

PERSPECTIVES

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AIDS funding must be stepped up

Today, the world will celebrate the 13th annual World AIDS Day. OK, maybe celebrate isn't the right word. The world will observe this recognition of the AIDS epidemic, with a focus on sub-Saharan Africa. Current figures from UNAID, the United Nations' AIDS organization, show that the world has added more than 5 million new AIDS cases this year. UNAID estimates that 36.1 million adults and children worldwide are currently living with HIV and AIDS. Of those infected, 25.3 million are in sub-Saharan Africa, 5.8 million are in South and Southeast Asia, and 1.4 million are in Latin America. This truly a worldwide problem, and the world needs to spend more time and energy on prevention, education and research for a cure.

In 1981, the disease now known as AIDS was identified in the United States. That year, the Centers for Disease Control spent only \$1 million on research, while spending millions more on lesser threats, such as Legionnaire's Disease. Thanks largely to Rep. Henry Waxman, D-Calif., Congress began more aggressive funding, despite President Reagan's staunch opposition. In 1985, there were nearly 13,000 cases of AIDS in the United States.

Presidents Reagan and Bush fought for 12 years against Congress' efforts to increase funding for AIDS research, education and care. If their

intent was to make the epidemic worse, they succeeded. Today, there are more than 400,000 people living with AIDS or HIV, and more than 425,000 have died from the disease since 1981. Government assistance has grown along with infections: The Kaiser Family Foundation estimates the federal government spent \$9.7 billion in 1999 on a wide variety of HIV/AIDS programs.

So what will a new president bring to the AIDS fight? The picture is unclear. If Texas Gov. George W. Bush is elected, many executive AIDS programs may be derailed. If Vice President Al Gore is elected, new AIDS funding will face a fight from the Congress. AIDS funding has barely been keeping up with the increasing costs of administering health care and doing research, and the situation isn't likely to dramatically change.

Additional funding for domestic research and prevention isn't going to solve the problem, however. Attitudes in wealthier Western countries about the disease need to change. Intravenous drug users continue to get infected, and the fastest-growing demographic of new HIV infections is heterosexual women. But AIDS still carries the stigma of its early association with gay men. Even among that demographic, infection rates are rising after a decade of decline. Recent studies have found that younger gay men in America seem to think that AIDS isn't that large a threat. Perhaps

this is because of the advanced drug "cocktail" therapies that allow the infected to live better, longer lives. But people with AIDS still die prematurely. There is no cure. Western countries need to realize this and redouble their efforts on research and prevention.

Eastern Europe and the former Soviet Union have an AIDS attitude problem as well. Much like China a few years ago, the public perception is that no AIDS problem exists. The threat isn't discussed, and as a result infections in the area have doubled in the last year, adding more than 500,000 new AIDS cases, according to the UNAID report. Most of these are among IV drug users and sex workers.

In developing nations, the situation is substantially worse. In Africa, the rate of new infections is finally dropping — but this isn't a good thing. Reuters reports that so much of the sexually active population is already infected, there aren't many more people to become infected. Nearly one in 10 African adults is infected with the disease. And in Africa, treatment and infection are issues of race, class and gender. Medication is often only available to the wealthy or the white in larger cities. Small villages often don't have the medical infrastructure to distribute medication, even if they could afford it. Discussing AIDS is seen as a threat to masculinity in many African coun-

tries, and women are not often empowered to control their own sexual destiny.

To add to the difficulty in Africa, the 13th International AIDS conference in Durban, South Africa, this summer ended up not focusing on finding ways to get more international assistance, but instead became an argument about whether HIV causes AIDS and whether sick people diagnosed as having AIDS in Africa actually have AIDS, or whether they simply have other opportunistic infections. These are certainly big questions that the scientific community needs to investigate. But the harsh reality is that Africans need help now.

The world currently has 36 million people infected with AIDS. That may not seem like much compared to the world population. But then, 13,000 infections in the United States in 1985 didn't seem like much. The international community needs to use World AIDS Day to re-energize and refocus worldwide efforts to stop this epidemic. The United States needs to do its part as well. If we don't, those 36 million will only be the tip of the iceberg, and in 15 years we'll all be asking why we didn't do more earlier.

This editorial represents the opinion of the Emerald editorial board. Responses can be sent to ode@oregon.uoregon.edu.

