

taining this rare insight into the biography of the Soviet foreign minister:

I was sick of the agents, they made all sorts of demands and conditions and forced me to work as an agent. *If you refuse to work for them, they will expose you as an agent so you have to work for them, or danger threatens.* I worked in prison and in labor colonies and helped them in undercover work . . .

After being arrested on July 20, 1970, I was transferred to the KPZ (preliminary findings room). In 24 hours I was transferred to the SIZO #1. I was placed in Special Building #2, room #43.

. . . Special Building #2, which is isolated from all other sections of the prison, was established in 1966 and was designated solely for undercover work. The old section was re-equipped and 10 rooms were opened with all kinds of equipment for broadcasts and recordings. In this building only agents or objects who had been processed with the help of agents were placed. The rooms were not communal, they were for only 5-7 peo-

ple. No one else was placed in this building . . .

In room #45 Agdgomelashvili (an agent) beat Mikhelashvili (a Jew) on assignment from Panfilov (chief of operations), in room #44 agents . . . beat and cut with a razor the object Datusani, in room #37 agent Usupyan on assignment from Panfilov and Svimonishvili beat the object Valeri Kukhianidze, whose internal organs got so beat up that he spit blood, after which he died in the Central Prison Hospital and was "written off."

The agents Gurami Gogua and Tedo Dolidze were beating the object in room #38, including Kobakhidze, who had his legs strung up until they wrung a confession out of him. . . . In every room sat agents who worked with an object on a corresponding assignment for which they gave out narcotics, alcohol, allowed meetings with and packages from relatives and even visits with prostitutes—all of which was illegal in the special rooms and offices—they promised freedom, etc.

They were often given the assignments to beat objects such as for the purpose of ex-

tracting a confession, but also due to the personal interest of the administrators. . . . In a word, beating went on in all the rooms, and the groaning and howling of the objects was heard all over the building. . . . In general, it was a slaughterhouse.

On orders of the procurator Lezhava and his brother (head of SIZO #1) and on assignment from E. Shevardnadze, I was told, the object Roman Erukidze was sent to me. He was in a group . . . of the Bureau of Land for Gardening . . . Lezhava, Svimonishvili and others promised me that if I handled this case they would free me, since Shevardnadze himself had given his word.

I processed the object Erukidze, I put all my energy into it. He had been under observation before. I put him in touch with his home and convinced him of everything. I made him confess, as I had made Doloyan and Botadze, to the Minister of Internal Affairs of the Georgian SSR.

Well, you get the idea. As the *samizdat* editor concluded, "the widespread use of torture . . . coincides with the

term of Shevardnadze as Minister of the Department of the Interior and First Secretary of the Central Committee." It was Shevardnadze who created the Special Building #2, where torture went on almost uninterruptedly, under cover of an anti-corruption campaign.

As for the unfortunate Tsirekidze, he was of course the fall guy for the KGB and MVD officials who ordered him to carry out his acts of brutality and torture. And one of those officials was eventually promoted to stand alongside the moderate and progressive Gorbachev as a representative of the new peace policy of the Soviet Union.

If you want more of the real biography of the Soviet foreign minister, talk to the Georgian community in exile in Queens, New York City. Better yet, write to your local paper and ask that one of their ace investigative journalists be put on this story. □

EUROPEAN DOCUMENT



AIDS: A BRITISH VIEW

by Christopher Monckton

The responses of governments and public agencies to the threat to mankind from the rapid spread of AIDS and its related diseases have been dangerously and perhaps fatally inadequate. On the one hand, they want to prevent the disease from becoming one of the biggest killers man has known. On the other, they are over-anxious to avoid offending high-risk groups or arousing unreasonable discrimination against known carriers of the disease. They are allowing an understandable sensitivity to the rights and feelings of minorities to outweigh their higher duty to protect the lives of all their citizens.

The authorities in some countries in Africa (where the very high infection rate leads many to believe the disease may have originated) are now refusing to report AIDS cases to the World Health Organization, which now has a small, under-funded but growing program to combat the disease internationally. These irresponsible attempts at concealment will obviously make the

Christopher Monckton, a former special adviser to Margaret Thatcher, is assistant editor of the British national daily newspaper Today.

task of worldwide eradication of the virus even harder than it already is.

