

Senate bill on AIDS testing continues CDC's coverup

by H. Graham Lowry

Reflecting mounting public concern and anger over the federal government's do-nothing policy on AIDS, the U.S. Senate passed an amendment July 18 taking the first step toward making AIDS testing a legal requirement. Backed by the Senate leadership and carried 99-0, the measure recommends to the states that health professionals engaged in medically "invasive procedures" be tested for the AIDS virus. But by tying its application to guidelines set by the criminally obstructive Centers for Disease Control (CDC), the leadership's amendment would ensure that only a small fraction of health workers will be tested.

Those testing positive would be barred from carrying out "exposure-prone" invasive procedures, unless they obtain explicit permission from an administrative panel of experts and inform their patients of their infection. Failure to comply, except in life-threatening emergency situations, would result in disciplinary action by the state's licensing board. To give the amendment some enforcement clout, it also stipulates that any state failing to comply may face a cutoff of federal health funds.

Ironically, the leadership's measure was initially presented to stop another amendment, sponsored by Sen. Jesse Helms (R-N.C.), mandating prison terms of at least 10 years, and fines of up to \$10,000, for health workers who knew they had AIDS but performed "invasive procedures" without informing their patients. The Helms amendment, which contains no requirements for HIV testing, also passed, 81-18, and now will be taken up as well in the House. Though the "AIDS lobby" opposes the Helms legislation, the margin of passage in both cases makes approval by the House likely—and in the case of the leadership amendment, a virtual certainty.

Pressure for legislative action has increased with the recent public outcry over the fate of Kimberly Bergalis and four other patients now dying of AIDS, infected by their Florida dentist, Dr. David Acer, who continued to practice, knowing he had contracted the fatal virus. That uproar contributed to the release of new guidelines for the medical profession by the Centers for Disease Control on July 15, which formed the basis for the Senate leadership's amendment.

Much rhetoric, more fraud

Senate debate on the AIDS measures was replete with effusive concerns over the spread of the disease, now projected even by the World Health Organization to infect 40 million people by the year 2000. But like the WHO and the CDC, both of which have worked for years to suppress medical evidence and fundamental measures needed to fight AIDS, the Senate debate perpetuated the coverup which has left the population defenseless against the worst disease ever to strike mankind.

Senate Majority Leader George Mitchell (D-Me.) and Minority Leader Robert Dole (R-Kan.), joined by Sen. Ted Kennedy (D-Mass.) and other liberals, recited the familiar litany of discredited theories about the difficulties of transmitting the AIDS virus. Attacking the Helms amendment's criminal penalties for exposing patients to AIDS, Kennedy backed the leadership amendment for its "implementing the CDC guidelines . . . instead of making it worse by resorting to criminal sanctions." Helms, Kennedy charged, was reacting "out of fear," when the "actual risk of transmission is very low, and is limited to specific types of exposure-prone procedures. . . . When these risks are so low that they cannot

even be meaningfully measured, the Helms amendment is not the best way to use our scarce resources in the name of patient safety. It raises false hopes and provides only false security and comfort.”

What Kennedy’s speech on the floor provides is evidence that the leadership’s amendment is another hoax, designed to forestall any actual testing for AIDS, and to leave patients without protection against infected health workers in the vast majority of cases. Kennedy instead offered “universal precautions, careful disinfection of equipment and instruments, and *voluntary* testing of health care workers doing exposure-prone procedures . . . [as] the surest, safest ways to achieve our goal.” The text of the leadership amendment, printed in the July 18 *Congressional Record* (S. 10348), never even mentions the word “testing.” It simply directs the states, within one year, “to adopt the guidelines issued by the Centers for Disease Control concerning the transmission, by health care professionals” of HIV and hepatitis B “during exposure-prone invasive procedures.”

