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SPECIAL SECTION ON AIDS COMMENTARY

A BRIEF COMMENT ON HIV AND AIDS

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In the four years that I served as Secretary of Health and Human Services in the Bush Administration, I was responsible for government policy on a broad range of health and welfare issues affecting virtually every person living in America. Probably the most important of these issues, due to its enormous economic ramifications, was health care reform. Debate over the overhaul of our nation's system of health care and delivery of services had certainly captured the public's attention. But there was another issue with

* President, Morehouse School of Medicine; Secretary of Health and Human Services during the Bush Administration.

which I was closely involved that generated intense media scrutiny, fierce debate, and lingering acrimony. I am referring, of course, to the continuing effect of Human Immunodeficiency Virus ("HIV") infection and Acquired Immune Deficiency Syndrome ("AIDS") on society.

The reasons for this are obvious. AIDS is a modern medical horror, a powerful, painful reminder of plagues past. It was recognized on the American medical scene just over a dozen years ago. Since then, it has taken more than 200,000 lives. According to estimates by the Centers for Disease Control and Prevention, this number will more than double by 1995. These numbers alone are frightening enough. AIDS poses a clear and present danger to our nation.

As a society, we are quite right to be concerned about AIDS. How we deal with that concern is another matter. Irrational apprehension, escalating into phobia, does nothing to enhance our efforts to stem the spread of HIV infection and AIDS. Nor do the sometimes extreme activities of AIDS activists help to generate public understanding and support. I have personally faced these extreme reactions. In San Francisco, at the International Conference on AIDS in May, 1990, I tried to present an appeal to reason and for cooperation in the fight against AIDS. Much of my speech was drowned out by the noise of protesters, who maintained that the federal government, despite record funding for AIDS education, research, and treatment, was "not doing enough" in the fight against AIDS.

I believe that a lowering of the decibel level of the debate is in order. The following articles, published by the Hofstra University School of Law, are exactly the type of inquiry that will enable us, as a society, to examine and deal with the enormous social and economic consequences of AIDS.

HIV infection and AIDS are medical, political, social, and economic issues. Due to the debilitating effects of the disease, and how it is spread throughout the population, AIDS has provoked widespread reactions. The huge costs of treating the disease, and the costs of efforts to stem its growth, are matters of great concern. How we deal with them are matters of legitimate debate. The kinds of policies we enact to deal with HIV infection and AIDS will tell a great deal about what kind of a society we are.

As scientists and academics, as policy advocates and policy makers, we must not allow the debate to be driven by slogans and platitudes. We have determined how HIV is transmitted and we

know the characteristics of the virus. However, we have yet to learn how to work in cooperative ventures to stem its spread.

As we map our strategies for dealing with the AIDS epidemic, it is useful to examine epidemics throughout history, and observe how past societies have dealt with the devastation from other diseases. Smallpox, malaria, and typhus are diseases which resulted in panic and hysteria in the societies they affected. The most spectacular of the plagues, of course, was the "Black Death," the bubonic plague which took a horrendous toll on human life in Europe over a period of three hundred years. One estimate, perhaps high, states that the plague took the lives of one-quarter of the entire civilized world. In any event, the toll was very high, indeed. More recently, the influenza epidemic of 1919 took more American lives than were lost in the First World War.

In comparison to these past epidemics, AIDS is affecting a smaller percentage of our citizens. However, HIV infection and AIDS are among the most pressing medical problems of modern times—and are certain to get worse in other regions of the world. The World Health Organization ("WHO") estimates that there are over 7.5 million persons in sub-Saharan Africa currently infected with HIV. In Southeast Asia, WHO estimates that there are 1.5 million infected individuals, and these numbers are expected to rise dramatically over the next few years, in Thailand and elsewhere.

In October, 1991, I attended a conference in Japan. Medical officials from various nations in Southeast Asia expressed little interest in or concern about AIDS—their nations were not likely, they believed, to be greatly affected. Unfortunately, they underestimated the breadth of the disease. AIDS has an extremely long and persistent reach. It does not discriminate on the basis of race or national origin.

The urgency of the situation in the United States has provoked a great deal of concern. The purpose of these articles is to examine the wide-ranging socio-economic ramifications of AIDS. They are vast indeed, but AIDS is not the first epidemic to have such widespread medical, social, and economic repercussions. One historian called the bubonic plague a "catastrophic visitation" upon Europe, but also an "economic revolution." The workers that managed to survive the plague had, by virtue of their new scarcity, more leverage with employers, and, thus, an improved standard of living. This is particularly ironic because it was the socio-economically disadvantaged segment of the population that was more adversely affected by

the plague.

AIDS, in contrast to other historical epidemics, had its first major impact in America on more socio-economically advantaged segments of the population. Throughout history, epidemics have disproportionately ravaged lower socio-economic classes. Recent demographic trends indicate, however, that AIDS is beginning to emulate epidemics of bygone ages. Historically, those on the lower economic rungs of society have had little, or no, political power. This demographic shift in the AIDS-infected segment of the American population could have ramifications on the degree of emphasis placed on AIDS research and funding in the future—an emerging issue worthy of our attention.

One constant throughout history, and lamentably still extant, is public response to epidemics. Hysteria has commonly been a significant reaction. Scapegoats were urgently and irrationally sought out. Jews were massacred for being “carriers” of pestilence. Even cats, in a misguided attempt to root out the source of the plague, were drowned in large numbers. Sorcerers and mind readers were consulted for protection from the plague. Orthodox faith, and the social order it engendered, were undermined. Hysteria, however, is not yet relegated to the history books. During epidemics of poliomyelitis, not too long ago, many frightened parents kept their children from attending birthday parties, and from swimming in public pools and the ocean. While such reactions are sometimes understandable, they are frequently irrational. These reactions merely fuel ignorance rather than foster understanding. It is well to remember that, until recently, cancer bore a stigma, such that obituaries for its victims would frequently mention only that the deceased had passed away “after a long illness.” Society now accepts that having cancer is an unfortunate, and frequently tragic occurrence, not a scarlet letter to be carved on victims’ coffins.

