AIDS no threat, says CDC's Mason

This letter, dated, Aug. 27, 1985, was sent to Warren J. Hamerman, director of EIR's Biological Holocaust Task Force, by Dr. James Mason, director of the Atlanta Centers for Disease Control. As Acting Assistant Secretary of Health, Dr. Mason effectively ran the U.S. Department of Health and Human Services for much of 1985, given the political controversy surrounding HHS Secretary Margaret Heckler.

Dear Mr. Hamerman:

This is in response to your letter of July 31 to Secretary Heckler regarding your report entitled "Economic Breakdown and the Threat of Global Pandemics."

We agree fully with your basic intent to defeat diseases which threaten the life and health of people throughout the world. We do not, however, agree with your analysis and conclusion that continuation of human life is threatened and that we are faced with an ecological-biological collapse. We are much more optimistic about the general health condition of mankind, particularly as compared to the past. Part of our optimism is based on significant advances which have been made in research and the application of those advances. We also have many clear indications that the health condition of mankind in general is improving as modern day technology to improve sanitation, water supplies, and general living standards spreads around the world.

We agree with Dr. Michael Gregg that disease surveillance is a key element in our ability to control diseases. We would add continued research and application of that research as other key elements. The U.S. Public Health Service (PHS) is well organized and well funded for those purposes. PHS also has a history of success in the ability to detect and take action on unusual and new disease trends.

We also cannot agree with your conclusion that the national security is theatened by the diseases and conditions which your report discusses. Many of them could be threats if we do not maintain adequate surveillance, necessary expertise, continued research and control efforts, and an adequate standard of living. We are optimistic, however, that these are securely in place in this country and that we will continue to make advances toward protecting mankind against the diseases you discussed. We also have more confidence than you express in the multinational efforts through the World Health Organization, although we recognize that there is much to be done in the coming years for the good of mankind. We assume that you have shared your report with other interested agencies, such as the Department of State, the Department of Defense, the Department of Agriculture, the World Health Organization, and specifically the Agency for International Development, the World Bank, and the International Monetary Fund.

In your letter you mentioned specifically the current outbreak of the acquired immunodeficiency syndrome (AIDS) in Belle Glade, Florida. 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 cases of AIDS in Belle Glade in cooperation with local public 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. If the AIDS virus were transmitted by insects or crowded and poor living conditions, we would expect more of the patients to be children. Although some migrant farm workers encounter problems with housing, health care, education, and other socioeconomic conditions, as seen in Belle Glade, no available evidence establishes a cause and effect relationship between socioeconomic conditions and transmission of HTLV-III, the virus that causes AIDS.

The State of Florida is requesting additional assistance from CDC to evaluate the occurrences of AIDS and HTLV-III infection in the Belle Glade community. Included in the proposed investigation will be epidemiologic case-control studies to determine the risk factors possibly associated with HTLV-III infection in this population. Factors associated with environmental conditions will be included in these studies. The Florida application is being reviewed at this time.

We agree that AIDS is a critically important public health problem. Secretary Heckler has declared AIDS to be the number-one public health priority. Federal funds are supporting activities which include: vaccine development; improvement of techniques to diagnose the syndrome; the search for an AIDS therapy; surveillance and epidemiologic studies; prevention strategies; methods to enhance the safety of the nation's blood supply; and the study of the psychological impact of AIDS. Between fiscal years 1982 and 1985, the annual budget of PHS for AIDS has increased from \$5.5 million to more than \$100 million. This illustrates that we are prepared to put resources where our surveillance tells us they are required to attack threatening diseases.

We appreciate Executive Intelligence Review's dedication to the control of diseases. . . . We wish to leave you with the correct impression that we, too, are committed to preventing and controlling the disease discussed in your report, even if we do not agree with the pessimistic conlusions which the report draws. . . .

(Signed)

James O. Mason, M.D., Dr. P.H.

EIR October 17, 1986