

effective vaccine or therapy was developed. "throwing money at AIDS ... is not going to do anything about the incidence of AIDS."

"It's not that we're not concerned about prevention," responds Patricia DeAsis, director of communications for the IHS. "But when we start talking about an extremely limited number of people who have AIDS—when people are dying from diseases that are preventable—it doesn't make sense to focus on AIDS." In short, not enough Indians have died yet.

Cool miscalculations: It was this sort of cool miscalculation on the part of the IHS that spurred a group of concerned health workers, including Ron Rowell, to investigate Indian AIDS prevention in 1987. "There was no official response anyplace," says Rowell of that time. "IHS representatives were actually going around the country saying, 'AIDS isn't a problem for Indians.'"

Rowell attributes the lack of IHS response to the current administration's conservative ideology. Pointing out that Rhoades is a Reagan appointee, Rowell asserts that the IHS is staffed largely by "missionaries for whom sex is a very nasty subject. Instead of advocating for Indian health," he adds, "they are fighting this every step of the way."

While the IHS was unable to fund Rowell's proposal for a national Native American AIDS Prevention Center in 1987, the CDC provided monies the following year, enabling NNAAPC to begin distributing information and coordinating AIDS studies among Indians. And in 1989, the center opened a hotline staffed by Native Americans to provide AIDS information, counseling and referrals specific to Indian communities.

Since January 1989, NNAAPC staff members have conducted three-day training sessions that bring together tribal health workers, urban Indian health agency directors, activists and others to learn, network and strategize about ways to prevent the spread of HIV in their communities. The training sessions remind participants that they themselves—not doctors or administrators—are the experts, and, according to Rowell, only this kind of self-determination will improve Indian health care in the long run.

Although critical IHS support in the fight against AIDS is still largely absent, there are signs the agency is coming around. In September, the IHS in Albuquerque conducted a workshop on safe sex practices at the Southwestern Indian Polytechnic Institute, and the Public Health Service has released funding for AIDS education among individual tribes. For the first time, the IHS has appointed an AIDS coordinator with a relevant background.

Most importantly, the IHS, in coordination with the CDC, is continuing to pursue seroprevalence surveys that should in time provide sufficient documentation of HIV infection among Indians to convince the IHS to increase funding. But the studies will take time, and the infection continues to spread.

Even an accurate count of Indian AIDS cases could not gauge the threat the virus poses to these vulnerable communities, a threat best expressed by Terry Tafoya, a therapist originally from Taos Pueblo in New Mexico: "We don't think in terms of five- or 10-year plans," says Tafoya. "We think of the impact to the seventh generation. If we don't get word out to the Native American community about AIDS, there won't be a seventh generation." □

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Squeezing the government for an ounce of prevention

One bit of good news about AIDS: it now costs much less to treat people who have the HIV virus than it does to treat people who have contracted the full-blown disease.

Such early treatment could delay—and maybe even prevent—the onset of AIDS. Once someone develops AIDS, medical treatment climbs to between \$20,000 and \$60,000 a year, depending on the availability of outpatient services. In contrast, pre-AIDS treatment now runs about \$5,500 a year, down from \$9,600 last September.

Not surprisingly, half of the people who need pre-AIDS treatment can't afford it. That means the federal government has a clear economic choice: step in now or risk letting those with the virus contract the disease.

Pre-AIDS treatment consists of counseling, general monitoring and, for people whose CD4 white blood cell count falls below 500 (per cubic millimeter of blood), administering the drug zidovudine, also called AZT.

While AZT drug therapy is the most expensive facet of pre-AIDS care, the recommended dosage has been cut from 1,200 to 500 milligrams a day, and the manufacturer, Burroughs-Wellcome, has dropped the price by 20 percent, largely due to political pressure. An annual dose of the drug now costs about \$2,750.

The price of another important pre-AIDS drug—trimethoprim-sulfamethoxazole—also has decreased. Those with the HIV virus whose CD4 count drops below 200 require medication to prevent *Pneumocystis carinii* pneumonia, the most common and serious opportunistic disease associated with AIDS. Doctors prescribe either a

fancy new drug—aerosolized pentamidine—for \$2,500 a year, or the old-fashioned trimethoprim-sulfamethoxazole (one brand name is Septra) for \$250. Because new evidence has shown that the older drug is more effective, many doctors are switching back to it. Unfortunately, about 20 percent of patients who receive the drug are allergic to it, and so must stick with aerosolized pentamidine, which must be administered via a costly machine called a nebulizer.

While pre-AIDS treatment is now considered standard practice, getting it isn't. Henry Greeley, an associate professor at Stanford Law School, estimates that roughly 50 percent of HIV-infected people have private, employment-related health insurance that should cover 80 percent of their costs. The patients absorb the remaining costs, most of which consist of prescription drug co-payments.