In the United States Dr. Everett Koop, the Surgeon-General, has recently issued a 36-page report advocating the stepping-up of public education on the dangers of transmitting AIDS through promiscuity (heterosexual as well as homosexual) and through the re-use by intravenous drug addicts of possibly infected hypodermic needles. Privately he admits that, if his campaigns against smoking, drink, and drugs have made little impact, a campaign to change people's sexual behavior will have still less chance of success.

At the end of October a committee of the National Academy of Sciences produced a 390-page report entitled *Confronting AIDS*,¹ describing federal anti-AIDS funding as woefully inadequate and calling for a \$2 billion annual program of public education and research on the disease in the hope of finding a vaccine against it. Yet the report concedes that there is little chance of finding a cure in the short term.

Both these reports continue a wel-

¹National Academy Press, \$24.95.

come trend among official announcements about AIDS away from earlier misplaced and complacent attempts at reassurance and towards a more honest exposition of the full facts. *Confront-*

ing AIDS, for instance, bluntly states: "There is no agent currently available to treat the underlying disease process, no one has been known to recover from AIDS, and those exposed to the virus



must be presumed to be chronically infectious."

Yet both reports fail to draw the unwelcome but undeniable conclusion from the disquieting evidence which they present. For there is only one way to stop AIDS. That is to screen the entire population regularly and to quarantine all carriers of the disease for life to halt the transmission of the disease

to those who are uninfected. Every member of the population should be blood-tested every month to detect the presence of antibodies against the disease, and all those found to be infected with the virus, even if only as carriers, should be isolated compulsorily, immediately, and permanently.

Any program of action as radical, as costly, as universal, and as undeniably

contrary to individual liberties as this appears to be unthinkable, which is why too few of the people who ought to have thought about it have done more than to dismiss it as impossible, unethical, unfair, discriminatory, or undemocratic. Yet there are occasions when it is imperative to think the unthinkable and then to do the undoable. The AIDS epidemic is one such occasion.

predictions of the current death-rate have proved to be underestimated, if anything, and present predictions are that the annual death rate from AIDS in the United States alone will be 54,000 by 1991, and continuing to rise sharply every year thereafter unless a cure is discovered, tested, approved, and made generally available.

Will the public health authorities' current response—a program of public education about the dangers of spreading the virus through homosexual or heterosexual promiscuity or re-use of infected needles—be enough to achieve a *de facto* isolation of carriers, and hence a decline in the rate at which the disease spreads, without the need for enforcement measures? Alarmingly, no. The homosexual community, for instance, is the group with the highest risk of contracting AIDS. About two-thirds of all AIDS cases in the United States are among homosexuals. The high risk arises both because homosexuals are, on average, extremely promiscuous and because the forms of sexual activity in which they indulge are particularly favorable to the physical contact between infected body-fluid and an uninfected bloodstream by which the disease is typically transmitted.

In many homosexual communities, the rate of promiscuity has dropped considerably in response to growing public awareness of the danger of contracting AIDS. Yet the rate of infection has not dropped, because increasing numbers of homosexuals are already infected and the higher percentage of existing infection tends to cancel out what would otherwise be the beneficial effects of the decline in promiscuity. Unless promiscuity between infected and uninfected people drops to nil, the disease will continue to spread at approximately its present rate.

Hence, even where sexual behavior becomes less promiscuous, the advance of the disease appears inexorable. In any given population, the measured incidences of infection, of disease, and of death double approximately every ten months. Some slowing of this rate of increase can be hoped for once the disease has reached saturation among the high-risk groups (homosexuals, intravenous drug addicts re-using infected needles, prostitutes and their clients, other heterosexually promiscuous people, hemophiliacs using infected clotting agents, transfusees receiving blood from infected donors, spouses of carriers and children of infected mothers). But unfortunately the disease is not confined solely to these high-risk groups.

As the incidence of AIDS increases, the likelihood of accidental infection of

To justify a program of universal blood-testing and enforced isolation, it is first necessary to establish that there is no alternative. By now it is clear that the AIDS virus will not go away by itself. The great plagues of history were eventually extinguished partly because the victims were killed so quickly that the diseases could not transmit themselves to new hosts, and partly because immunities to them began to arise. AIDS, however, lingers as a carrier for years before killing its victims, allowing plenty of time for onward transmission, and it assails the very immune system (specifically the T-lymphocyte white cells) that might otherwise develop the power to destroy it. In these respects, AIDS is more threatening than any plague which has previously afflicted mankind.