Unfortunately, many in our society are not so understanding and compassionate of those afflicted with HIV or AIDS. Some have even ascribed God’s will in the disease. The words of a renowned physician remind us of how ignorance and superstition can influence public opinion:

Those who first referred this malady to the gods appear to me have been just such persons as the conjurors, purificators, mountebanks, and charlatans now are, who give themselves out for being excessively religious, and as knowing more than other people.

The physician, writing some twenty-five hundred years ago, was

Hippocrates. His rebuttal to those who would find God's angry will in the visitation of disease is as timely today as it was then. Knowledge and scientific inquiry are indispensable tools in the battle against AIDS. Irrational and mean-spirited invocations of divinity will do nothing to advance our efforts to combat this disease.

From an historical perspective, we are well ahead of the game in dealing with the AIDS epidemic. The bacillus that transmits bubonic plague was first isolated in 1894—over 500 years after it first visited such devastation upon Europe.

Twelve years ago, the AIDS virus was unknown to scientists. After only three years, government scientists had isolated the virus, learned how the disease is transmitted, discovered how it attacked the immune system, and made numerous other significant discoveries. The Bush Administration initiated rapid review procedures for new drugs, resulting in the development of promising new AIDS therapies that were brought to market in record time.

In any discussion of the socio-economic impact of AIDS, the costs to society's health care system must be taken into account. The treatment of AIDS is immensely costly, but there is a larger issue at stake. It is one of the overriding issues of health care reform in America. There is a consensus that America's health care system needs reform. Costs are spiralling out of control, and a large segment of the population is either under-insured or not insured at all. How we address these two problems is of crucial importance.

As noted above, government scientists and other scientists supported by government grants played a major role in the initial research on AIDS. The government, working in concert with private pharmaceutical companies, facilitated the development and delivery of innovative and effective AIDS treatments. America's unique public-private health care system created an environment which has made possible medical advances that might, otherwise, not have occurred. It is noteworthy that, of the three pharmaceutical agents developed which are successful in inhibiting the replication of the AIDS virus, all were developed in the laboratories of pharmaceutical companies in the United States. Also noteworthy is that, while the United States has only five percent of the world's population, almost half of the Nobel prizes in medicine and physiology have been awarded to American scientists. I do not believe that this is mere coincidence. Nor do I believe that American scientists are smarter than those from other nations. It is our public-private partnership, which encourages innovation and creativity, that has produced these

felicitous results.

I believe it is critical that any reform of our health care system preserves the public-private partnership that has been, and continues to be, an engine for improvement, efficiency, and productivity. I fervently hope that the socio-economic effects of AIDS do not include the dissolution, or the dilution, of the uniquely American, highly productive public-private partnership between government (federal, state, and local) and the health care community.

It is important to remember that, while AIDS can affect policy, policy can also affect AIDS. Injudicious health care reform measures hold the negative potential for undoing much of the progress that has been achieved over the decades.

One aspect of the socio-economic impact of AIDS that often goes unnoted is the fact that, in pursuing research on how the virus replicates itself and on how to control it, we have developed new approaches to other diseases. AIDS research is valuable in and of itself, but its applications go well beyond treatment of the disease. Research on AIDS will help develop new understandings of many viruses, the immune system, and other aspects of molecular biology.

Thus, the social and economic consequences of AIDS are not limited to the present. Research on AIDS and HIV will benefit not only the hundreds of thousands currently afflicted, but also many millions around the globe, whose lives will be improved by scientific inquiry.

In all our dealings with HIV infection and AIDS, it behooves us as a society to examine, closely, what impact the disease has on society in general and on certain segments of the population in particular. As economists would state it, we need to examine both the macro and micro aspects of the issue. The financial cost of AIDS research and treatment is probably the most obvious macro public policy issue connected with AIDS. Other areas are also deserving of hard inquiry. HIV infection and AIDS in the workplace are good examples. This is an area where, I am pleased to note, understanding and compassion are making inroads against ignorance. President Bush and I worked to include HIV infection as one of the conditions in the Americans with Disabilities Act¹ against which discrimination was prohibited. The clause was strongly contested by some in Congress, but our position prevailed.

In October, 1992, the Housing and Human Services Civil

1. Americans with Disabilities Act of 1990, 42 U.S.C. §§ 12101-12213 (Supp. II 1988).

Rights Reviewing Authority upheld an administrative law judge's ruling that Westchester County Medical Center in Valhalla, New York, discriminated against a pharmacist infected with HIV. After the Reviewing Authority ordered the termination of the Medical Center's participation in federal financial programs (Medicare and Medicaid) involving \$100 million annually, the Medical Center reinstated the pharmacist to avoid this penalty.

There are many other public policy areas affected by AIDS. The immigration of HIV-infected persons, and the effect that immigration policy has on international relations with countries with burgeoning AIDS populations, is of growing concern. Domestically, the right to privacy is a potentially explosive issue, with regard to HIV and AIDS. An issue in privacy rights which might not be immediately apparent to many Americans is how HIV infection and AIDS affect property transactions.

At first blush, some might find this discrete issue of less than staggering importance, but, as I have noted, it behooves us to examine with a careful eye *all* aspects of these issues. HIV infection and AIDS are issues that have produced a tremendous amount of heated debate. To make inroads against the disease, we will need to produce less heat, and more light. Efforts similar to those undertaken in the following articles will make it more likely that efficacious and humane policies regarding HIV infection and AIDS are enacted.

