

## The hypocrisy of Prop 69's opponents

by John Grauerholz, M.D.

On June 7, voters in the state of California will vote on Proposition 69, the AIDS Initiative Statute. The statute is essentially identical to Proposition 64, which was voted down in the November 1986 elections in California. The obvious question is, "Why do it again, when the voters turned it down the last time?" That question deserves an answer.

To begin with, it is fair to say that what the voters voted against in 1986 was not the actual initiative itself, but a fantastic distortion promoted by its opponents, with the aid of a \$2.5 million war chest raised by the Hollywood mafia and various other "interest groups." Leaving aside such fantastic descriptions of the initiative as a measure to "quarantine all AIDS carriers in concentration camps," or "a plot to lock up all homosexuals," all that the initiative does is to define the condition of being a carrier of HIV, or any other virus capable of causing immune deficiency, as an infectious and communicable condition along with 55 other infections already covered by the California health codes.

In essence, Proposition 69 is already law, and has been for many years, for 55 other infectious diseases, many of which are capable of spreading in epidemic fashion, but none of which, at least until recently, are in an epidemic phase, unlike HIV infection. This control has been accomplished without concentration camps, but with active public health measures, including case finding, contact tracing, and yes, education.

Exemplary of the quality of the opposition to Proposition 69 is Dr. Laurens White, the head of the California Medical Association. In the argument against Proposition 69, he characterizes it as "an irrational, inappropriate, and misguided approach to a serious public health problem." In a debate with the author, he admitted that in fact the initiative does *not* mandate the Orwellian nightmare that he and other opponents have conjured up, and admitted, off the record, that it wouldn't be a disaster if it passed. However, lest anyone

think sanity might have penetrated the ranks, he then went on to characterize me as a "mean-spirited," "wicked" man, who wanted to persecute homosexuals, only moments after stating that he didn't believe that of me.

Lest anyone might think there is some inconsistency here, it is useful to look at Dr. White's views on euthanasia. Dr. White is opposed to the so-called "natural death" initiative, not because he disapproves of euthanasia, but because he doesn't think the doctor should be put in the position of killing the patient, but should simply instruct the patient how to kill himself.

One of the great *non sequiturs* which have been raised against Proposition 69 is the assertion that HIV is not spread by "casual contact." To begin with, if by casual contact transmission other than by sex and needles, or from mother to child is meant, then numerous such cases have been reported. However, while the common cold, which opponents are fond of citing, is spread "casually," it is not on the list of reportable conditions, whereas syphilis and gonorrhea, which are known sexually transmitted diseases, are.

The opponents are thus in the interesting position of arguing that HIV infection, which is presently spreading as an epidemic, should not be treated as an epidemic disease because it is not transmitted casually. Their problem is compounded by the fact that any attempt to seriously deal with the epidemic will, inevitably, depend on the use of the sorts of measures which Proposition 69 would make available to the health authorities. This is because, regardless of arguments over any given method of transmission, this infection is spread from infected individuals to uninfected individuals. More to the point, the majority of transmission is from asymptomatic individuals, the majority of whom don't know they are infected.

One result of this has been to confirm the prediction of Democratic presidential primary candidate Lyndon H. LaRouche, that those who spoke against Proposition 64 would wind up calling for the same measures within six months of the defeat of the proposition. This was confirmed in an article in the March 13, 1987 issue of the *Journal of the American Medical Association (JAMA)* when two physicians who testified against Proposition 64 called for expanded testing and case finding. Interestingly, one of these physicians, Dr. James Chin, formerly the chief epidemiologist of California and now with the World Health Organization in Geneva, stated, again off the record, that the way to deal with AIDS was "screen and quarantine." However, that was politically unacceptable.

What was acceptable was voluntary testing clinics where clients were, in fact, counseled not to get tested on the basis of the argument that nothing could be done for them if they tested positive and they should practice safe sex in either case. In an interview in the *Washington Post* on Dec. 27, 1986, Dr. Robert Redfield of Walter Reed Army Hospital stated that the policy of not testing "is threatening the health

of the whole community. And ultimately it's going to threaten [gays'] freedom." He insisted that anyone who tries to persuade people not to get tested "has the blood of more gay men on his hands."

