

The AIDS obstructionists

by David Horowitz

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As the AIDS epidemic spins out of control, special interest groups are preventing one of the only things that can work — mandatory testing.

Aug. 21, 2001. A new report from the Centers for Disease Control and Prevention reveals that 40 percent of people infected with the AIDS virus didn't realize they had the virus for 10 years after being infected. They only became aware of their condition through the appearance of full-blown AIDS. The same government agency estimates that more than 800,000 Americans are infected with the virus.

There are two grim and unarguable consequences of these statistics. First, those who carry the virus undetected deprive themselves of the enhanced possibilities of survival through early treatment by drugs. By the time AIDS becomes full-blown, the body's immune system has already been severely damaged and the patient is subject to life-threatening infections and cancers. But from an epidemiological view, this isn't even the worst news. The presence of the virus in the blood and semen of those who are infected means that if they are sexually active or sharing drug needles, they are unknowingly infecting others. According to the government's own estimates, this means that roughly 320,000 Americans are out there infecting unsuspecting others all the time.

This march of death is made possible by the surrender of public health authorities to the pressures of political groups opposed to what once had been the standard procedure for fighting epidemic diseases like AIDS: testing. Without testing of at-risk individuals and groups, there is no way to insure that individuals will know their lives are in danger, or that they are endangering the lives of others. Yet irresponsible zealots have successfully removed mandatory testing from the government's arsenal of weapons available in the battle against AIDS. They have even managed to pass laws against testing, in states like California and New York, which have by far the largest concentration of AIDS cases, HIV carriers and people at risk.

As I have already observed in previous Salon columns, AIDS is the worst-reported story in the history of American journalism. While the media dutifully passed on these new statistics about silent AIDS carriers, there was not a single press query about the government's lackadaisical attitude toward testing, even though the statistics show that we are in the midst of a monstrous pandemic that shows no signs of abating. Despite the new drugs, 40,000 young Americans are dying every year. Yet the press raised no questions about the need for mandatory measures, made no comments about the political obstruction of public health methods like contact tracing and reporting, and had no observations about the feckless surrender of public health officials to the prejudices and paranoia of special interest groups,

unlike its reporting on cigarette smoking or guns.

For more than a decade now the word "prevention," as used by the chief government agency for combating epidemic diseases, has been a cruel, Orwellian deception. By "prevention" public health officials mean only voluntary, mainly educational measures. But the experience of the last two decades has clearly shown that such measures are inadequate to the task of actually containing the AIDS epidemic.

This conclusion can be drawn directly from the conference sponsors' own summary of the evidence. For nearly 20 years, HIV and AIDS have presented historic challenges to our nation's public-health, scientific and medical communities. It is estimated that in the United States more than 800,000 persons are living with HIV. The number of people living with AIDS is increasing as effective new drug therapies keep HIV-infected persons healthy longer and dramatically reduce the death rate. Despite extremely beneficial advances in HIV/AIDS treatment in recent years, the epidemic is far from over. An estimated 40,000 Americans become infected with HIV every year, and more than half of these are young people under the age of 25. The HIV epidemic is increasingly affecting communities of color, particularly young people and women.

The majority of the new infections among men, nearly 60 percent, continue to be among men who have sex with men. Recent evidence suggests there has been a resurgence in unsafe behaviors among some communities of men having sex with men.

In this situation, with hundreds of thousands of individuals unknowingly carrying the virus and infecting healthy people, "prevention" is officially confined to voluntary measures that mainly involve "counseling." In other words, if you are willing, you can get tested. If you are willing, you can get information. If you are willing, you can wear a condom and not use someone else's needle. But we know that not enough people are willing. There is no community that has been bombarded with more information about AIDS than the gay community, and yet AIDS among gays is on the rise.

As for voluntary counseling, a frightening study of Seattle men, reported by David Brown in the Washington Post, found that among gay men who contracted a venereal disease only 50 percent got any counseling about safe sex for AIDS. In other words, half the gay men who were treated by doctors for venereal disease were not warned that they could get AIDS if they continued practicing sex without condoms. If, after the expenditure of billions of dollars on AIDS education and prevention programs, this obviously at-risk group did not get counseling, one can hardly expect the necessary information to reach others who are symptom-free and may be having sex with individuals who are completely unaware that they are carrying the virus. Yet no one in the AIDS public health community is even discussing the need for mandatory testing, let alone sanctions against reckless behavior endangering the lives of others.

The only possible conclusion is that 40,000 deaths a year from an entirely preventable disease is perfectly acceptable to the American government because it is perfectly acceptable to the special interest groups that make up the AIDS lobby — including AIDS healthcare providers, civil rights organizations, medical and scientific organizations and individuals who receive

government funding.