There are only two ways of eradicating a disease like AIDS. One is to cure it; the other is to isolate it. What, then, is the prospect of a cure? All responsible medical authorities are agreed that the likelihood of early discovery of a cure is remote. *Confronting AIDS* says: "The Committee believes that a vaccine against HIV infection is not likely to be available for at least five years and probably longer." A palliative drug, azidothymidine (AZT), appears promising as a way of deferring the death of AIDS victims by slowing the progress of the disease in the body, but its side-effects have not yet been fully investigated and it will not, in any event, prevent the spread of the disease.

The problem with the AIDS virus is that, like the influenza virus, it changes its form so fast that the body's immune system cannot keep up. It will probably be harder to find a cure for AIDS than for the influenza virus, for which—despite decades of research—no satisfactory or general cure has been found. To take another example, the anti-viral agent against the Hepatitis B virus took seventeen years to develop, and is still not universally available.

Public health authorities would, therefore, be highly irresponsible if they based their policies for controlling the AIDS epidemic on the wishful assumption that a cure might shortly be found. Though the disease has been known only since 1981, and the virus itself was isolated as recently as 1983, early

SCORPIONS IN A BOTTLE



Jeane Kirkpatrick
Irving Kristol
Sidney Hook
William Bennett
Joseph Sobran
Melvin Lasky
Peter Berger
Michael Novak

\$5.00 PAPERBOUND

Write for our free catalog. All orders include a complimentary subscription to monthly Imprimis essay series.

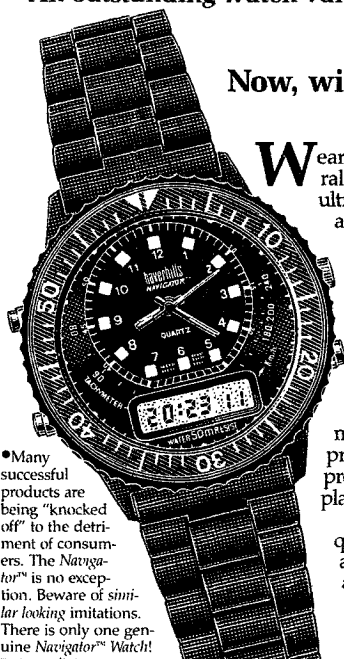
HILLSDALE COLLEGE PRESS
Hillsdale, Michigan 49242



An outstanding watch value: on land, at sea, and underwater . . .

Navigator™ Watch

Now, with new ratcheted safety bezel, and still only **\$49.95***



Wear this watch to work, to play, to swim and dive — and to rally. The Navigator™ Watch is powered by a sophisticated, ultra-accurate Japanese quartz movement that is powered by a tiny mercury cell. It should last at least 18 months before you need replace it. The Navigator™ has both luminous analog dial and LCD display. It gives you dual time capability. The LCD display shows time continuously — in 12-hr. or 24-hr. mode. Push the button and you display day and date. There is a subtle yet insistent alarm and a switchable hourly time signal. The stopwatch/chronograph reads to 1/100 secs. and has "interrupt" and "lap" modes. A light switch illuminates the display.

The Navigator™ Watch is totally executed in black metal, including the linked, stainless steel band. It is waterproof to 150 ft. The new, exclusive ratcheted safety bezel prevents you from staying underwater longer than you had planned. The crystal is "mineral glass"—it will never scratch.

We import these outstanding watches directly in large quantities and are able to offer them for just \$49.95. National catalog houses offer the identical watch for \$120 or more, and that's without the exclusive safety bezel. But here is an even better deal: *Buy two for \$99.90, and we'll send you a third one absolutely FREE, with our compliments.* Take advantage of this outstanding offer while it is available.

*Many successful products are being "knocked off" to the detriment of consumers. The Navigator™ is no exception. Beware of similar looking imitations. There is only one genuine Navigator™ Watch!

FOR FASTEST SERVICE, ORDER
TOLL FREE (800) 431-9003
24 hours a day, 7 days a week

Please give order #1015B819. If you prefer, mail check or card authorization and expiration. We need daytime phone for all orders and issuing bank for charge orders. We cannot ship without this information. UPS/insurance: \$5.95 for one Navigator™ Watch, \$6.95 for three. Add sales tax for CA delivery. You have 30-day return and one year warranty.

