

# Identifying AIDS Victims

## *The Destruction Of Dr. Huse*

By Deni Elliott

In September 1987, Robert J. Huse was in his 12th year of successful pediatric practice in the politically conservative Dallas suburb of Mesquite, Texas. The 44-year-old doctor had received more than 5,000 office visits a year for the past five years. Patients' parents described him as caring and expert, a doctor who would treat a child when no money was available for his fee.

Huse had tested positive for the AIDS antibody in July 1985. He had decided not to disclose that fact for fear that the parents of his patients would react with needless alarm. But on August 31, 1987, Huse had sought a temporary restraining order against a former roommate, Tyrone Sims, and the doctor had identified himself as an AIDS carrier in the legal documents. According to Huse's petition, Sims was telling people Huse had AIDS. A hearing was scheduled for September 11.

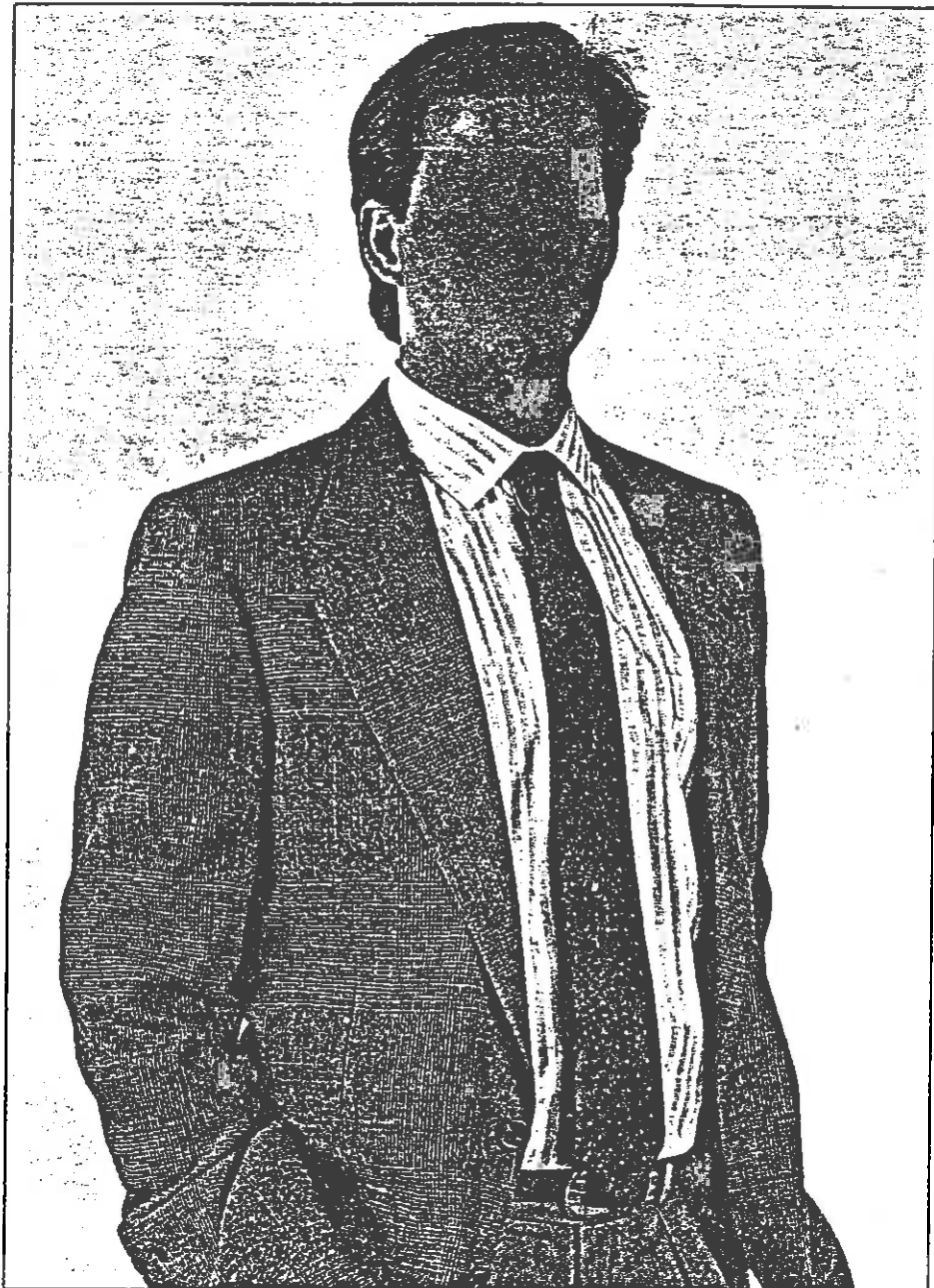
In retrospect, Huse says he would have filed his petition as a "John Doe" if he had known of that option. His attorney, M. William Nelson, says that, at the time, he didn't think Huse "had anything to fear by using his name."

