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COMMENTARY

PUBLIC POLICY AND THE AIDS EPIDEMIC

*By Richard F. Duncan**

Public discussion of the AIDS epidemic has become ubiquitous. To date, however, much of the coverage has been narrowly focused.

We have learned much about the disease. We know that it is contagious, incurable, and nearly always fatal. That typically it is transmitted by homosexual or heterosexual contact, the contaminated needles of drug abusers, or exposure to infected blood. That it probably is not spread through casual contact with infected persons, but also that it is still early in the day and a great deal is yet to be discovered concerning the transmission of the disease. We also know that there are now more than 15,000 confirmed cases of AIDS, that there may be as many as 2 million carriers capable of transmitting the disease, and that both of these numbers are increasing rapidly. Moreover, most of these carriers are presently without symptoms of AIDS. Therefore, neither they, nor the public, know who they are.

We have also learned much about the plight of some of the victims of AIDS as they struggle to live out their lives. We know of their problems at work, at home, and in school.

We have not yet, however, been asked to think seriously about the public policy issues of unprecedented proportions that may soon confront our society as it struggles for its preservation. That is exactly what I now propose to do.

What should a society do when, out of a population of 220 million people, up to 2 million persons are carriers of a disease which is (1) contagious; (2) incurable; (3) terminal; and (4) spreading rapidly. The possible alternatives are both thought-provoking and multitudinous.

Should we exile all the carriers to an island or other remote region, the way lepers were once treated? Should we quarantine them for life in hospitals or sanitariums? If so, where will we find the space and other resources

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to implement a quarantine of such magnitude? Should we require them to wear conspicuous scarlet A's and warning bells, in order to facilitate their avoidance by non-infected persons? Should we prohibit them from engaging in sexual relations? From marrying? From having children? From working in schools, hospitals or restaurants? From attending school? From living in apartment buildings next door to non-infected persons? How will we find the carriers? Will we require all citizens to be screened for AIDS? Will a blood test for AIDS be required to renew drivers' licenses? Or should we continue the current public policy, which, as I understand it, is to do nothing and hope for a cure?

Clearly, the costs of inaction are too high. Even putting aside the question of transmission by casual contact, the undisputed fact is that there are as many as two million anonymous carriers of the disease going about their lives not knowing they are contagious. Many, perhaps most, of these carriers are sexually active, and it is undisputed that AIDS is transmitted by homosexual and heterosexual contact. Therefore, to do nothing about the AIDS epidemic is to expose thousands, perhaps millions, of new victims to the AIDS virus.¹

It is also clear to me that we must carefully balance compassion for victims of AIDS with a prudent concern for the public health. Therefore, at a minimum, government should immediately take the following two steps:

1. Ensure that every possible path to a cure for AIDS is explored. This will require significant expenditures of public funds for research and development, but the costs of not acting are much greater, both in terms of lives and dollars.
2. Identify the carriers of AIDS by screening the entire population for the disease. Obviously, such a mass screening will be difficult to implement. Moreover, it is certain that some AIDS carriers will slip through unobserved. Finally, this policy will have a significant impact on the liberty of every man, woman, and child in America. But these costs of the plan are outweighed greatly by the benefits resulting from identification of AIDS carriers. At a minimum, AIDS carriers themselves should know they are contagious so that they can make the appropriate adjustments in their lives and in their relationships with others. Arguably, society also has a compelling interest in learning the identity of AIDS carriers,

1. Dr. Donald R. Hopkins of the Center for Disease Control said recently that it has become increasingly obvious "that AIDS is being spread largely by people who, though infected, have not become ill." *New York Times*, Mar. 14, 1986, at 9, col. 1.

in order to protect the unafflicted against exposure to the disease.

Once we have identified the location of the disease, the policy choices become excruciatingly painful. How far should we go toward isolating the diseased from the healthy?

I don't know the answer to this question. There are significant costs, perhaps unbearable costs, in each choice.

To quarantine or to publicize the identity of the carriers imposes an intolerable burden on the afflicted. On the other hand, it is unrealistic to assume that more than a million human beings will refrain voluntarily from sexual relations for the rest of their lives. Therefore, failure to quarantine carriers or to publicize their identity inevitably will expose at least some, and perhaps many, of the healthy to contact with the AIDS virus.

Whichever course of action our society eventually chooses, it is critical that we begin immediately to formulate and debate our response to the AIDS tragedy. If we choose not to act to seal off the disease, we must do so intentionally and rationally, and not as a result of paralysis brought on by our fear of the politics of the problem.