Note: For quantity orders (100+), with your company logo on the dial, call Mr. Ernest Gerard at (415) 543-6570 or write him at the address below.

since 1967
haverhills

131 Townsend Street, San Francisco, CA 94107

theoretically low-risk members of the population also increases. The reason is that, because AIDS is transmitted by contamination of the victim's bloodstream through direct contact with body fluids from a carrier, infection can occur in many innocent and accidental ways: for instance, through even a very small cut in the skin, or (in one case on record in Germany) by an infected boy biting his previously uninfected twin brother.

It may well be that many people not in the high-risk groups have already become infected without knowing it. One of the reasons why universal testing is essential is that it is the only reliable way to detect such accidental infections. It would, in any event, be thought invidious and discriminatory to limit the testing only to high-risk groups; but, more to the point, it would also be a failure.

The truth, though the public health authorities are not quite admitting it yet, is that everybody, without exception, is potentially in danger of infection by the AIDS virus. Of course, homosexuals and intravenous drug users remain most acutely at risk, but in Africa it is already true that half of all AIDS cases are women (compared with under one-tenth in the United States), indicating that heterosexual transmission of the disease is now as significant as homosexual transmission. Although this figure may be explained in part by the frequent re-use of hypodermic needles in African medicine, or by the high prostitution rate in some countries, public health authorities in the developed world would be imprudent if they did not take stringent and immediate precautions against accidental infection of groups not now regarded as being at risk. The more widespread the disease, the greater the danger that members of low-risk groups may be accidentally infected by an existing carrier. Furthermore, it is obvious that the risk of infection by accident is higher still if the carrier himself does not know that he has the disease.

Would compulsory testing and enforced isolation work? If the vast majority of the population came to accept the need for it and were willing to cooperate, yes. The testing would have to be monthly because after the moment of infection there is a "window of apparent safety," varying in length from two weeks to three months, during which the victim shows no antibodies. A single test might, therefore, turn out falsely negative and a carrier might subsequently spread the disease to others without knowing it.

Equally, a test might show falsely positive. Accordingly, everyone who

showed positive on any monthly test should have the right to undergo immediate further tests to establish whether the initial reading was wrong. Fortunately, many different tests are available, so if one test proved positive others could at once be tried. During the few hours necessary for awaiting the results of the further tests, the testee would need to be isolated both from the infected

and from the uninfected populations. Strict controls would be needed at all borders. Visitors would be required to take blood-tests at the port of entry and would be quarantined in the immigration building until the tests had proved negative. Already the first tentative steps are being taken in this direction: some countries now deny the right of entry to known carriers of AIDS. Many blood-tests for AIDS are now

known, including enzyme-linked immunosorbent assays, immunofluorescent assays, and Western blot analysis. Most of these techniques are quick, painless, and inexpensive and all are accurate to a respectably high degree.

Universal testing, then, provided that it were regular, would successfully identify all—or nearly all—carriers. Some actual or potential carriers, particularly among the high-risk groups, might be

Are Catholics STUPID ?



There is a tenacious myth in America that says Catholics are stupid, ignorant, and superstitious. Moreover, there is a prejudice among **modernist** Catholics that those Catholics who **really** believe in the Bible, the creeds, tradition, and the Church are intellectually feeble. After all, it's said, **there aren't even enough intelligent orthodox Catholics to support a decent journal of opinion.**

Well, the NEW OXFORD REVIEW has arrived on the scene to dispel those falsehoods. You see, we believe that orthodox Catholics need a high-grade magazine that really speaks to the mind as well as the heart, that speaks Truth with clarity, verve, and style. The liberal Protestants have their *Christian Century*, the Evangelicals have their *Christianity Today*, the liberal Catholics have their *Commonweal*, and the Jews have their *Commentary*. But **orthodox Catholics have nothing comparable in the field.** The above-mentioned magazines are distinguished and influential trend-setters, and the time has come to give them some serious competition!

