A Critical Evaluation of

The Surgeon General's Report on AIDS

By Gene Antonio*

> We demand:
> Federal encouragement and support for sex education courses, prepared and taught by gay women and men, presenting homosexuality as a valid, healthy preference and lifestyle as a viable alternative to heterosexuality.
> -1972 Gay Rights Platform (1)

> Education concerning AIDS must start at the lowest grade possible as part of any health and hygiene program ... There is now no doubt that we need sex education in schools and that it must include information on heterosexual and homosexual relationships.
> - Surgeon General's Report on AIDS (p.31), October 1986

AIDS Dementia Finally Disclosed

Since the onset of the AIDS epidemic to the present, the public has been repeatedly misinformed that people don't die of AIDS, they die of other diseases they can't fight off as a result of a weakened immune system. However, it has been well established for almost two years that the AIDS virus can and does kill directly by destroying cells in the brain (2). In his October 1986 Report, the Surgeon General has finally brought into focus the lethal ability of the AIDS virus to destroy brain tissue. He states:

> The AIDS virus may also attack the nervous system, causing damage to the brain ... Mental disease (dementia) will occur in some patients who have the AIDS virus before they have any manifestations such as ARC or classic AIDS (pp.10,32).

* Gene Antonio is the author of the highly acclaimed THE AIDS COVER-UP ?

Dr. Koop has coined the term "classic AIDS," apparently referring to the spectrum of AIDS related conditions caused solely by severe immune deficiency.

Revealing that the AIDS virus can directly cause brain disease is a positive step. Deaths from AIDS dementia have already occured and are growing among persons who have never developed ARC or "classic AIDS" (3,4,5,6). Such cases have not been included in the number of AIDS cases reported by the Centers for Disease Control (CDC).

The CDC now admits that dementia apart from immune deficiency may be a manifestation of AIDS virus infection. However, the many persons suffering solely from AIDS virus induced dementia still are not included in the total number of AIDS cases reported by the Centers for Disease Control (CDC) (7,8).

Failure to Disclose the Nature of the AIDS Virus

Entirely ignored in the Surgeon General's report is the crucial nature of the AIDS virus itself. The AIDS virus is a lentivirus (9,10,11). Lentiviruses are called slow virus infections because they frequently have a lengthy incubation period before symptoms develop. Apart from the new human form, only three types of lentivirus infection are known. They cause grave diseases in sheep, horses and goats. These lentiviruses produce a variety of diseases in the animals infected.

The hallmark of all lentivirus infections in animals is degenerative brain disease (encephalitis) apart from immune suppression (12). This has profound implications for the course of AIDS lentivirus infection in humans. Dr. Paul Volberding, head of AIDS services at San Francisco General Hospital states:

> It is entirely reasonable to speculate that everyone who is seropositive [infected with the virus] will develop central nervous system complications. We are seeing an increasing number of signs of this on our ward. They take the form of varying degrees of dementia (13). (emphasis added)

Failure to Disclose the Probable Long Range Prognosis and Mortality of AIDS Infection

The Surgeon General's Report suggests that the majority of those infected with the AIDS virus may never develop AIDS. They simply may remain life-long, infectious, asymptomatic carriers (p.12). Mounting evidence indicates that the vast majority, perhaps all, of the persons infected asymptomatically with the AIDS virus are likely to die as a result.

AIDS lentivirus infection in humans most closely resembles maedi-visna lentivirus infection in sheep (14). Maedi-visna kills sheep through two major means. It causes dementia and a deadly form of lung disease similar to the inflamation of lung tissue (chronic interstitial pneumonitis) occuring in humans infected with the AIDS virus, especially infants (15,16). Maedi infection is spread by coughing while the animals are in close contact.

The death rate from maedi-visna reaches 100% within about two-thirds of the natural life span of the sheep (17). Dr. William Haseltine, a prominent AIDS reseacher at the Dana-Farber Cancer Institute, Harvard Medical School states:

> We must be prepared to anticipate that the vast majority of those now infected with the virus, will ultimately, over a period of five to ten years, develop life-threatening illness (18).

Dr. Richard Tedder, a leading British virologist asserts gravely: "If people who've been infected by the AIDS virus don't get killed by immunosuppression, they'll die from chronic dementia, pre-senile dementia" (19).

