

to get competent medical care for people.

**Troupe:** I agree. That's why I'm saying it's so important that this be moved to a public health problem, and it's got to be attacked at the national level, and it's got to be an all-out war. A Manhattan Project would make sense. *It's overwhelming women and children.* When you see the injection-drug use directly or indirectly being responsible for the overwhelming majority of HIV infection among women and infants, how can you take the position that we're not going to address that issue?

**EIR:** You can't. But there's another way to address it. Have you read the book *Dope, Inc.*?

**Troupe:** No.

**EIR:** We published it first in 1986. It was subtitled "Britain's Opium War against the United States."

**Troupe:** Yes, I saw that.

**EIR:** The British opium wars against China are the model for what's being done to the United States today. They were conducted for the purpose of addicting an entire population so that it could be subdued. That's what's being done to the United States today by the same British-centered banks that financed the opium wars against China. You see the black population in this country being subjected to a drug war which now also includes the AIDS virus.

**Troupe:** The people who are infected, their number one

priority is, "I need a cure." My number one priority is to make sure that people who are not infected don't become infected. If we had a Manhattan Project-type or any other type of serious national program, we could prevent most people from ever becoming infected. My concern is education and prevention, in conjunction with research for a cure.

**EIR:** That's how this country wiped out tuberculosis.

**Troupe:** That's all I'm saying. We need to do that. And we need to be out front in doing it. The issue will never be discussed unless we start advocating creative things, like a needle-exchange program. When you look at what's happening to black women in this country, and what's happening to women in Africa, especially women who are infected heterosexually—that's where the danger is. . . . This is the fastest-growing group of diagnosed AIDS patients in the United States. The fastest-growing group is not HIV-drug users, it's not homosexuals, it's not bisexuals, it's heterosexual women and their babies. If we allow this thing to destroy the wombs of our women, the impact on the black community, if this thing is not checked, I don't know what the black community will look like in the year 2025.

**EIR:** It'll look like Auschwitz.

**Troupe:** That's my point. And I don't know how to impress upon the black leadership, especially the black churches, that they've got to address this issue. I've been trying to get them to address this issue in a real way for ten years. Now, most

## Recommendations on HIV-AIDS

*The Presidential Advisory Council on HIV/AIDS recently asked its members to advise President Clinton on actions the President should take to advance the battle against HIV. Rep. Charles Quincy Troupe provided EIR with his answers, which are excerpted below. Emphasis is in the original.*

**Priority 1:** The President needs to provide leadership in *prevention* activities. He needs to be reminded that *no new person* needs to become infected. . . . Special attention should be given to minority women and to preventing a second wave of infection in the gay/bi-sexual community. . . .

**Priority 2:** AIDS research is off track. The President needs to provide cross-agency guidance to refocus, coordinate, and intensify the research effort. Early in his term, the President's staff met with community representatives and researchers, to discuss a "Manhattan Project" for

AIDS research to find a cure and an effective vaccine. *Nothing* happened.

**Priority 3:** The future of the Ryan White Care Act, HOPWA, and the Americans with Disabilities Act is uncertain. Our own community depends heavily on these federal programs. The President should use the power of his office to assure continuation of these federal programs.

**Priority 4:** . . . Presidential policy on HIV and AIDS must be clearly communicated to the public; one that would set the tone for the country's response to the epidemic.

**Priority 5:** The council must address the ownership issue imposed by white gay males in the area of prevention strategies and funding. It is important to note that all communities and voices must be heard as plans are developed and implemented in the fight against HIV infection.

[Representative Troupe notes later in the questionnaire the "appalling disparity" in life-expectancy between people of color and white gay males from the time of AIDS diagnosis: approximately 19 weeks for African-Americans versus two years for white gay males. The same disparity relative to white gay males also exists for people who live and receive care in rural America, he notes.]