"Sims hadn't threatened to go to the media," says Nelson. "Why would the media focus attention on this case? I've had cases with inflammatory subjects, but I've never had a case seize the media's attention like this one."

On September 11, the *Mesquite News*, a thrice-weekly paper in suburban Dallas with a circulation of 9,000, reported that Huse was an AIDS carrier. Shortly thereafter, other local media, including the *Dallas Times Herald* and the *Dallas Morning News*, identified Huse as having been

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*Deni Elliott is the director of the Institute for Applied and Professional Ethics at Dartmouth College, which funded this analysis in conjunction with Harvard University's Joan Shorenstein Barone Center on the Press, Politics and Public Policy.*



NORA STEWART ELECTRONIC RETOUCHING: DAVID WHELTZEL

exposed to the AIDS virus.

The doctor was branded as dangerous in the eyes of his patients and his practice was instantly destroyed. But the case raises issues that are broader than the consequences of a single media blitz. By naming the doctor, the media perpetuated the myth that the population can be protected from AIDS by identifying and isolating its carriers and patients. While creating and then seeking to calm public panic, the press itself became the story, diverting attention from questions of social and medical policy to questions of press responsibility. Thus, the most important, though not-yet-addressed, angle of the AIDS story was missed: the very real danger of blood exchange between health care providers and patients.

How the *Dallas Morning News* handled the story is the focus here because, in many ways, the *Morning News* staff modeled a responsible approach. Unlike the reporter and editor of the *Mesquite News* who say they felt sure from the start that they should identify the doctor, *Morning News* editors and reporters recognized that they had an ethical dilemma on their hands and began newsroom discussions about what to do days before they ran their first story on Huse. Even so, the *Morning News* overlooked some important elements of the story by narrowly categorizing the problem as one of the individual's right to privacy versus the public's right to know.

*Morning News* state district court reporter David Jackson was alerted to the impending hearing, as were reporters from other local media, by an anonymous phone tip. He retrieved a copy of Huse's original petition and the temporary restraining order, which forbade Sims from initiating communication with Huse's patients, associates or employees or with "any other person regarding the Plaintiff's physical or medical condition." Sims was to have an opportunity to argue against an extension of the restraining order at the hearing.

Jackson says that the uncertainties of the court system led to the paper's holding the story until the hearing—as the *News* did with most civil hearings. "Two things could happen," he says. "It could get settled or it could get pushed back."

Metro Editor Tom Watts says that, prior to the hearing, "There was no real substance to fit the story around."

"We felt that the guy had come in asking for privacy and protection," explains George Rodrigue, day city editor. "It made some sense to us, more on a human level than on a journalistic level, to let the guy have that shot before we wrote anything about it, to give the courts an opportunity to grant him or deny him what he was seeking."

"The paper was fairly sure of the price that Dr. Huse would pay," says Don J. Smith, the *Morning News*' editor in charge of AIDS coverage.

"The most obvious issue is that we don't name AIDS victims," notes Watts. "That's just policy. We don't name AIDS victims unless they are willing to go public with it."

"Our feeling is that here was somebody who was twice victimized by AIDS, and a great deal of our discussion was 'Aren't we victimizing him a third time by using his name in the paper?'"

