

## Masters and Johnson take on the CDC AIDS mafia

by Warren J. Hamerman

---

### **Crisis: Heterosexual Behavior in the age of AIDS**

by William H. Masters, Virginia E. Johnson, and Robert C. Kolodny  
New York, Grove Press, 1988  
243 pages with index, \$15.95 hardbound.

---

### **AIDS: Papers from Science, 1982-1985**

Edited by Ruth Kulstad  
Washington, D.C., American Association for the Advancement of Science, 1986  
653 pages with index, \$32.95 hardbound, \$19.95 paperbound.

---

Next to the unprecedented controversy surrounding last year's California ballot initiative Proposition 64 and the work of this magazine and its founder Lyndon LaRouche over the years, the most explosive and direct challenge to the ill-earned "authority" of the AIDS policy establishment, has been the publication of Masters, Johnson, and Kolodny's *Crisis*. Through polite, yet frank and relentless argumentation, the renowned researchers of the "sexual revolution" have directly challenged most of the systematic premises, biases, lies, and wrong public health policies which the organized "AIDS mafia" has imposed.

They directly take the nation's health authorities to task for "lulling" the public through systematically spreading misinformation about the impossibility of "casual transmission" and the impossibility of the virus breaking out into the general population. These were not honest mistakes, born of scien-

tific ignorance. The more the CDC's director James Mason and Surgeon General C. Everett Koop have prevaricated, the more the population at large has become agitated and suspicious.

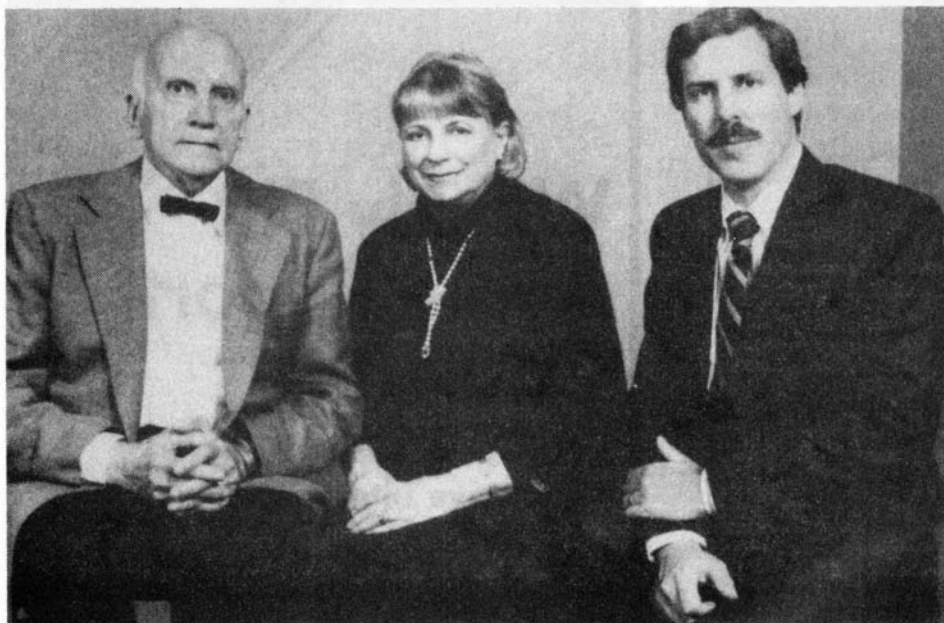
In 1983, the CDC assured the nation that AIDS was only spread by homosexual acts. Up until the spring of 1987 the CDC asserted that health care workers were not at risk. In 1985, the CDC claimed that the blood supply was virtually safe. Until recently, the World Health Organization (WHO) and the CDC denied that there was an out-of-control AIDS pandemic in Africa. In the beginning of the epidemic the CDC cavalierly asserted that large numbers of children would never become infected.

How these "lulling assumptions" have reverberated in the experiments, thinking, and goals of the scientific community is documented in the series of scientific papers from 1982-85 reprinted from the research journal *SCIENCE*.

### **Casual contact—the key issue**

Masters, Johnson, and Kolodny call for a reassessment of the line of reasoning which has been at the foundation of all CDC policy recommendations heretofore—that "casual contact transmission" is impossible and that the "general population" is not at risk.

They write: "The discussion has largely focused on transmission by so-called casual contact, which has never been defined as specifically as one might wish. The general message has been that the AIDS virus is virtually never transmitted in this manner—and one of the arguments used to buttress this anxiety-reducing message has been that among the thousands of health care workers who have accidentally stuck themselves with needles to draw blood from AIDS patients . . . there have been only a few instances of documented



Daniel T. Magidson

Authors William H. Masters, M.D., Virginia E. Johnson, and Robert C. Kolodny, M.D.

infection. This line of reasoning must be carefully reassessed in light of scientific common sense, dramatized by new data from the CDC—the three cases of transmission involving health care workers.