CAMPUS "WHYS"

As the term comes to an end, ponder these timeless questions:

Why can't the weather in Eugene choose to be either really cold or really rainy, rather than torture us with both?

Why did Subway abandon the "scoop cut" for its bread, instead reverting to the "flat cut," which allows more food to fall out?

Why doesn't the University focus as much on students' proficiency in decency and integrity as it does on their understanding of diversity?

Why doesn't every classroom on campus have a clock?

And, related,

Why do some professors think it's OK to keep teaching and making assignments five minutes past the end of class?

Why is the Calculus solutions manual, which helps hundreds of students learn, missing from the Math Library?

Why isn't the presidential election finished yet?

Why is our term break nearly five weeks long? Oh, wait, forget that one.

Why haven't I finished those last six chapters?

And one related "what," to break the rules,

What is the cumulative number of unread chapters on campus this term?

Criticism of Health Center's flu shot policy was 'cheap shot'

GUEST COMMENTARY

Anne Leavitt

Your editorial ("Needed: A shot of good judgment," ODE, Nov. 29) about the University Health Center's management of flu vaccine was both inaccurate and unfair.

Dr. Gerald Fleischli is charged by the University with managing medical and health care resources, including flu vaccines, to protect and promote the health of currently enrolled students. As you know, the distribution system for flu vaccines this year has been unusually erratic and unpredictable. Health care providers have had to decide on an almost daily basis how best to distribute the dosages of vaccines as they become available. Dr. Fleischli

has followed guidelines from the Communicable Disease Center, recommendations from the Student Health Advisory Council, and past practices in seeking to make these doses available first to student members of our community whose health is at risk, and, as supplies permit, to faculty and staff.

Student athletes are among the students whom the University Health Center serves. Medical staff at the center and at the Athletic Department have regularly recommended that student athletes with travel schedules be inoculated to reduce the health risks of exposure to communicable diseases while away from campus. This year, because of the unpredictable supply of vaccines, the number of doses available to athletes was reduced by three-quarters, from about 200 doses to only 50. The vaccine was also offered to other students whose health might be at risk, including students being treated by the center for diabetes, asthma or other particular medical conditions.

To date, student demand for flu vaccines has not exceeded the supply available at the health center. With the number of doses on hand anticipated to increase, the health center has extended the vaccine to healthy students and to healthy faculty and staff. The center even anticipates having enough doses on hand to hold special flu clinics on the next two Saturdays.

You may be disappointed with Dr. Fleischli's medical judgment that some student athletes should have flu protection while traveling on behalf of the University of Oregon, but that doesn't make his professional judgment "unethical." That was a cheap shot! I hope you will now get your own flu shot and enjoy your holiday with protected health.

Anne Leavitt is the associate vice president for student affairs and dean of students at the University.

Letters to the editor

Popular-vote election has drawbacks

Abolishing the electoral system may superficially appear an appropriate remedy for a seemingly unfair voting process, but I'm doubtful a popular vote would be better.

Currently, presidential campaigns concentrate on states with the most electoral votes, and it makes sense. Less time and money is spent to reach the most people. The smallest states usually don't get a campaign.

stop, but eliminating the states' vote won't fix selective campaigning.

If we adopted a popular vote, what would happen? Candidates would focus on large cities rather than whole states. Instead of Gore campaigning throughout California, he would probably hit only San Francisco and Los Angeles (27 million people combined) and then move on. If he went north, he might not even hit Portland (2 million people) in favor of Seattle (3.5 million people).

In a popular-vote election, candidates might avoid the Northwest entirely. The East Coast is more popu-

lous. New York City, Washington, D.C., Chicago and Philadelphia offer about 42 million people, and visits are cheaper than flying west. The Electoral College makes California a "must have," with Washington and Oregon considered pivotal.

One thing worth supporting about the popular vote is that minority votes matter more than with the Electoral College. Lefties in Texas and the Midwest won't be heard because of the majority. The same with California and New England conservatives. Voting by district within states might be a fairer (but not the best) way of handling this discrepancy without

plummeting toward a big-city bias.

Jon House
anthropology

CORRECTION

In the Nov. 30 issue of the Emerald, the story "Alliance strives to end indifference" should have read: The Lane County Public Health Department has created a display of past World AIDS Day posters in the Public Health Service Building, located at 15 E. 8th Ave. in Eugene. It will be open for public viewing through Dec. 1.