg: Our numbers at the present time show approximately 64,000 cases at the end of 1987 and about 1.1 million carriers. By the end of 1990, we're estimating from 410,000-490,000 cases, with 5 million carriers.

EIR: Your initial projections showed that by 2005, twenty-five million Americans would be sick or dead, and another 40 million would be infected. . . .

Salzberg: The more recent model has made that look a little better, although it's still terrible. Our estimates now for 2005 are between 10 and 12.3 million dead or sick, and another 35 million carriers. If you went out to 2008, you would be back to the figures we had originally projected for 2005. . . . The most frightening thing we're finding is that AIDS will sneak into the heterosexual population, slowly but very inexorably. AIDS has to move into the heterosexual population, because there are only so many high-risk people. After they're all saturated, who's going to be next? The virus isn't going to go away.

EIR: How has the CDC responded to your projections?

Salzberg: They say that, although the data are accurate enough at the present time, they don't feel that these numbers [for later years] will be found. Which I think is absolutely meaningless.

EIR: Is the CDC underestimating the crisis?

Salzberg: I think they're pretty good in the near term, as far as their methodology. Unfortunately, they're locked into a methodology which doesn't want to look out far enough, and they've done this voluntarily. . . . People don't want to look out past 1991, because it's too scary.

EIR: Your initial study estimated that the epidemic would cost the U.S. \$8.2 trillion by 2005.

Salzberg: Yes, that figure included losses due to premature death. Because of the time-shift in the model projections, that figure won't occur until 2008. We estimate direct costs of \$29 billion cumulatively by the end of 1991. By 1995, costs will have risen to \$150 billion. And by 2005, to over \$1 trillion. If you included the costs of premature deaths, you could just about triple those numbers.

EIR: Does your study assume that AIDS is transmitted only through IV drug use, sexual contact, blood products?

Salzberg: Yes. And although it might be transmitted in other ways, the rate of transmission would be far lower than the normal rates. There is some worry about transmission by insects. I'm not going to say there's a zero chance of that, because nobody can say that. . . .

EIR: Recent studies at Los Alamos show that the AIDS virus mutates far more rapidly than any other virus. Does this suggest it will become more virulent, or adopt other means of transmission?

Salzberg: You can't really speculate. . . . The basic virus was probably around for a very long time, and then mutated somewhere in the 1960s. What I'm much more worried about, is if it became a little bit more virulent, and, instead of having two-tenths of a percent of probability of infection per intercourse, it jumped to 2%, in which case it would spread a heck of a lot faster.

EIR: Your projections are based on what would happen if the U.S. fails to adopt public health measures, including mandatory testing. How would it help if we did?

Salzberg: The main problem is that we don't really know what's going on in the country, because we don't have the kind of testing program that would allow us to know this. The disease can be stopped. The cost of a testing program would be, in the first yearly cycle, a little over \$1 billion. The Army now has got false positives down to 1 in 100,000. And there's a new test coming out, the immuno-fluorescent antibody test, which will get it down by another factor of 10 to 100.

Another important reason for testing is that the drugs coming out—AZT and much safer ones—might significant-

ly slow down the progression from infection to disease. If you knew you were infected, you could take advantage of the drugs much more quickly. This would also lower the rate of infection, because the drugs decrease the number of viral particles shed. . . .

Of course, if you just did testing, you'd have to rely on how people's behavior changed. Some studies show that a lot of people would change their behavior. . . . But there will be a minority who will probably not change. Society will have to deal with these people, as they are found to be acting in a manner contrary to human life, in an according manner. You wouldn't allow a person to shoot a gun in a crowded schoolyard. . . .

EIR: What would you recommend?

Salzberg: There are various possibilities. I'll give you an example that's happening right now. There's a soldier up for court-martial, and it looks like he's going to be convicted for having sex after he knew he had the virus. You see, once you've been tested, you cannot plead ignorance anymore. We have laws on the books: it's called reckless endangerment. People who do this should go to jail. . . . I think our biggest problem might end up coming from the addicts.

EIR: What do we do about that?

Salzberg: I don't think you have to draw pictures. . . . It would cost money to take somebody off the street, if you had to, if somebody kept on shooting up and infecting other people. But crime rates might drop coincidentally.

EIR: How about giving clean needles to addicts?

Salzberg: We need to come down on the pushers. They are killing people. I've treated too many of their victims in emergency rooms. The real question is, how many addicts would use clean needles? They just don't act rationally. They have no concept of latent disease. This is the population that I think is the most risky. Because they're mostly heterosexuals, they could pump the virus into the heterosexual community at a faster rate. . . .

EIR: Are there other reasons we should have universal mandatory testing?

Salzberg: One, you would know what's going on. So if anything does change with the disease, you would know. If things are getting better, you could relax things. If things are getting worse, you'd know what to do. If you did get a mutation, you'd pick it up real fast. Second, you would target education on the people who test positive. Also, you could then have contact tracing, and you'd also be able to inform spouses, if their partners tested positive. If someone with AIDS were behaving irresponsibly, you would have the evidence that they already knew they were infected, and you could do something about it.

EIR: What do you say to those who claim that testing or

contact tracing is a civil rights violation?

Salzberg: So is death! In fact, the populations at risk whom [civil libertarians] say testing would discriminate against, are, unfortunately, now more black and Hispanic. If you don't stop the spread of AIDS, these groups will be saturated by the mid-1990s. They'll die. I can't see anything worse than that.

EIR: So the ACLU and other groups who oppose testing, are killing the people they're claiming to protect.

Salzberg: Yes. I'd say that very strongly. Also, you've got to realize we have tested in the past. This is not a new concept in the United States. We tested for syphilis at one time, and in the days before we had penicillin, we darn well did contact tracing. We had no cure. You had to go after the carriers. And we did control the epidemic to a large extent that way. TB was another thing we worked on very hard. We had sanatoriums.

EIR: How about quarantine for certain AIDS carriers?

Salzberg: Only if they act irresponsibly. It should be a last resort for people who have been proven to have acted, knowingly, to spread the disease. . . .

EIR: Is there a danger that if the U.S. continues on its present course, people will suddenly realize in a few years how bad things have become, and react the way people did during the Black Death: murdering AIDS carriers, or exiling them where they'll get no treatment?

Salzberg: I'm afraid of that. Either we act rationally now, or we're going to act irrationally later. I don't know about no medical treatment, but I can see things worse than that. If AIDS does get concentrated temporarily in the lower socioeconomic classes, we might lose 30 years of civil rights, which I've worked personally very hard for since the fifties. I'd hate to see that go down the drain. . . .

EIR: There's a school of thought which maintains we can't afford to spend money to treat people with AIDS, and why bother anyway, since they're all going to die.

Salzberg: You can't think like that. Remember, half of the people with AIDS will live over 17 years.

EIR: Is acceptance of testing growing?

Salzberg: Yes, more and more people are grudgingly accepting it. My AIDS study started in a very funny manner. My son is 23, he is in graduate school; he co-authored one of my papers on this. We were just shooting the breeze about AIDS, and I said to him, "I think we're going to have to start testing people." And he said: "Dad, you're being a fascist pig." So rather than screaming at him, I said, "Hey look. Let's just do a simple model. Write down the epidemiological equations, and program them." He went down to the computer and worked for a few hours, and then came back to me and said: "My God. It's worse than I thought."