Subsequently, Dr. Chin and his co-author, Donald P. Francis, M.D., a representative of the Centers for Disease Control in California, along with three other California AIDS experts, submitted a 75-page report to Governor George Deukmejian urgently requesting that he declare a public health emergency in regard to HIV infection, and calling for a multimillion-dollar program to deal with the epidemic. This program included markedly increased testing and construction of dedicated facilities for the diagnosis, care, and treatment of infected individuals. Again, had Proposition 64 passed, a good deal of this program would have been in place.

Since Governor Deukmejian came out against Proposition 64, and subsequently Proposition 69, because he didn't want to spend any money on AIDS, this plea fell on deaf ears—a result that could have been predicted from the fact that, coinciding with his announcement of opposition to Proposition 64, he cut \$20 million from the state AIDS budget. Thus, the opponents had the satisfaction of being responsible for a 40% cut in AIDS funding at a time when state revenues were in much better shape than they are today.

As in 1986, the main effect of arguments against the cost of Proposition 69 will be to justify further cuts in health department budgets. The logic of this is inescapable: After all, if it is too expensive to enforce the existing health laws against a lethal epidemic, there is certainly no justification for spending money on the same measures for less serious diseases.

The consequences of this are already apparent in an epidemic of syphilis which has broken out in southern Los Angeles. The effects are also being felt in the closing of entire hospitals in outlying areas of the state and shunting of patients away from financially pressed trauma centers in Los Angeles.

In the meantime, there are apparently 160 pieces of legislation dealing with AIDS working their way through the California legislature, as well as a total of four initiatives dealing with the problem. Perhaps if the voters are aware of the actual content of Proposition 69, they may decide that it would make more sense to utilize the already existing, proven public health laws, and that money might be better spent in funding health services than the present legislative circus.

A vote for Proposition 69 will send a message to the state government that this is not the time to cut public health budgets, and to the health profession that they must face the reality of this epidemic. It will certainly be more effective than the paradoxical position of asserting that a major epidemic exists, requiring a state of emergency and massive funding, but which is immune to control by public health measures. AIDS is the major public health problem of our time, precisely because, in addition to being incurable, it has been placed above public health law.

## Burden of AIDS costs falls to county, state

The private sector is failing to pay its share of the mushrooming costs of AIDS and education about the epidemic, burdening local and state governments at a time when revenues are dwindling, the San Francisco Department of Health says in a new report.

Meanwhile, it notes, the growing number of the medically uninsured are adding even more to the public responsibility for AIDS funding.

The San Francisco report, among those from other cities and states, was presented recently at the annual meeting of the American Health Planning Association in Washington, D.C.

The study shows that the state and county are supporting a growing percentage of costs for Acquired Immune Deficiency Syndrome.

It found that state-funded Medi-Cal paid for 30.4% of all expenses in 1986, up from 28.9% in 1985. In contrast, the contribution of private insurance fell from 39.2% to 37.2% during the same period.

In 1982, the state paid the medical bills of all of San Francisco's uninsured AIDS patients. But by 1987, San Francisco had to pay for nearly half—\$23.8 million—of the patients' expenses.

● Given San Francisco's budget deficit, "it is clear that the City cannot continue to meet those demands on resources," Mary Pittman-Lindeman, director of the City's Health Program Planning Office said. "We must share the risk."

● City-run public hospitals such as San Francisco General Hospital are bearing the brunt of increased demands on their limited resources. Although the nation's public hospitals represent just 1% of all acute-care hospitals, they treat 17% of all AIDS cases.

● An identical trend is occurring throughout the country. In New York City, the government's share of AIDS care has increased from 42% to 50% over the past three years. The proportion paid by Blue Cross, in contrast, has fallen from 30% to 20%.

● "The AIDS epidemic has pointed out the shortcomings in our health insurance and health delivery system," Pittman-Lindeman said.