The remaining 250,000 to 550,000 HIV-infected people are left standing in the cold. Medicare, available only to the elderly and the long-term disabled, will not cover them. And Medicaid—available to recipients of Aid to Families with Dependent Children (AFDC), the elderly and the seriously disabled—covers only AIDS patients not on AFDC because they are considered presumptively disabled. In addition, they are eligible for Medicaid only after they "spend down" their resources.

Peter Arno, an economist who studies the impact of AIDS on the health care system at the Montefiore Medical Center in the Bronx, sees a pattern in who receives preventative treatment and who does not.

"It's like the rest of our health care system," says Arno. "There is differential access based on social class: middle-class

gay white men on the coasts are getting care ... poor, black and Hispanic people and intravenous drug users are not getting care."

If federal and state governments don't pay for pre-AIDS treatment now, they will surely pay for it later, when those infected come to public hospitals seeking help for serious opportunistic infections. Treatment costs may fall, but so may the costs of prevention. For example, new prophylactic drugs like dideoxyinosine (ddi) and inosine pranobex may prove safe and effective. And Burroughs-Wellcome may be forced to again lower the cost of zidovudine. The American Civil Liberties Union (ACLU) is considering a lawsuit challenging Wellcome's 17-year use patent, as many believe U.S. government scientists at the National Cancer Institute and Duke University—not Wellcome employees—discovered the compound's HIV-fighting properties.

On September 12, a Senate appropriations subcommittee authorized just \$110 million for HIV-positive health care, gutting the \$875 million authorization bill approved by negotiators from both houses of Congress on August 3. Spread thin over the next two years, the money has yet to be allocated.

Getting preventive care to the 50 percent of HIV-infected people who can't afford it would cost \$500 million a year—well below 1 percent of what the federal government spends on health care annually. AIDS has taught us a cruel lesson: an ounce of prevention is worth 10 pounds of cure. We either spend this money now, or regret it later.

—Rhona Mahoney

able. Yet it is the nagging sense that the Republicans are for the rich and not for the average person that holds back the Republican tide. On the other hand, comparatively few voters have any clear image of what the Democrats stand for, and what image they do have is almost all bad. Only 16 percent of respondents, down from 21 percent, said the Democrats were for working people, striking at the heart of Democratic hopes for a political identity. The only other image of any significance was liberal, virtually unchanged at 17 percent.

Despite Cold War thaws, the major self-identification of those polled was "anti-communist" (down from 70 to 60 percent, but still strong among traditional Democrats), followed by identification as a supporter of civil rights (45 percent); environmentalism (43 percent); business, the anti-smoking movement (41 percent); Democrats (31 percent); the anti-abortion movement (31 percent); and feminism (30 percent).

The Cold War's decline is likely to mend Democratic and open Republican divisions, and Democrats are likely to gain overall from being pro-choice, while Republicans become more deeply torn by abortion politics.

But there is one gaping hole in the middle of the Democratic Party that will sink its fortunes until well and properly filled: the Democrats need an identity, based on sound policy and unwavering strategy, as managers of the economy for competitiveness, growth and good jobs for working people. Despite the growth in pro-business sentiment, distrust of corporations remains high. Democrats can be supporters of businesses that are socially responsible, but they must also become reliable critics of corporate excess, bulwarks against the rich getting richer while the poor get poorer (as 78 percent of voters believe is now true), and defenders of working people—their vanishing historic claim. They must grapple head-on with fundamental American political ambivalence and voters who greatly distrust government, yet look to it for a better society.

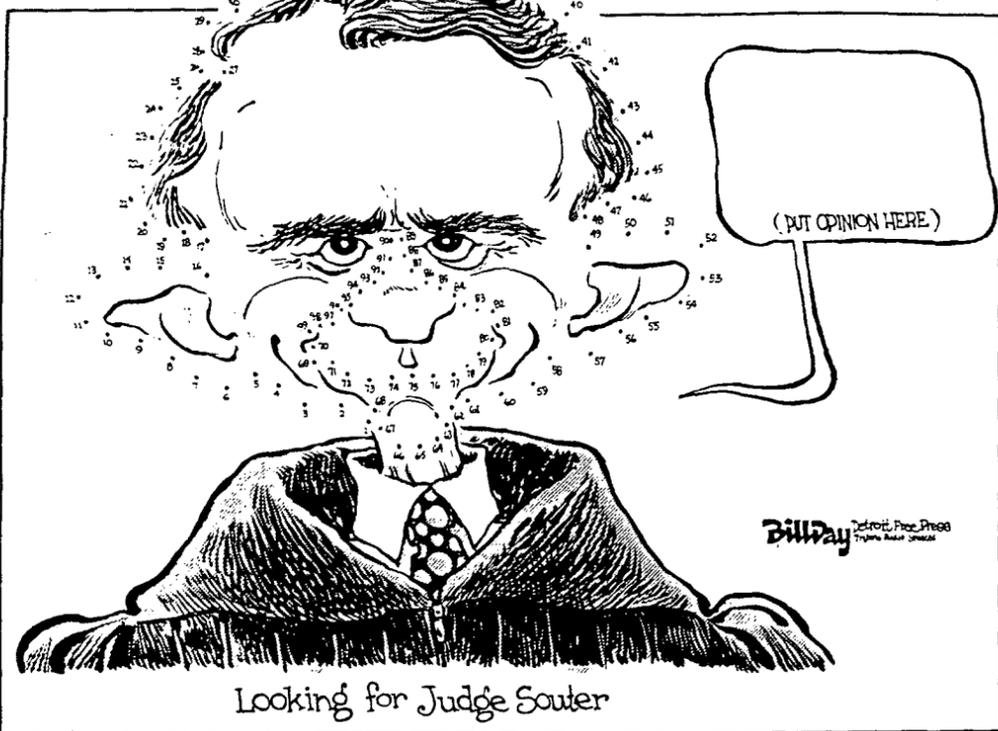
Voters have turned away from the Democrats not simply because they are incompetent, as the Times Mirror survey suggests. More fundamentally, even pro-Democratic voters do not believe the party's leaders stand for supposed traditional Democratic values—or for much at all. On that count, voters are quite right to be disenchanted.