Jeff Kerber, the *Mesquite News* reporter who broke the story, had no doubt that Huse's HIV (Human Immunodeficiency Virus) status was newsworthy. "It was the first case we had ever heard of a physician having it," says Kerber, now a reporter with the *Garland (Texas) Daily News*. "We've had reported cases of health care workers thinking they had been exposed to the virus, but never one that's been cut and dry with an admission saying, 'I've got it.'"

Kerber had called Huse for comment on Thursday afternoon, and his attorney, in response, had asked the court for a restraining order on the newspaper. Predictably, the brief filed by the paper's attorney to oppose the request argued that prior restraint is unconstitutional under both the Texas and U.S. constitutions.

State District Judge John M. Marshall had virtually disallowed the possibility of prior restraint by saying he would hear Huse's request for a restraining order against the *Mesquite News* on Friday morning in conjunction with the scheduled hearing.

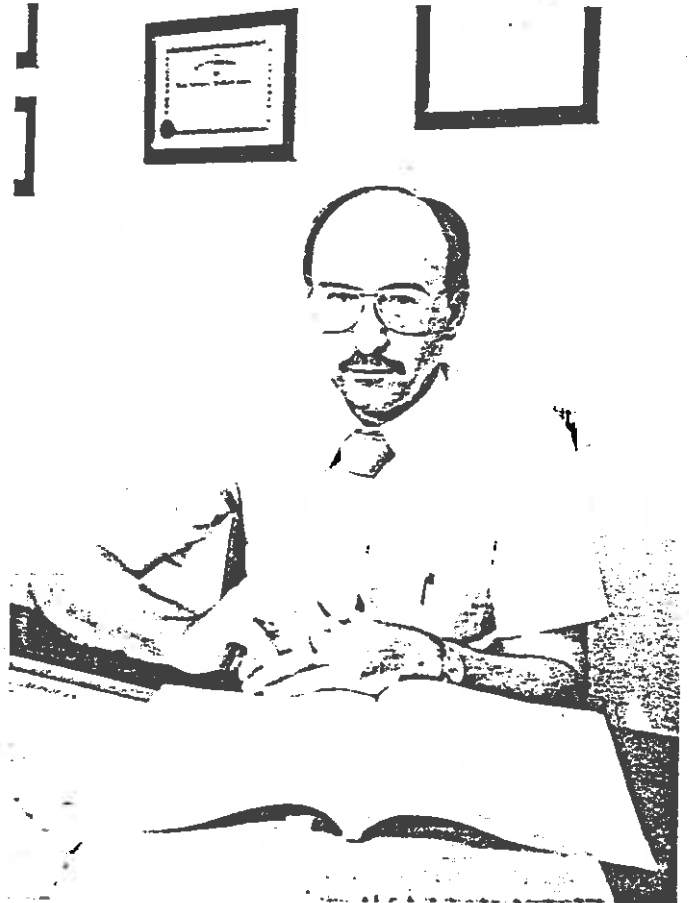
The *Mesquite News* published a front-page story under a six-column banner headline. The story began: "A Mesquite pediatrician is attempting to have a district court judge issue an injunction against a former roommate, forbidding the man from spreading the rumor that the physician has AIDS. . . ." The story later stated, "The plaintiff has been identified as Robert John Huse. . . . According to the petition, Huse tested positive as a carrier of the virus in July 1985."

Judge Marshall declined the request to seal the records or issue a restraining order against the *Mesquite News*, but extended the temporary restraining order

against Sims. "The court proceeds from a strong commitment to First Amendment openness," said Marshall. "It's a bad policy for courts to seal things away."

*Morning News* reporter Jackson says that, in retrospect, he regrets not having done a story before the hearing. He says he knew that the story was going to get out and, considering the national attention it received, wishes he had broken it.

The initial *Morning News* story appeared on the front page of the metro section on September 12. It began: "A state district judge on Friday refused to seal the records of a lawsuit in which a



Texas pediatrician Dr. Robert Huse left his practice.

Mesquite pediatrician sued his former roommate after the man allegedly told people that the doctor has AIDS.

"Dr. Robert John Huse, 44, who denied he has AIDS but said he fears that the rumors will destroy his practice, is seeking \$75,000 in damages and an injunction against Tyrone Wesley Sims. . . ."