Orthodox Catholics have newspapers, quarterly journals, family magazines, and clergy magazines, but they have no "literary"

magazine that can speak with the same authority and "weight" as a *Commonweal* or a *Commentary*. That is why the NEW OXFORD REVIEW has made its appearance. Born in 1977 and published 10 times a year, we've already made a mark. *National Review* calls us "first-rate" and *Newsweek* has conceded that we are "thoughtful," even praising our "childlike exuberance." The *National Catholic Register* has said that "for sheer feistiness and guts, it's hard to top the NEW OXFORD REVIEW." Even the "magisterial" *New York Times* has had to take notice.

Our contributors include the best orthodox Catholicism has to offer: Francis Canavan S.J., Christopher Derrick, Joseph Fessio S.J., George A. Kelly, James Likoudis, Ralph McInerney, John T. Noonan Jr., Kevin Perrotta, James J. Thompson Jr., S.L. Varnado, and Paul C. Vitz.

Help us explode old myths and prejudices! Subscribe today.

(Please allow 2 to 8 weeks for delivery of first issue.)

SPECIAL DISCOUNT RATES FOR FIRST-TIME SUBSCRIBERS

- One-year subscription \$14 (regularly \$19)
- One-year student, unemployed, or retired person's subscription \$12 (regularly \$16)
- Two-year subscription \$23 (regularly \$35)
- One-year Canadian or foreign subscription US\$17 (regularly \$22) Payment must be drawn in US Dollars
- Sample copy \$3.50

Send coupon or letter. Make check payable to NEW OXFORD REVIEW. Mail to:

NEW OXFORD REVIEW
Room 27
1069 Kains Ave.
Berkeley, CA 94706

PAYMENT MUST ACCOMPANY ORDER

NAME (Please print or type) _____
STREET ADDRESS _____
CITY STATE ZIP CODE _____

driven "underground" by fear of being identified and isolated: but the risk to the population from these few would be considerably smaller than the present risk from those who are spreading the disease because they are not known to be carriers. Regular testing would greatly curtail the damage done by those carriers who remained at large.

Though the cost of universal testing would be great, the health-care cost of allowing the infection to spread unchecked would be many times greater. *Confronting AIDS* puts the cost of treating an AIDS victim at \$50,000 to \$150,000 from diagnosis to death. By 1991, the annual cost of caring for sufferers from the disease has been put at a conservative \$16 billion. A lot of testing could be done for the same outlay.

Would isolation be effective? Yes, and here is the one ray of light in an otherwise gloomy tale. Precisely because AIDS is not normally transmissible except by the direct mingling of a carrier's body fluids with the bloodstream of an uninfected person, isolation would immediately protect the uninfected population to an extent greater than with most other communicable diseases: and, even if uninfected

people wished to visit or care for friends or relatives in the infected and accordingly isolated community, they could do so without risk provided that stringent precautions against accident were taken.

Isolation of AIDS carriers need not, therefore, be as terrible in practice as it sounds in theory, and it need not be as rigorous as the isolation which was once necessary for more readily communicable diseases such as smallpox or typhoid. Carriers need not be isolated from each other; the bulk of them, at any given time, would not be suffering from any symptoms of the disease; and carefully supervised visits from uninfected people would be possible.

In the United States, between 1.5 and 3 million people are already carriers of AIDS. Isolation of so large a number of people would be an enormous and daunting task, though not altogether impossible. However, it is unlikely that a society which has been habituated to freedom since its foundation would yet be willing to accept the alternative to widespread death which isolation would offer.

Mr. Lyndon LaRouche's Proposition 64, which advocated widespread screening and isolation of AIDS carriers, was heavily defeated on the

California ballot, partly because the proposition was proposed by political extremists with a known propensity to cry wolf and supported by documentation that was unconvincing, poorly argued, and hysterical in tone, and partly because the public has not yet realized just how dangerous AIDS really is. Mentions of the disease still provoke more jokes and laughter than serious consideration of its ultimate effects on the human population.

In Britain, my own country, only 30,000 carriers are known. Isolation of this comparatively small number would not be insuperably difficult. But Britain will probably not take any radical action yet. Herein lies the real dilemma for public health authorities. While the disease is in the early stages of its penetration into the population, when stopping it would be easiest, few will appreciate its dangers and the public will not take drastic measures. By the time the catastrophic consequences of the epidemic have become evident to all, and the will to eradicate the disease has grown strong enough to permit action, much of the fatal damage has been done and the numbers of car-

riers to be isolated will be very high.

