HIV Sufferers Have a Responsibility

A major drive to find a cure for AIDS was announced last week by Donna Shalala, President Clinton’s Secretary of Health and Human Services. Researchers from the private sector, gay activists and government officials were teamed up to accelerate the search for an effective treatment. Yet even highly optimistic observers do not expect a cure to be found before the end of this century. Still, as the Shalala announcement’s exclusive focus on cure highlights, it is not acceptable to explore publicly the measures that could curb the spread of the disease by slowing the transmission of HIV, the virus that causes it. Indeed, before you can say what about prevention? the politically correct choir chimes in: You cannot call it a plague! You are feeding the fires of homophobia! Gay basher!

Case in point: a panel of seven experts fielded questions from 4,000 personnel managers at a conference in Las Vegas. “Suppose you work for medical records. You find out that Joe Doe, who is driving the company’s 18-wheeler, is back on the bottle. Will you violate confidentiality and inform his supervisor?” The panel stated unanimously, “I’ll find a way.” Next question: “Joe Smith is HIV positive; he is intimate with the top designer of the company but did not tell; will you?” “No way,” the panel agreed in unison.

We need to break the silence. It is not antigay but fully compassionate to argue that a massive prevention drive is a viable way to save numerous lives in the very next years. We must lay a moral claim on those who are likely to be afflicted with HIV (gays, drug addicts who exchange needles and anyone who received a blood transfusion before 1985) and urge them as a social obligation to come forward to be tested. If the test is positive, they should inform their previous sexual contacts and warn all potential new ones. The principle is elementary, albeit openly put: the more responsibly HIV suffers act, the fewer dead they will leave in their trail.

HIV testing and contact tracing amount to “a cruel hoax,” claims a gay representative from the West Coast. “There are not enough beds to take care of known AIDS patients. Why identify more?” Actually, testing is cruel only in a world where captains of sinking ships do not warn passengers because the captains cannot get off. We must marshal the moral courage to tell those infected with HIV: It is truly tragic that currently we have no way to save your life, but surely you recognize your duty to try to help save the lives of others.

“Warning others is unnecessary because everybody should act safely all the time anyhow,” argues Rob Teir, a gay activist in Washington. But human nature is such, strong data show, that most people cannot bring themselves to act safely all the time. A fair warning that they are about to enter a highly dangerous situation may spur people to take special precautions. The moral duty of those already afflicted, though, must be clearly articulated: being intimate without prior disclosure is like serving arsenic in a cake. And not informing previous contacts (or not helping public authorities trace them without disclosing your name) leaves the victims, unwittingly, to transmit the fatal disease to uncounted others.

Testing and contact tracing may lead to a person’s being deprived of a job, health insurance, housing and privacy, many civil libertarians fear. These are valid and grave concerns. But we can find ways to protect civil rights without sacrificing public health. A major AIDS-prevention campaign ought to be accompanied by intensive public education about the ways the illness is not transmitted, by additional safeguards on data banks and by greater penalties for those who abuse HIV victims. It may be harsh to say, but the fact that an individual may suffer as a result of doing what is right does not make doing so less of an imperative. Note also that while society suffers a tremendous loss of talent and youth and is stuck with a gargantuan bill, the first victims of non-disclosure are the loved ones of those already afflicted with HIV, even—in the case of infected women—their children.

“Not cost effective,” intone the bean counters. Let’s count. Take, for example, a suggestion by the highly regarded Centers for Disease Control and Prevention that hospitals be required to ask patients whose blood is already being tested whether they would consent to having it tested for HIV as well. The test costs $60 or less and routinely identifies many who were undiagnosed. Moreover, we have had none introducing the necessary preventive measures. The moral imperative to argue that a massive prevention drive is a viable way to prevent the spread of AIDS or any other fatal disease is part and parcel of an unambiguous commandment: Thou shalt not kill.

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