



✓ copy to M. Mrose (son)

THE JOHNS HOPKINS UNIVERSITY  
SCHOOL OF HYGIENE AND PUBLIC HEALTH

Office of the Dean

February 9, 1988

Dr. Alexander D. Langmuir  
Chris Ridge Village  
Building 2, Apartment 382  
6246 N. 19th Avenue  
Phoenix, AZ 85015

Dear Alex:

I enclose a copy of my letter which expands somewhat on your appreciation of Karel Raska. You have been generous and appropriately so although, in all candor, I doubt very much that the surveillance program in WHO would have prospered had Karel continued in Geneva. As time progressed, the concept of surveillance to him broadened substantially and in so doing became so diffuse as to be impossible to convey to others or to implement. In brief, surveillance came to mean a knowledge of all aspects of a disease, including the behavioral, economic, political and other factors pertinent to its occurrence. However important and relevant such factors may have been, it proved all but impossible to translate these into practice and to focus a program which was coherent and meaningful. This is not to denigrate his contribution in serving to launch the concept but only to suggest that it required someone to translate this into a practicable program and Eric was not the man for that job!

While in the U.S.S.R., I did have the opportunity to visit their new AIDS treatment and diagnostic setup and while there, I discovered that one of the individuals assigned had worked in Sverdlovsk. The AIDS unit is a new one, its laboratory being directed by the individual who previously held Ladnyi's position in the Ministry. (In brief - a highly important post). His deputy is a very engaging and very bright young man who just happens to be the son of the President of the Academy of Medical Sciences. Both spoke English and seemed very open in discussing both the AIDS program and the Sverdlovsk experience. So far as AIDS is concerned, they have uncovered some 200+ HIV-positive individuals, all but 33 of whom are from other countries, mostly Africa. They have had

Dr. Alexander D. Langmuir  
February 9, 1988  
Page 2

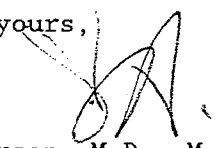
Langmuir

five cases so far, of which only one was a Soviet citizen, a homosexual interpreter who had worked in Tanzania. He, in turn, infected 5 of 27 contacts and they in turn transmitted the disease heterosexually. It was a neat bit of epidemiology. They have screened some 2.5 million persons, including prostitutes and such homosexuals as they could identify, but they are cognizant of the fact that there may be other cases, given the fact that homosexuality is a crime subject to imprisonment for six years. Although prosecution is infrequent, they recognize the fact that there undoubtedly were many homosexuals who were not being tested. The fact that there were so few cases was obviously troublesome to them, as they had persuaded the Ministry to open a 40-bed ward and they were unpacking no end of equipment which had been shipped in from the West. To have only a single case (and that one at home on AZT treatment) was hardly consonant with the enormous investment made. I had the sense, in fact, that they would have liked to have identified more infected persons in justification of the establishment of the unit.

They insist that Sverdlovsk was specifically related to contaminated bone meal produced as a small private venture operation and distributed widely to individuals who were raising cows, again as a private enterprise venture. Beef had been in very short supply in the area and when the animals began to sicken and die, they were slaughtered and the meat was sold by private entrepreneurs. If I recall correctly, they gave the figure of 93 cases as being the total size of the epidemic. Whether this is really what happened - who knows, but they seemed quite sincere.

All best regards.

Sincerely yours,



D.A. Henderson, M.D., M.P.H.  
Dean

DAH/vrw

Enclosure