"I'm going through so much," said Huse, who declined to discuss the suit in detail. "I want to get through the weekend. I've got a lot of thinking to do."

"Huse tested positive for the Acquired Immune Deficiency Syndrome virus in 1985. However, local and national officials say that a person who has the virus has no more than a 30 percent chance of contracting the disease over the next five years."

Don Smith feels that the play of the

story was right: "If put on the front page, it would have had the potential to create some fear; inside the metro section would have been burying the story."

*Morning News* editors deny that the prior publication of Huse's identity in the *Mesquite News* influenced their decision to name the doctor.

Metro Editor Watts notes that the paper withholds the names of sexual assault victims and juveniles even when they have been identified by other media. "We've got over 400,000 readers who we feel would question our principles if we went ahead and used the name in those cases," Watts says. "It's the subject of the story that we're trying to protect, regardless of what anyone else does."

But the paper's editors say their desire to protect Huse conflicted with their concern about the public's reaction if they printed a story without naming the doctor. Managing Editor Bill Evans says he tried to put himself in the place of the reader when he considered referring to Huse as "a Mesquite pediatrician" or "a local doctor." "I guess I'd call my pediatrician and say, 'Are you the one?'" he says.

"I'd want to know that about my physician," says Terry Box, who edited Jackson's story, "even if the odds [of transmission] are extremely rare, I'd want to know."

"I fully subscribe to the theory that

the physician in that case could treat these patients without fear of infecting them," says Watts. "But, knowing the concerns that are brought up through ignorance of AIDS and how it is transmitted, there would be an awful lot of people who would be concerned if their children were being treated by a pediatrician with the virus."

The *Morning News* named Huse and then duly recorded how parents responded to the disclosure. "Uproar over doctor's infection by AIDS virus stuns officials" was the headline of a 23-inch front-page story by reporter Curtis Rist seven days later. The story explained that the doctor's caseload had fallen from about 25 patients a day to six and that he was going to leave his practice. The article focused on reassurances from local doctors and the Centers for Disease Control that children are not at risk of contracting AIDS from their pediatricians. While the *Mesquite News* and other media quoted an-

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gry parents—including statements that Huse should be "crucified" and "run out of Mesquite"—the only parent Rist quoted was one who supported Huse.

"He didn't attempt to fan public paranoia," says Rodrigue. "We try in whatever we write about AIDS to inform people sufficiently so that we will not raise those fears. However, we know that those fears are out there."

What's going on here? The *Morning News* journalists are both reflecting and criticizing the public hysteria over AIDS. Watts understood that the pediatrician would not give AIDS to his patients, but he knew that some people would be anxious. Evans and Box both say they would want to know if their children's pediatrician had tested positive for AIDS.

The fact that the public would like to have certain information is hardly a compelling reason to publish. The parents of patients in that conservative Texas town might well want to know if their children's doctor were homosexual. Yet, the journalists interviewed uniformly agree that a doctor's sexual preference should not be published, that it is not relevant to his professional role. If the journalists believed that Huse posed no medical risk to his patients, then his HIV status is equally lacking in relevance to his professional role.

The first *Morning News* story contained no information on the transmission of AIDS. While Watts now calls this an oversight, the misleading impression of the story is that there is a meaningful public health difference between being an AIDS carrier and being an AIDS patient. Readers were told that Huse had "no more than a 30 percent chance of contracting the disease over the next five years." But according to the CDC, a person who has tested positive for the HIV virus is indeed infectious. He could pass the disease to others through semen or blood exchange as easily as if he had developed symptoms of AIDS.

Nevertheless, teachers, students, restaurant employees and most health care practitioners who are HIV-positive or sick with AIDS pose no particular threat to those with whom they have contact appropriate to their roles. Unnecessary suspicion is aroused when they are identified, even if the thrust of the story is that they are not dangerous. It's as though a reporter were to write a story showing that a particular senator is not a crook. A news organization would certainly need more

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than the fact that some people think the senator *might* be a crook to justify doing the she-doesn't-seem-to-be-guilty-of-anything story.

