

of contagious disease, if we are sane, is a matter of public health, and public health law, not of civil rights law.”

PANIC spokesmen also note that AIDS is not a “gay” disease. They point out that the vast majority of the victims of AIDS are in none of the so-called high risk groups; they are poor people of both sexes in Africa and the Caribbean. Furthermore, the virus shows every sign of being a classic tropical disease syndrome, spread most rapidly through the tropical “insect belt.” It is a retrovirus with totally new and unknown characteristics, for which there exists no cure, which mutates at enormous rapidity, and which, according to many studies, may be 100% fatal for those infected. Heterosexual transmission has been proven, as has insect vectoring. AIDS is doubling every 8 to 12 months in the United States, and spreading with increasing rapidity outside the “high risk” groups.

Proposition 64 lost, according to Lantz and Gandhi, because of a “well-financed campaign of deliberate lies concerning the medical facts of AIDS, as well as the content of the initiative itself.”

However, since last November, a number of developments, including the Reagan administration’s emphasis on “routine” AIDS antibody testing, and the President’s appointment of a special commission on AIDS, charged to

examine what is being done at all levels of government to combat the spread of the disease, combined with a flurry of state legislative efforts to stem the AIDS epidemic, indicate that the political tide may have turned in favor of measures like the new initiative.

This is precisely what is worrying opponents of the measure, who are already voicing their hysteria. A July 19 article in the *Los Angeles Herald Examiner*, entitled “AIDS initiative might get back on ballot,” worried that “things have changed” since Prop. 64 was defeated. Recent political developments at the state and national level have “fueled panic and fear about the fatal epidemic and may allow measures like Prop. 64 to flourish, AIDS and gay activists say.” The article quotes David Mixner, campaign consultant for last year’s “No on 64 campaign,” saying: “This time around, I think it’s a much more difficult race if it makes the ballot. People are much more afraid and they’re looking for political leadership.”

A July 15 lead editorial in the *Los Angeles Times* hinted at the major reason for opposition to the AIDS initiative from policy-making circles: the economic cost factor. The editorial declares the new initiative “mischievous,” particularly, “as the crisis in public finance has placed extreme constraints on public-health programs, including those addressing AIDS.”

President’s AIDS panel: a lost opportunity

On July 23, President Reagan announced his 13-man Commission on AIDS and visited the National Institutes of Health for a briefing on progress in AIDS research. The Commission appears to have been selected as a cross-section of almost every possible viewpoint in regard to what has already become the most emotional issue of the 1988 presidential campaign. As such, it represents a lost opportunity to follow up the President’s commitment to large-scale AIDS testing, stated in June, with a crash national program of preventive public-health measures and research.

For the record, the Commission includes: the self-avowed homosexual Dr. Frank Lilly, a geneticist at the Albert Einstein Medical Center in New York; Roman Catholic Archbishop of New York John Cardinal O’Connor; Illinois State Rep. Penny Pullen, co-sponsor of a legislative package mandating strong public health measures on AIDS; and Adm. James D. Watkins, recently retired Chief of Naval Operations and former head of the Pacific Fleet.

The media sought to make the “gay” issue overshadow

all other facets of the appointment of the panel and its visit, with the President, to the National Institutes of Health by, among other things, arranging to have Lilly seated beside Cardinal O’Connor at a photo session of the Commission. Commission chairman William E. Mayberry, head of the Mayo Clinic of New York, said the Commission’s first report will be in the hands of the President in 90 days, and its final report is due in one year.

The Commission is charged to:

- 1) review current efforts at AIDS education;
- 2) examine what is being done at all levels of government and outside of government to combat the spread of AIDS;
- 3) examine the impact of the needs of AIDS patients in years to come on health care in the United States;
- 4) review the history of dealing with communicable disease epidemics in the United States;
- 5) evaluate current research relating to the prevention and treatment of AIDS;
- 6) identify areas for future research;
- 7) examine policies for development and release of drugs and vaccines to combat AIDS;
- 8) assess the extent to which AIDS has spread both among specific risk groups and the population as a whole.
- 9) study the legal and ethical issues relating to AIDS;
- 10) review the role of the United States in the international battle against AIDS.