The Genetic Variability of the AIDS Virus is Not Mentioned

Dr. Koop states:

> The AIDS virus in all infected people is essentially the same...(pp.12,27)

In the book Mobilizing Against AIDS, put forth by the Institute of Medicine National Academy of Sciences (April 1986), the world's leading AIDS researchers point out:

> The Diversity of the Virus
>
> ...analysis of different HTLV-III/LAV isolates produced one very disturbing finding. Although the isolates were unquestionably representatives of the same virus, they differed by a surprising amount. For example, more than 6 percent of the genetic building blocks in ARV (the AIDS virus) were different from those in early HTLV-III isolates; other pairs of isolates differed by even greater amounts. This variation suggested an unusually high rate of spontaeneous change--mutation--in the genetic material.
>
> Further analysis has revealed that most of the nucleotide differences among HTLV-III/LAV viruses occur in the portion of the viral RNA coding for the envelope protein. As explained

below, this may hamper efforts to develop an AIDS vaccine.

> The envelope is the protective coat that shields the core of the virus from the environment ... the problem with a virus that changes its coat rapidly [as does the AIDS virus] is that antibodies made against the envelope protein of one viral isolate may not be protective against another isolate (20).(emphasis added)

Dr. Malcolm Martin, chief of the Laboratory of Molecular Microbiology in the Infectious Diseases Institute notes:

> The data from our laboratory and others suggest that there isn't a single virus entity isolated from a given person. The same person can harbor multiple forms of the virus (21). (emphasis added)

The genetic variability of the AIDS virus is one of the major reasons why developing a vaccine is "like trying to hit a moving target."

AIDS Transmission

AIDS Infected Medical Workers

The Surgeon General's Report states:

> There is no danger of AIDS virus infection from visiting a doctor, dentist, hospital, hairdresser or beautician. AIDS cannot be transmitted non-sexually from an infected person through a health or service provider to another person... You may have wondered why your dentist wears gloves and perhaps a mask when treating you. This does not mean that he has AIDS or that he thinks you do. He is protecting himself from hepatitis, common colds or flu (pp.22-23). (emphasis added)

In stark contrast to these categorical denials, dental journals are replete with cautions recommending gloves when treating patients due to the risk of AIDS. With over two million infectious asymptomatic carriers of the disease in

the population, it's no wonder the dental profession is concerned. Guidelines for medical workers published by the Public Health Service (PHS) and CDC warn repeatedly that medical workers should avoid contact with the blood of AIDS patients and with "other body fluids, secretions and tissues" as well.

> When the possibility of exposure to blood or other body fluids exists, routinely recommended precautions should be followed. The anticipated exposure may require gloves alone, as in handling items soiled with blood or other body fluids, or may also require gowns, masks, and eye coverings when performing procedures involving more extensive contacts with blood or potentially infective body fluids as in some dental or endoscopic procedures or postmortem examinations (22). (emphasis added)

Elsewhere in his report, the Surgeon General states:

> Even the smallest amount of infected blood left in a used needle or syringe can contain live AIDS virus to be passed on to the next user of those dirty implements (p.19)... (emphasis added)

He also contends that State and local task forces should: "Insure enforcement of public health regulation of such practices as ear piercing and tattooing to prevent transmission of the AIDS virus" (p.31).

Tooth extraction is a more sanguineous procedure than ear piercing, which may not even draw blood. According to the Report, there is more risk of AIDS transmission through ear piercing than through invasive surgical and dental operations.

Casual Means of Transmission Denied

The Surgeon General's Report categorically denies the remote possibility of non-sexual non-blood transfusion means of AIDS virus transmission (pp.21-25). He emphatically denies that any of the 25,000 plus cases of AIDS reported by the CDC have been linked to non-sexual, non-blood transfusion means of transmission. However, there are an estimated ten times as many persons (250,000) suffering with AIDS related complex (ARC) who are not included in the CDC AIDS statistics.

Dr. James Curran of the CDC has stated that "In many areas the number of persons infected with the AIDS virus is at least one-hundred times greater than the reported cases of AIDS," (approximately 2,500,000 total) (23). How each of these 2,500,000 AIDS carriers became infected with the virus has not yet been determined. In addition, the present apparent lack of evidence concerning casual means of transmission is not a firm guarantee of actual or potential lack of risk. Dr. Luc Montagnier of the Pasteur Institute stated in April of 1985:

> The potential for genetic variation is perhaps the greatest danger in the future of the AIDS epidemic. It will make it difficult to design efficient vaccines protective against all strains, and a further change of the virus in its tropism [ability to infect types of cells] and ways of transmission cannot be excluded (24). (emphasis added)

Some prominent researchers have contended there are a

number of routes which may transmit AIDS.

> When Professor William Haseltine of the Harvard Medical School recently gave his University audience some of the scientific facts about AIDS, there was a stunned silence. Anyone "who tells you categorically that AIDS is not contracted by saliva is not telling you the truth. AIDS may in fact be transmissible by tears, saliva, bodily fluids and mosquito bites. There are sure to be cases," he continued, "of proved transmission through casual contact" (25).

