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Epidemics and Civil Rights

An epidemic involving a lingering fatal disease is difficult to handle under the best conditions. An individual who knows death is certain is naturally reluctant to spend the twilight hours isolated and feared by friends; yet the picture of an individual who knowingly spreads a fatal infection and also refuses to help in its containment is equally unpleasant. Reluctance to provide information to authorities is compounded if there is fear of exposure of a sexual preference that is still not accepted by a sizable fraction of the population. Clearly this is a matter that must be handled with great delicacy and restraint, but it cannot be swept under the rug while the epidemic grows.

It is a tragedy of history that, at a time when a more enlightened attitude toward homosexual preferences is emerging in our society, we are also confronted with an epidemic of AIDS. Increased scientific understanding and public education had begun to convince society that homosexuality is a statistical fact and a natural event of the human condition, neither to be praised nor condemned. The epidemic of AIDS, identified here with parts of the homosexual population, has interrupted that educational process and produced an unfortunate confrontation between civil rights and public health.

The latest medical evidence indicates that the incubation period of the AIDS virus may be much longer than originally thought, and therefore many people who were thought only to have a latent virus are now considered likely to be able to infect others and to die. A recent National Academy of Sciences committee emphasized the importance of this evidence and urged a massive educational campaign.* The containment effort will certainly not be helped if it is clouded by two emotionally charged issues.

The first of these concerns civil rights: the concept that those with a minority behavioral pattern should not be asked to accede to public health restrictions that might expose them to ridicule. Ironically, the spread of AIDS into the heterosexual population may soon make that issue moot, but those who delay intelligent and balanced attempts to control the epidemic will only add more acrimony and emotionalism to an already complex problem. The freedom of consenting adults in private to practice their own sexual preferences should be a civil right. The freedom to infect others is a civil wrong. The homosexual community has a right to demand that whatever restraints are deemed in the public interest must be applied equally to all individuals. The public has a right to say, "Let us not confuse a civil right with a civil wrong."

The second concerns the right to privacy: the concept that society may not use coercion to obtain information from a carrier of a disease. Coercion should be—and is—limited, but public emotionalism on this issue may become more severe as the epidemic spreads. It would be far better to devise now humane and intelligent procedures to limit the spread of AIDS. Other countries, such as Scandinavian nations, have imposed demands to reveal private information, such as the paternity of a child, but have also provided excellent safeguards to keep that information confidential. Society does not compel individuals to take sobriety tests *ad libitum*, but willingness to undergo a breath test is an appropriate requirement for obtaining a driver's license. In a similar exchange, society could say to a potential AIDS victim, "You must help us by giving information in return for the medical and financial assistance that we are providing you."

Solutions to the problem must be practical and civilized, but they should not be clouded by an inappropriate assessment of "rights." The clean water issue illustrates that past history cannot always be a guide to present problems: in the 1800s when the country had a much smaller population, the dumping practices of chemical plants could be tolerated to a degree impossible today with our concentrated population and highly chemical society. The nature of the epidemics that threaten us today has also changed, and the mobility and anonymity of the population require new approaches to epidemiology. Individuals personally threatened by AIDS should be treated with humanity and dignity; they, in turn, should be willing to provide the information which will enable society to protect others and attempt to control this terrible scourge.—DANIEL E. KOSHLAND, JR.

*National Academy of Sciences, *Confronting AIDS* (National Academy Press, Washington, DC, 1986).