Masters, Johnson, and Kolodny directly contradict the “party line” of the CDC and Surgeon General on a wide array of fronts.

- Contrary to official estimates of 1.5 million, more than 3 million Americans are already infected.
- The blood supply is not safe, and the risk of contracting AIDS through a blood transfusion is almost 50 times greater than claimed by government authorities. Undetected contaminated blood in our blood banks and hospitals means that 1 in every 5,418 transfusions is transmitting the virus.
- Condoms don’t guarantee safe sex; in an FDA study, one out of five lots of condoms tested failed.
- There is no question but that “soul kissing” or “French kissing” is a possible transmission route.
- Mechanical transmission by mosquitoes is still an open question.
- By the year 2000, they project 5 million AIDS cases in America and 25 million cases worldwide.

### CDC’s ‘benevolent deception’

While *Crisis* stops short of investigating the motives and reasons for the lies and misinformation and tactically side-steps identifying those in power who organized and directed the AIDS mafia, it nonetheless directly challenges enough of the major and minor arguments underlying the cover-up that the release of the book has been explosive. While they do not name the names, they do identify the classes of the main prevaricators—the scientific community, the Centers for

Disease Control, the Surgeon General, the World Health Organization, the U.S. Public Health Service, and “government agencies.”

Masters, Johnson, and Kolodny have documented in language for the concerned layman precisely how the authorities have lied on all of the major AIDS policy questions, as the following quotations on the fundamental points illustrates:

1) “[M]isinformation about AIDS has resulted from a form of benevolent deception practiced by the scientific community: in the understandable wish to avoid mass panic, numerous pronouncements about AIDS were deliberately presented in the most optimistic light possible when even a healthy degree of scientific skepticism about the unknown would have produced a different, more realistic response. Compounding these sources of inaccuracies has been an alarming neglect of fundamental, systematic research into the mode of transmission of the AIDS virus.”

2) “[T]he alarming conclusion we have reached, based on our own research and studies conducted by others: Contrary to claims by various government agencies and public health experts that infection with AIDS is still largely confined to the original ‘high risk’ groups . . . the epidemic has clearly broken out into the broader population and is continuing, even now, to make its silent inroads of infection while many maintain an attitude of complacency, not realizing that they too are at risk.”

3) “We also conclude, categorically, that infection with the AIDS virus does *not* require intimate sexual contact or sharing of intravenous needles: Transmission can, and does, occur as a result of person-to-person contact in which blood or other body fluids from a person who is harboring the virus

*Continued on page 29*

# EIR

## Special Report

# An Emergency War Plan to Fight AIDS

*EIR's* Biological Holocaust Task Force has prepared the world's only science-intensive "Emergency War Plan to Fight AIDS." The newest discoveries of optical biophysics and advanced laser technology can improve diagnosis and lead to research breakthroughs—if governments move now.

### Contents

- I. The emergency war plan to fight AIDS and other pandemics
- II. The real story of AIDS in Belle Glade, Florida
- III. AIDS in Africa: the unfolding of a biological holocaust
- IV. The biology of AIDS
- V. Flow cytometer and other laser technology potential for combatting AIDS
- VI. The relevance of optical biophysics for fighting AIDS: designing a Biological Strategic Defense Initiative (BSDI)
- V. How Kissinger and Pugwash destroyed America's biodefense against AIDS and other deadly diseases
- VI. The Soviet command and control of WHO's AIDS Policy
- VII. Why the Reagan administration has tolerated the CDC cover-up of the AIDS pandemic
- VIII. The necessary public health program to fight AIDS

**\$250.00.** Order from: EIR News Service, P.O. Box 17390, Washington, D.C. 20041-0390. Order #85020

Now Available by Subscription

## Weekly EIR Audio Reports Cassettes

- News Analysis Reports
  - Exclusive Interviews
- \$500/Year**

Make checks payable to:  
EIR News Service, P.O. Box 17390  
Washington, D.C. 20041-0390  
Attn: Press

MasterCard and Visa Accepted.

Before you send your son to Harvard . . .

Read this book

EXPANDED SECOND EDITION

### TREASON IN AMERICA

FROM AARON BURR TO AVERELL HARRIMAN



ANTON CHAITKIN

## Treason In America

from Aaron Burr to Averell Harriman

610 pages; published by New Benjamin Franklin House, New York. Order from: Ben Franklin Booksellers, Inc., 27 South King St., Leesburg, VA 22075. \$11.95 plus shipping (\$1.50 for first book, .50 for each additional book). Bulk rates available.