Blood Transfusion AIDS

An estimated 30,000 Americans have been permanently infected with the AIDS virus as result of contaminated blood transfusions (26). Many, if not most of all those infected, their spouses and unborn children will die as result. Although never mentioned in the Surgeon General's report, it has been well known in medical circles for years prior to the onset of the AIDS epidemic that hemophiliacs and others receiving blood transfusions had been contracting hepatitis B and hepatitis non-A/non-B at a substantial rate (27). It was also well established that hepatitis B infection had reached pandemic proportions (75%-90%) among male homosexuals years before the onset of the AIDS epidemic (28). Dr. Gordon Muir has pointed out:

> The question, usually met with thundering silence, is why was it only in 1983, after the AIDS scare, that homosexuals were discouraged from giving blood? (29)

Since some persons infected with the AIDS virus may take up to six months to develop antibodies detectable by the blood screening test, as many as 2,000 new cases of AIDS infection each year can be expected from contaminated blood transfusions, according to Dr. William Haseltine (30).

More alarming still is the recent discovery of a new strain of AIDS virus. According to Dr. Montagnier, the new virus has gone undetected by standard blood tests. He states, "This is bad new for blood banks" (31). As it stands now, persons knowingly at risk for AIDS who donate contaminated blood are still not subject to legal penalties.

Primary Breeding Grounds of the AIDS Epidemic Not Mentioned

A 1983 study of homosexual AIDS patients revealed that they had found 50% of their contacts in homosexual bathhouses (32). Although frequently advertisements for these bathhouses describe the trappings of a neighborhood health club, the major function of the bath is

> to provide an inexpensive place where homosexual men can engage in frequent, anonymous sexual activities without fear of social or legal reprisal...[While there] a patron might have nearly a dozen sexual encounters (33).

Although the media has reported that many of the bathhouses have been voluntarily closed, leading homosexual periodicals and guide books (e.g., The 1986 Gay Guide to the USA, The Advocate, etc.) still agressively advertise homosexual bathhouses, "clubs" and bars where anonymous homosexual activities repeatedly take place. In 1983 Dr. Frederick P. Siegal asserted that homosexual bathhouses

> in particular are actively promoting and commercially exploiting anonymous promiscuity, a practice now clearly linked with the transmission of a lethal disease ... It could fairly be argued that allowing such hazardous activity to continue betrays official indifference to the lives of gay men, who should be protected by public health services (34).

Research indicates that 65 percent of homosexual men have engaged in heterosexual activity and that 20 percent or more have been or are married (35). It can be argued that allowing these foci of AIDS contagion to remain open also betrays official indifference to the lives of the female partners of those attending the bathhouses.

Further, some of these bathhouses offer special entrance rates to teenagers and younger males, thus encouraging the spread of AIDS among youth.

Despite being authorized by Congress to close down the bathhouses (36), Dr. Koop has refused to do so. He has chosen to leave the regulation of such establishments in the hands of local health authorities. Unfortunately, the areas of the United States in which AIDS has spread most rapidly are also those in which local public health officials are most susceptible to political pressure by partisan interest groups at primary risk of conveying the disease (37).

His Report neglects to mention the major pernicious role the baths have played in the rapid growth of the epidemic. Nowhere is it recommended that local health and police authorities strive to shut down these most blatant, teeming sources of AIDS contagion.

Pansexual "Education" To Be The Only Means of Stopping AIDS

> Adolescents and pre-adolescents are those whose behavior we wish to especially influence because of their vulnerability when they are exploring their own sexuality (heterosexual and homosexual)...
>
> Education about AIDS should start in elementary school...so that children can grow up knowing the behavior to avoid to protect themselves from exposure to the AIDS virus...
>
> There are a number of people, primarily adolescents, that do not yet know that they will be homosexual ... They must be reached and taught the risk behaviors that expose them to infection with the AIDS virus (The Surgeon General's Report On AIDS, pp.5,29). (emphasis added)

> We must recognize homosexual behavior for what it is--a natural potential of the human animal. The homoerotic capabilities of the human species, in all their wonderful variety, are not something to be justified, but to be explored and assimilated.
> -David Thorstad, NAMBLA spokesman (38)

According to Dr. Koop, efforts to contain the epidemic which some researchers believe is "species threatening," should not involve efforts to trace down the sexual contacts of infected carriers. Although contact tracing is done with far less deadly sexually transmitted diseases such as syphillis and gonorrhea, the stigma associated with having AIDS, he contends, would compel infected carriers to go underground (p.30).