But there is an even greater problem with identifying AIDS carriers than the intrusion on their privacy. News organizations encourage unwarranted complacency in their communities when they name those with the disease. Mesquite readers assume the other pediatricians in town are "safe" if Huse is tagged as the doctor with AIDS.

Although journalistic convention argues for specificity when possible, articles on people with AIDS may be an exception to the rule, a story genre in which the public is better served through vague references. Phrases such as "a local doctor who is HIV-positive" and "a local prostitute sick with AIDS who continues to solicit" remind readers that there are people in the community who are infectious and that they cannot know the conditions of others. Since many of those who carry the virus are unaware of it, the only sure way to avoid contracting AIDS is to take universal precautions. News stories that identify people with AIDS distract readers from the question of how we are to live in a community where any person with whom we have contact may carry the virus.

The media's coverage of Huse forced discussion in the medical and lay commu-

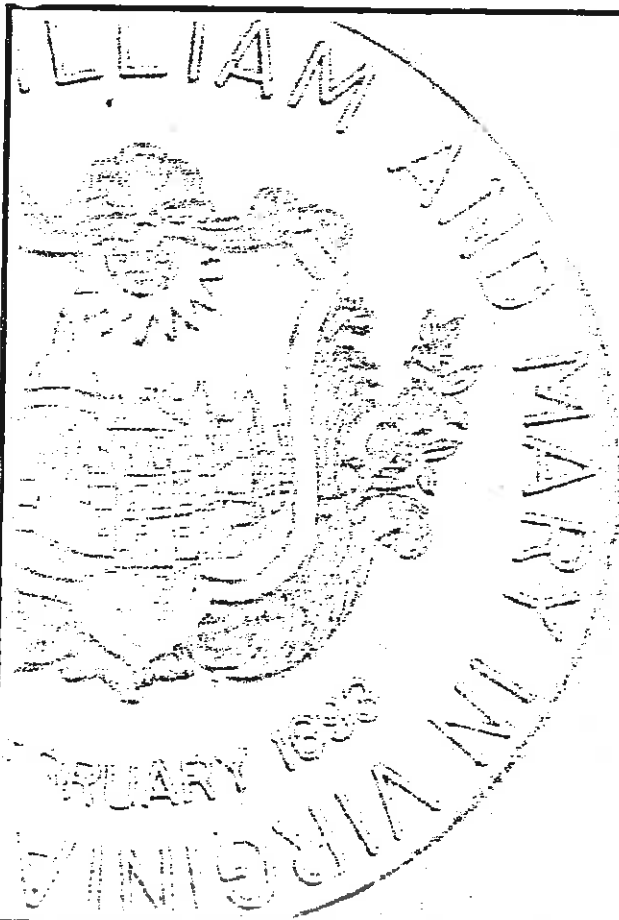
nities of how to deal with health care providers who carry HIV—just as it would have if the doctor had not been named. The Texas Medical Association determined, as did the American Medical Association, that physicians who have AIDS or are HIV-positive should not engage in any activity that could put patients at risk. The AMA policy adds, "If no risk exists, disclosure of the physician's medical condition to his or her patients will serve no rational purpose." Both associations' policies imply that it is up to the physician to determine risk.

And here is the story that the *Morning News* and others missed: some medical procedures may result in blood-to-blood contact between patient and physician, and blood exchange is a recognized method for transmission of AIDS. The CDC encourages treating all patients as though they are HIV-positive, but blood exchange through scalpel or bone nicks is

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sometimes unavoidable. Now, surgical patients can only hope that HIV-positive surgeons become aware that they're infectious and decide on their own that they are putting their patients at risk. One might argue that the possibility of contracting AIDS through a surgical patient is an acceptable risk for health care professionals. But is the possibility of contracting AIDS from an HIV-positive surgeon in the event of blood exchange an acceptable risk for surgical patients? The press has yet to address this question.

As for the Huse case, the lesson is that the Texas news media, however well-intentioned, produced a story in such a way that everyone lost. They cost the doctor his career, cost thousands of families a loved and respected pediatrician and missed the opportunity to raise the issue of how patients and health care professionals are to protect themselves in cases where there is actual danger. ●



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To the editor:

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To the editor:

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Ann Pincus  
Vice President, Communications  
WETA

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