*Continued from page 27*

are splashed onto or rubbed against someone else, even if this is a single isolated occurrence.”

4) “Authorities are greatly underestimating the number of people infected with the AIDS virus in the population today. No epidemic of sexually transmitted disease has ever stood still, numerically speaking, without the availability of a preventive vaccine or a cure. Yet most medical experts continue to claim that there are only 1.5 million people infected with the AIDS virus today, which is the same estimate that was made in mid-1986 by the U.S. Public Health Service in collaboration with the Centers for Disease Control (CDC).”

5) “Experts generally are gravely underestimating the degree to which the AIDS virus has spread into the heterosexual community. There have been several different mechanisms by which the AIDS virus ‘crossed over’ from the original high-risk groups to the general population.” They identify bisexuals, IV drug users, prostitutes, the 15- to 24-year-old youth population, and the “highly promiscuous” portion of the adult population.

6) “The more people who are infected with the AIDS virus, the more quickly the rate of spread escalates. . . . All these considerations point in one direction: AIDS is breaking out. The AIDS virus is now running rampant in the heterosexual community. Unless something is done to contain this global epidemic, we face a mounting death toll in the years ahead that will be the most formidable the world has ever seen.”

7) A “major reason for a significant underestimate of the actual number of AIDS cases was a technical one: Between 1982 and late 1987 the CDC insisted on unduly restrictive criteria for diagnosing cases of AIDS, as many workers in the field pointed out. . . . The result of this insistence on unrealistically narrow criteria for case reporting was not just to underestimate the number of cases but to make it seem that the rate of increase in the overall number of AIDS cases in the U.S. was declining, when in fact just the opposite was happening. The bottom line of all of these considerations is that there has been such serious underreporting of the actual incidence of AIDS that the statistics as of late 1987 were off by some 50%. This means that in the United States there has probably been a cumulative total of at least 67,000 cases of AIDS from the time the epidemic began until the end of 1987. In Africa, where underreporting is even more serious, it is likely that the cumulative total as of the end of 1987 was 100,000 or more. This problem is not just an academic one. If the baseline number of cases used by epidemiologists and public health officials to estimate future trends of this epidemic has been off by so much to begin with, then ‘official’ estimates of the toll the world will see in the future are also far too conservative.” They project that “by the end of 1991 the actual number of AIDS cases in America will exceed 500,000, with more than 300,000 deaths. Worldwide there will be at least 2 million cases of AIDS, with well over 1

million deaths. By the year 2000, unless astonishing progress is made in the development of a vaccine to prevent this infection, there will be a cumulative total of 5 million cases of AIDS in America alone. Worldwide there will be 25 million cases. The enormity of this threat—and the world’s failure to respond swiftly enough with both funding for research and planning for this frightening future—should not be taken lightly.”

## **Policy conclusions**

*Crisis* highlights the fact that no cohesive national policy has been devised to deal with the issues of prevention and research into all the potential means of transmission.

The authors base their conclusion that AIDS has “broken out” of the traditional risk groups on a comparison survey they did of two groups of sexually active heterosexuals—one group of 200 men and 200 women who were sexually promiscuous (at least six different sex partners each year for the past five years) and another group of 200 men and 200 women who had been in a monogamous relationship for the past five years. Neither group belonged to other risk groups.

The results were dramatic. Among the 400 in the monogamous “control” group, only one person was infected while among the 400 in the “study” group of the sexually active group, the prevalence was strikingly higher: 7% (or 14 individuals) among women and 5% (or 10 individuals) among men.

Masters, Johnson, and Kolodny argue for expanding mandatory AIDS antibody testing from blood donors, the military, prisoners, and immigrants to other population groups: a) pregnant women, b) anyone between the ages of 15 and 60 admitted to a hospital; c) convicted prostitutes, and d) all marriage license applicants.

They also advocate going beyond requiring reporting of AIDS cases to requiring that those merely infected with the virus also be reported to public health authorities. In this regard, they argue that the traditional public health policies of contact tracing and notification be applied to AIDS.

They argue that those who are infected and willfully infect others should be treated with modernized criminal penalties and not with quarantine.

They address their concerns to government to adopt policies which protect public health even if that means large expenditures of money. To those who would argue that individual freedoms and civil rights preclude decisive action they have a straightforward response:

“While we fervently hope that mindless panic over the AIDS epidemic will not dictate government policies, we are also convinced that if implementation of effective prevention strategies is delayed by a mistaken belief that this epidemic is now under control or by a single-minded preoccupation with individual autonomy, many millions of lives will be needlessly lost. There is precious little personal freedom in death.”