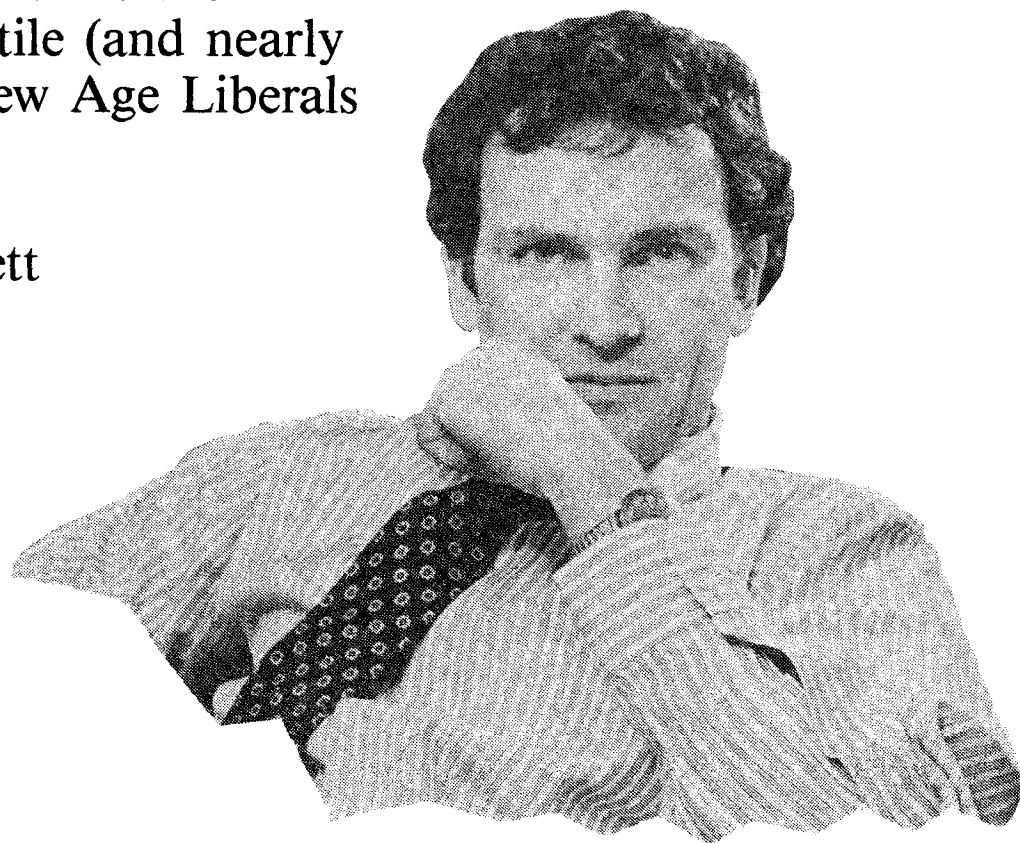
In five years' time, public perceptions of the danger posed by AIDS will be transformed. By then, on the official figures, the cumulative total of AIDS cases will have risen to 270,000, of whom 179,000 will have died. New AIDS cases arising from heterosexual contact will have risen fivefold from their present levels and pediatric cases tenfold. And, though the vast majority of cases will still be coming from the high-risk groups, cases arising in low-risk groups from accidental infection will begin to become significant.

Although the idea of universal testing and isolation now sounds extravagant and preposterous, it will eventually happen. Unless governments act now, the people will begin to take matters into their own hands: uninfected communities, for instance, will set up their own testing stations and will try to keep carriers out of town. Already, AIDS carriers in schools and workplaces have begun to face discrimination. Universal testing would be anti-discriminatory and, above all, it would save the lives of those who are going to be needlessly killed because governments have not the courage to do now what they are, in the end, going to do anyway. □

The founder and editor-in-chief of *The American Spectator* examines what he believes are the frequently incoherent, often infantile (and nearly always dangerous) ideas of the New Age Liberals in **The Liberal Crack-Up**.

To receive your copy of R. Emmett Tyrrell, Jr.'s **The Liberal Crack-Up** for only \$5.95 (retail value of \$16.95) and a one-year subscription of *The American Spectator*, send \$29.95 today.

If Reply Card is missing, simply call 1-800-341-1522 to place your order.



R. Emmett Tyrrell, Jr.