Un-Soutered for court

Judge David Souter was informed at the outset of the Senate hearings on his nomination to the Supreme Court that he bore the burden of proof of fitness for the high post. In the face of flimsy objections that his legal record lacked the bell-ringer controversial positions of a Robert Bork, he tried to show he wasn't a "19th-century man"—a loner without social experience or compassion. Such image-making and evasive testimony will probably prove sufficient for a smooth sail through the Senate, but mere political momentum is no excuse for approval.

Although on some points Souter seemed more moderate than expected, his record and his testimony raise doubts about his defense of individual rights—including the right of privacy—and his willingness to use the court to protect the disadvantaged from the prejudices of the powerful and the majority. When polls show widespread public support for censorship, violation of due process and persecution of unpopular speech, the Court must above all defend the rights of individuals and minorities. While commenting on many issues that would come before him as a justice, Souter selectively waffled on the key question of how he views the *Roe v. Wade* decision guaranteeing women the right to an abortion. While it is appropriate to shelter the Court from overt political pressures, it is a charade to pretend that politics has no influence. The law is not some mystery of divination. Senators should recognize that the values a justice brings to the bench help shape the law.

Ultimately, the most important decisions will be won or lost in the political arena, which eventually influences the Court. And as the Supreme Court becomes less reliable, the majorities against restrictions on the right to abortion continue to grow. Even if approved, David Souter may not have the decisive vote after all.



Looking for Judge Souter

What do voters want?

The warning flares from voting booths and polling tallies indicate that voters in the U.S. are increasingly disenchanted with the overall course of the country and the direction of its political leaders. But the same flares indicate that neither the voters nor their leaders know where to go.

The incomplete triumph of conservatives over the past decade has resulted in a crippling political gridlock. Democrats cling to an ideologically mushy margin of power in Congress, but year by year they lose ground with U.S. public opinion. While more trusted on some key issues (environment, health, education, social security) than the Republicans, the Democrats are seen as incapable of running government in a way that delivers economic growth and strength. At the same time, the Republicans cannot fully capitalize on the Democrats' weakness because voters increasingly see the GOP as the party of the rich, out of touch with the needs of "people like me."

These are a few of the implications of the just-released 1990 edition of an opinion survey conducted since 1987 by the Times Mirror Center for The People and The Press. While the survey forecasts no widespread threat to Democrats running for office this fall, it clearly indicates a rapid downward trajectory for the party as a whole. Democrats are spared disaster only because of core Republican weaknesses and voters' inclination to support their own incumbent member of Congress, even if they have no use for Congress as a whole. But buried within the gloomy news for Democrats is an opportunity for the party to seize if it wants to flourish.

In the few years since the survey series began, there has been a dramatic increase in feelings of political alienation, distrust of officials and powerlessness, equally matched by growing personal hopelessness and economic worries. Such despair has grown mostly—as one might expect—among the poor and middle-income groups. But what is striking is the rapid increase in disaffection among lower-income whites to levels approaching that of blacks. Such alienation, however, seems to have produced not a new level of support for Democrats, but just the opposite—an erosion of support from some of its core constituencies, identified in Times Mirror typology as New Dealers (largely older, blue-collar whites) and the Partisan Poor (largely big-city blacks).

In the past few years, the Republicans have won an increasingly clear, though mostly unfavorable image. In volunteered responses, 51 percent (up from 18 percent in 1987) of those polled by the Times Mirror saw the Republicans as the party of the rich, powerful, monied interests, and 28 percent (up from 5 percent) saw it as "not for the people." Others saw the party as conservative (44 percent, up from 21 percent), and business-oriented (24 percent, up from 13 percent). But since more Americans identify themselves as conservative rather than liberal, and since the percentage of Americans who identify themselves as business supporters has grown from 29 to 41 percent over the past three years, those images are not clearly unfavor-

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