Last week, the Centers for Disease Control and Prevention held a gathering in Atlanta nobly titled the "Second National HIV Prevention Conference." But 97 pages of conference agenda, listing more than 200 conference panels, failed to turn up a single one devoted to the question of whether there should be mandatory testing of any at-risk group whatsoever, whether drug-addicted pregnant women, visitors to clinics, or residents of neighborhoods with a high incidence of the disease. Not one. Instead there were panels like "HIV Prevention Programs for Women," which discussed topics like "Women of Color: Doing It for Ourselves" and "Brushing up on HIV Prevention at the Beauty Parlor." The one panel devoted to "Testing Policy Issues" that even came close to raising a question about the efficacy of testing asked "Does the Availability of Anonymous Testing Really Affect HIV Testing Rates?" It was a question that seemed to answer itself—a sure sign of enforced conformity. But nobody asked, for example, "Does the fact that testing is anonymous hinder our ability to combat this epidemic?"

I asked Jessica Frickey of the Centers for Disease Control and Prevention about mandatory testing and she confirmed that there was "no discussion of mandatory testing at the conference." She then added that the CDCP doesn't recommend mandatory testing and explained that "people are scared of getting HIV tested because they might not get insurance." Well, there is an obvious answer to this objection. Why not have the government provide an insurance program for those who test positive for AIDS, alongside a program of required tests that might actually advance efforts to curtail this mass killer?

AIDS activists have long threatened that if testing is made mandatory, at-risk groups will seek to avoid both tests and treatment. It is this obstructionist attitude by people who claim to be leaders of the battle against the disease that has created the present situation.

I asked David Brown—the Washington Post staff writer who reported that 40 percent of the infected remain blissfully unaware of their lethal potential—why the press is not asking about the need for mandatory testing. He said: "The media profession has accepted the fact that mandatory testing is off the agenda. Mandatory testing even for pregnant women has been rejected."

This is true, but it is like saying that bans on abortion have been rejected. No reporter in his right mind would ignore the fact that a lot of people remain on the other side of the issue. Are there no doctors, no epidemiologists, no scientists involved with AIDS who think that the failure of existing measures calls for stronger ones? Of course there are. But in an atmosphere where advocating testing is not politically correct, reporters are not going to seek them out.

When I pressed Brown, he said that mandatory measures were off the table because there was "no precedent for coerced medical treatment of adults in the United States." But every couple getting a marriage license 30 years ago was required to get a test for syphilis. This was a measure to control an epidemic that was no longer even lethal. Individuals who are recognized to be a medical threat, e.g., tuberculosis carriers, can still be legally forced to take a full course of drugs in order to prevent contagion. Yet getting tested is hardly as invasive as taking a dose of medicine. Why not take this step if it means saving hundreds of thousands (or even

tens of thousands) of lives?

Of course testing is just the tip of the AIDS iceberg. Real prevention of new AIDS infections would also involve reporting and contact tracing, and the closing of infection sites (like public sex clubs). All these methods were proven indispensable in fighting contagious diseases before AIDS. Yet all the political battles over whether to deploy these weapons against AIDS were lost to the AIDS lobby more than a decade ago.

Not coincidentally, this lobby is funded by the epidemic it fuels. One of the facts most studiously ignored by a pliant media is that AIDS activist organizations have grown rich off the mounting toll of the dead. A whole industry has been created out of the successive failures of current public health policy. The bigger the epidemic resulting from these failures, the more government money available to "AIDS providers." This is not to suggest that AIDS providers want people to die. Obviously they don't, and a lot of their effort is the work of very dedicated and idealistic people who have extended themselves to help others. The same, however, could be said for defense workers in the famous military-industrial complex. The problem is that in both cases the symbiosis of service and profit has sinister side effects.

Many people in the AIDS battle who know better — doctors and scientists, for example — are restrained from advocating changes in AIDS policies that have failed because they are afraid of being cut off from the community on which their work depends. An epidemiologist researching AIDS who strenuously advocates testing and draws attention to the flaws in current policy, for example, may find the grants on which his work depends cut off. Efforts to promote stronger public health measures, including the closing of infection sites, have met powerful resistance at every stage of the epidemic by people who represent the at-risk community. Explaining why misguided policies go unchallenged, Gabriel Rotello, a founder of ACT-UP who has had second thoughts about the wholesale discarding of public health methods, observes, "Gay leaders frequently made it plain to researchers that anyone who raised questions about gay sexual freedom for any reason, whether ethical or biological, would be equally accused of anti-gay bias. Few researchers were willing to venture into such a political and social hot zone, and the few who did found that they consequently lost influence within the gay male community, a bad position to be in if your research required a high level of cooperation from gay men."

Only an aroused and activist public can break this vicious cycle, which has had a crippling effect on the war against AIDS. The idea that heterosexual couples can be forced to take tests for syphilis, which is curable, but gay couples and IV drug users can't be tested for AIDS, which is not, is absurd. And yet belief in this absurdity is killing nearly 1,000 young people in this country every week of every year.

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