Why the AIDS pandemic requires a national public health mobilization

by John Grauerholz, M.D.

While AIDS (Acquired Immune Deficiency Syndrome) is being prominently covered in the press, the majority of coverage still implies that this is an isolated problem, possibly spreading beyond the so-called "risk groups," but bearing no relation to any larger public health issue. In point of fact, AIDS is simply the red dye marker of a potentially catastrophic collapse of nutrition and sanitation, both in the United States and the developing sector. The present policy of the Centers for Disease Control (CDC) in Atlanta is to systematically avoid this aspect of the problem.

The crux of the problem is illustrated by the reaction of the CDC to the issue of the large number of no identifiable risk (NIR) AIDS cases in the economically devastated Belle Glade, Florida area. In this rural agricultural area of southern Florida, 46 cases of AIDS have been identified in a population of 25,000 people, giving Belle Glade the highest incidence of AIDS in the United States, and possibly the world. Twenty-five of these cases, more than 50% of the total, have none of the classical risk factors. They are not homosexuals, hemophiliacs, or intravenous drug users.

The environmental conditions in Belle Glade are characterized by "substandard housing, crowded living conditions, open waste, rat signs, and active mosquito breeding." Similar conditions have been identified as associated with NIR AIDS in other rural and urban areas in southern Florida, especially such infamous Miami slums as Liberty City. In these areas, conditions approximate those in the Caribbean and Africa, where the disease is spreading in epidemic fashion among the heterosexual population, who live under conditions of economic collapse caused by the austerity programs of the International Monetary Fund.

To an inqiury about the Belle Glade situation, the CDC response was: "At the invitation of the Florida Department of Health and Rehabilitative Services, the Centers for Disease Control has been conducting an investigation of a cluster of AIDS cases
health officials. *To date, most of the patients reported from Belle Glade have known risk factors for AIDS, such as homosexuality or intravenous drug use.*" The plain implication is that CDC will resort to outright lies, if necessary, rather than face the broader implications of the AIDS problem.

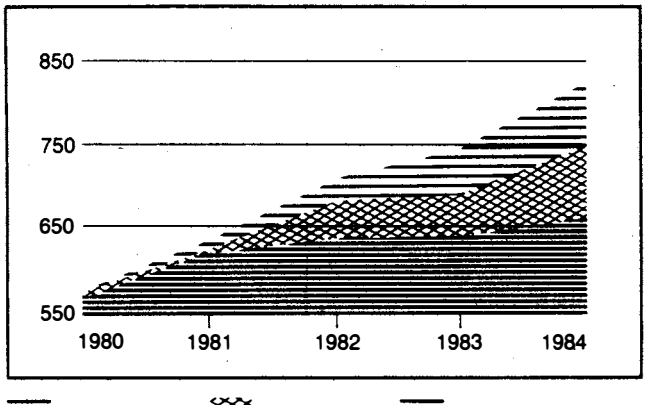
One of the broader implications surfaced in the study of the outbreak of tuberculosis in New York City over the past five years. Extensive studies by the New York City Health Department indicated that the TB outbreak paralleled the AIDS outbreak, and that the cases showed a high degree of localization to the most economically devastated areas of the city, similar to the distribution of AIDS and tuberculosis in Belle Glade.

The national security implications of this were drawn by Dr. Edward C. Tramont, chief of microbiology at the Walter Reed Army Institute of Research. Tramont said he expects

FIGURE 1

TB cases overlap with AIDS, methadone in New York City, 1980-84

Males aged 15-54 only. Tuberculosis cases matched to AIDs or methadone maintenance registries



Methadone registry matches for 1984 are annualized, based on four months.

Source: New York City Department of Public Health

as many as 1,000 soldiers or dependents to be identified as victims or carriers of AIDS over the next year. It costs the Army up to $500,000 per person to provide complete care to each AIDS victim, and continued spread of the disease "has the potential to bankrupt the system." The Army has diagnosed 76 cases of AIDS among soldiers and dependents over the last 2½ years, and the Air Force and Navy have identified another 40 to 50 cases over the same period.