The CDC’s new guidelines limit the definition of “exposure-prone” operations to those involving a “simultaneous presence of the health care worker’s fingers and a needle or other sharp instrument in a poorly visualized or highly confined anatomic site.” Anyone performing such procedures, the CDC recommends, who is found to be HIV positive, should *voluntarily* stop doing so! James Curran, head of the CDC’s AIDS division, said that even though the guidelines call for some restrictions, there is “no reason to restrict the practice” of most health care workers who are infected with HIV! The CDC estimates, for example, that there are 1,248 practicing dentists who carry the AIDS virus, but they should only be obligated to inform their patients if they want to continue performing “exposure-prone” procedures. That stipulation can be circumvented merely by wearing gloves!

Bush’s foul complicity

The complicity of the Bush administration in this hoax was underscored by a letter to Senator Mitchell from Health and Human Services Secretary Louis Sullivan on the day of the Senate vote: “On July 15, my Department published health care worker guidelines that deal with preventing the transmission of the Human Immunodeficiency Virus (HIV) to patients during exposure-prone invasion procedures.” The guidelines “call on” such workers “to find out their HIV and hepatitis B status” and not to participate in such procedures without permission from “special review committees which will require, at minimum, that potential patients be informed of the infected worker’s status.”

The guidelines include the “universal precautions” for all physicians referred to by Senator Kennedy, including “careful handling and disposal of needles and other sharp instruments, and the wearing of gloves where appropriate.” Secretary Sullivan’s letter adds, “I believe it is important to emphasize that patients face no risk of AIDS transmission

from the great majority of medical procedures.” Patients and health care workers alike will be best served by “the guidelines we have issued. . . . Therefore, I support the . . . amendment that would codify these standards.”

Such “standards” are so meaningless that it is no wonder the senators voted 99-0 to “codify” them. What concerned the CDC’s partners in criminal obstruction about the Helms measure, in fact, was its unrestricted, “broad, blunt language”—as Senator Kennedy put it—about “invasive procedures.” Helms’s omission of the CDC’s “exposure-prone” definition drove Kennedy into a wild attack.

“Treatment, as defined in this amendment, would include the performance of any medical diagnosis or procedure that involves an invasive physical contact between the patient treated and the professional administering it,” Kennedy said. “The most routine kinds of medical procedures might fall under this particular definition, such as a doctor looking at a child’s throat with the aid of a tongue depressor.” Patients and doctors alike might take heed of this one, after the report in mid-June at the Seventh International Conference on AIDS, that the special immune system cells of the mouth’s mucous membrane are highly susceptible to “just a whisper of a virus.” (See *EIR*, June 28, 1991.)

The Helms amendment, Kennedy raved, “could include over 90% of the nation’s physicians in a high-risk category . . . representing more than 400,000 professionals. . . . But let us not stop at physicians. What about the 2 million nurses who are practicing? Or the millions of other health professionals: The laboratory technicians, medical technologists, or therapists? How many of these workers are performing medical diagnostic work or a procedure that involved invasive contact? The list goes on and on.” No one on the Senate floor noted that such extensive use of invasive procedures, is itself an argument for *universal* testing for AIDS.

‘LaRouche was right about AIDS’

That is the title of a pamphlet just issued by Democrats for Economic Recovery, Lyndon LaRouche’s 1992 presidential campaign committee. LaRouche’s last presidential campaign, beginning in 1985, focused on the emerging AIDS pandemic and sought to mobilize the country around a crash program to defeat it. Unfortunately, millions of people are now dying of AIDS because of the stupidity of the U.S. and other populations in not backing his emergency proposals—for an Apollo-style research program to develop a cure, universal testing for the infection, and a massive expansion of hospital beds and facilities for AIDS patients.

As LaRouche said in a nationwide television address during the 1988 campaign, “Let us declare war against this virus, bring it under control, and wipe it from the face of the Earth by the end of this century. An end to penny-ante moaning and groaning about costs. With the aid of science we can win this war; therefore, let us act now, and proceed to total victory over the worst plague which mankind has ever faced.”