

House and HHS have failed to do so. Prior to the [Commission's] report, the President had given only one speech dedicated to AIDS (March 29, 1990), and has given none since. He has given no emphasis to AIDS in his legislative proposals to Congress, and has signalled no sense of urgency to either the American people, or to his own domestic policy experts".

The chairman of the Commission, Prof June Osborn, dean of the University of Michigan School of Public Health, told the *New York Times* that Dr Sullivan had been "very unresponsive". She said that Sullivan "told us that he had a lot of work to do and that everyone is working very hard. In other words, business as usual. The epidemic is an immense, historical tragedy and business as usual is not enough".

The fiscal reality is that the government response to AIDS has tapered off, after a meteoric ascent of research and prevention funds, from \$200 000 in 1981 to the over \$2 billion proposed for next year. In 1988, annual funding increased by 90%, but since then the size of the increases has dropped, down to a mere 4% this year. Government-wide spending—for research, treatment, veterans' care, foreign assistance, and so on—rose from \$3.6 billion last year to \$4.3 billion in the current fiscal year. But proposals for additional growth, particularly for patient care, have drawn a chilly response from the White House.

The *Times* quotes AIDS Commission chairman Osborn as saying "It's astounding to me, but most places I go, people hardly seem to know there's an epidemic". Between the East and West coasts, she added, "You talk about the numbers involved and people look at you like you're making it up".

Disease is a political issue in the United States. For a decade, the shock of AIDS overshadowed the politics inherent in its numbers and social characteristics. Now there are second thoughts, though they're obscured by compassionate rhetoric. Mr Bush, playing to his conservative base, does not want to be known as the dedicated commander-in-chief of an unrestrained war on AIDS. If he did, he could easily cast himself as such. With limited political power, the AIDS community must rely on an uncertain weapon—public embarrassment of uncooperative politicians. The only other weapons in its arsenal, fear and compassion, may make a comeback someday, but at present, their potency appears to be receding.

Daniel S. Greenberg

Round the World

Australia: Detention of sociopaths

The Victorian Government has circulated draft legislation that will allow the State to detain indefinitely people diagnosed as sociopaths on the grounds that they are "a danger to the state". It is a response to one particular case—that of Garry David. Now 38, David has been in trouble with the law since the age of 11. He has been convicted of more than 70 offences and has spent almost all his adult life in prisons or psychiatric institutions. His latest conviction was in 1980, when he shot a shopkeeper and a policeman. He was sentenced to 14 years in gaol but was due to have been released on parole in February, 1990. However, he gained notoriety in the late 1980s. Victorian newspapers were leaked David's writings, including a "Blueprint for

Urban Warfare", which outlined plans for massacres, bombings, and mass poisonings of city water supplies. In another letter he outlined plans to be the first to kill an Australian prime minister. David says these writings were not realistic plans but mere expressions of his anger and fantasies. The newspapers depicted him as a homicidal maniac, documented each of his many bizarre acts of self-mutilation, and campaigned against his release. The Government, shaken by financial mismanagement and distinctly unpopular with the electorate, was sensitive to public opinion.

David has been diagnosed as a sociopath, but not mentally ill under the definition used in contemporary legislation, which requires a degree of psychosis. So the Government passed the 1990 Community Protection Act, which provided it with the power to detain David indefinitely in advance of any crimes he may (or may not) commit. The Act has a sunset clause, which means its powers will expire in 1994. The Government has circulated a draft Community Protection (Violent Offenders) Bill, which will provide for similar powers of indefinite detention for anybody who has a severe antisocial personality disorder, has been convicted twice of serious violent crimes, and has received at least 5 years' imprisonment for one of them. The draft bill requires two psychiatrists to diagnose antisocial personality disorder and predict whether the person would pose a danger to the public if released. Legislation is expected later this year.

The draft bill has been criticised vociferously by lawyers, who oppose its restrictions on civil liberties, and psychiatrists, who resent the pressure that they will be under to predict "danger to society". The psychiatrists also believe that antisocial personality disorder or sociopathy is a subjective diagnosis.

The difficulty of Garry David's case is highlighted by recent events. His application to the Supreme Court to be moved from prison to a psychiatric institution, which he argued would offer a better chance of rehabilitation, was successful. Soon after his transfer he cut his throat and what remained of his penis. He is now back in gaol.

Mark Ragg

USA: NIH approach to unconventional therapies

Congress, pressured by organisations representing the many thousands of patients who believe in the value of unproven medical treatments, has directed the National Institutes of Health (NIH) to create a new Office on Unconventional Medical Practices to evaluate a broad range of unorthodox therapies. Although cancer appears to be the office's initial focus, the scope of interest embraces everything from anxiety and arthritis to low back pain.

Congress mandated the office, along with a \$2 million annual appropriation to fund it, in the \$9 billion NIH budget for 1992. For years Congress has been seeking ways to help in the handling of public policy issues involving unconventional medical practices (UMPs). One thorny issue is whether they should be covered by insurance programmes. In 1990, Congress's Office of Technology Assessment released a politically charged report on unorthodox therapies that had taken a panel composed of members on both sides of the issue four years to prepare. Therapy proponents attacked the report as unfair. Some of the more controversial therapies investigated included