Because of this, the military will begin screening all new recruits for AIDS, beginning Oct. 1, 1985. An initial screening, utilizing the antibody test, will be performed, and those testing positive will then be tested for the presence of virus, or clinical AIDS, using virus cultures or T-cell studies. If these studies are positive, the recruit will not be inducted. Predictably, this has raised howls of "invasion of privacy" and so forth from gay groups, who adamantly oppose any screening program to detect infected individuals.

The essential fact about AIDS, is that it is a highly lethal communicable disease which is presently incurable and is spreading in an epidemic fashion. This is not the first such disease with which our society has had to deal, and there are effective public health measures for dealing with such diseases, which have worked in the past, and would work in this case. There is abundant evidence that AIDS is strongly associated with malnutrition and poor sanitation, and with the diseases associated with these conditions, such as tuberculosis and insect-borne virus diseases. In fact, AIDS is a very accurate barometer of the general immune status of a population.

Both the African cases and those in Belle Glade, as well as similar cases appearing in other migrant worker camps, demonstrate that AIDS is primarily an environmental disease related to poor nutrition and sanitation. None of the 25 NIR AIDS patients in Belle Glade would have avoided their disease by "safe" sexual practices, or the availabilty of clean needles to shoot up with. This outbreak, and the present epidemic in sub-Saharan Africa, is the consequence of malnutrition, poor sanitation, and the debilitating effects of multiple infectious diseases.

Because the virus is found in numerous body fluids, it would be reasonable and prudent to exclude carriers of the virus from occupations which involve direct touch contact with the public, or which involve food handling. No person carrying HTLV-III/LAV virus should be working in a profession which requires a health department license, or working in a facility which is subject to sanitary inspection. This would include beauticians, physicians, dentists, dental technicians, nurses and other health professionals, as well as food-service workers. These persons could be screened in a manner similar to the present military screening process. By utilizing objective tests for the actual virus, one would place the situation in the proper public-health context.

Initial screening by the test for HTLV-III antibody would identify a population at high risk for the disease, who could then be tested for presence of the virus, and examined for clinical evidence of AIDS.

Identified cases should be treated in special institutes, similar to the sanataria in which TB patients were treated in the past. Many existing TB sanataria could be rapidly converted to this purpose. This would be less expensive than treatment in general hospitals, as well as enabling rapid evaluation of potential therapies on larger numbers of patients.

The AIDS hospitals would be associated with research institutes, which would be funded for a crash program on degenerative diseases associated with aging of tissue, under which AIDS research would fall. Under this sort of program, the significant insights into the functioning of the immune system which have already arisen in AIDS research, would rapidly lead to breakthroughs in prevention and treatment.

As our previous experience with tuberculosis and typhoid has demonstrated, proper nutrition and sanitation, combined with vigorous public health measures, can do a great deal to prevent the spread of a disease for which no present cure exists. Conversely, the present return of tuberculosis indicates that even a disease for which a cure exists can again become a major health problem under conditions of economic collapse. Thus, even were a "cure" for the AIDS virus to be developed, under the present state of health care delivery in this country, it would not stop the spread of the disease.

All proposals for eradicating AIDS, or tuberculosis, or any other pestilence, are only realistic to the extent that they address the homicidal austerity policies of the United States Federal Reserve Bank and the International Monetary Fund. These policies have created conditions in which major killer diseases, such as cholera, malaria, and tuberculosis, all of which are curable, are threatening millions of persons worldwide at the same time as AIDS continues its lethal course.

The real significance of the Belle Glade and New York City AIDS and tuberculosis cases, is that they are symptomatic of the collapse of public health across this nation under current economic policies. There are many other symptoms, such as the present crisis in vaccination programs which led to outbreaks of measles this year. As increasing numbers of people migrate down the socioeconomic ladder into lower levels of nutrition and filthier living conditions, under Paul Volcker's demand for lowering the American standard of living, this contagion will exhibit the predicted doubling and involve the entire population.

Only at the point that society judges its survival to be a value, will it act to achieve it. The history of the Black Death is a reminder of the effects of adhering to a usurious economic policy in the face of a collapsing real economy. We need a public health approach to AIDS precisely because AIDS is a result of the abandonment of public health under the combined pressure of liberal "gay rights" groups and the present economic policies of this administration.