Instead, the Report propounds: "Education concerning AIDS must start from the lowest grade possible as part of any health and hygiene program" (p.31).

In New York City, the Board of Education has published a new Sex Education Program (SEP) that is 293 pages long. Phyllis Schlafly, an attorney and prominent family rights activist comments:

> That's about 283 pages longer than is necessary to instruct pupils in the facts of life; the rest is classroom fun and games designed to subject pupils to psychological treatment...
>
> ...being a public school course, SEP does not tell pupils that premarital sex is wrong; the teacher would be forbidden to do that. Instead, the pupil is instructed "to identify and evaluate the choices involved in sexual expression." The choices then listed for the student are: "abstinence, sexual fantasy, masturbation, hugging, kissing, petting, exploration, intercourse, nocturnal emission or wet dreams, sexual preference, homosexual preference, homosexual experience, gay, lesbian, bisexual, transvestite, transsexual" (p.137).
>
> SEP forces explicit discussion of sexuality and genitalia on little children at the kindergarten and primary grade levels (p.30).
>
> A persistent undercurrent of SEP is its attempt to teach pupils to be tolerant of homosexuals. "Experimental sex play" with persons of the same sex is described as "not unusual" among 5th and 6th grade children (p.63). "Homosexual experimentation" is described as a normal behavior of 14-16 year olds (p.19). (Excerpted from Child Abuse in the Classroom, Phyllis Schlafly (Westchester ILL: Crossway Books, 1985)

Is New York City's pansexual SEP a prototype of the national sex-education curriculum which the Surgeon General contends will stave off AIDS infection from the nation's youth?

A 20-minute tape, "Sex, Drugs and AIDS," financed by the NYC Board of Education, has been purchased by youth agencies and school districts in 26 states. In the film, actress Rae Chong talks in non-judgmental pansexualese about

the risk of AIDS though "intercourse," i.e., the vaginal or anal variety. The tape then moves to three young teenage girls limbering up in a ballet studio. They discuss the pros and cons of the pill, using condoms, and not having sex as a possible alternative. The last segment of the tape, in an effort to teach tolerance, tells the story of a man who discovers his brother is homosexual and has AIDS (39).

Instructing children and teenagers in the graphic (some might say sordid) details of homosexual acts before they "know" they will "be" homosexual is a curious method of inculcating a healthy sex ethic. Along with films, would the profusely illustrated Joy of Gay Sex be recommended for use as a guidebook? Such indoctrination may well be viewed by many parents as a de facto seduction of children into homosexual experimentation.

Koop contends that children in elementary school should be taught the gamut of homo/hetero behaviors to avoid so as to protect themselves against AIDS infection (p.5). Like the film cited above, no moral distinction is made between heterosexual intercourse and homosexual sodomy in his pamphlet. Sanguinary homosexual practices would have to be taught vis-à-vis heterosexual behavior non-judgmentally, as amoral equivalents. As the children are being indoctrinated, parents will have the dubious privilege of trying to instill their own moral and ethical standards regarding the practices taught (p.5).

The National Academy of Sciences contends that "gutter language" should be used to describe "high risk" activities (40). Picture the eight or nine year old boy coming home and excitedly quizzing his father with, "What do you think of a guy getting (expletive deleted) in the (expletive deleted) using a rubber? ... are you a homophobe, daddy?"

The parent who is nonplussed in answering such queries need not be anxious. Under the Additional Information section, Koop lists the phone number of the National Gay Task Force, Gay Men's Health Crisis and other helpful organizations (p.35).

Controversial Educational Issues Must Be Addressed

Some challenging questions face the educational recommendations of the Surgeon General's Report. Have the amoral sex-indoctrination classses of the last two decades been more effective in reducing or promoting teen-age promiscuity, venereal disease, unwed pregnancies and abortions? Res ipsa loquitur. All have skyrocketed.

Is it really necessary for all children and teenagers in the country to have their minds thoroughly ingrained with the lurid details of homosexual (mis)conduct? In terms of stopping AIDS, will it actually prove beneficial to psychologically coerce pre-adolescent boys and girls into non-judgmentally musing upon the how-tos of "safe" buggery?

Dr. Max Rafferty, former Superintendent of Education in

California has asserted:

> When you teach little children all about the ins and outs of an abomination of this sort, you're instilling in their minds that this sort of thing must really be all right or they wouldn't be teaching it in school (41).

Wouldn't it be more appropriate to inform the parents of the lethal consequences of involvement in homosexual acts and let them discretely teach their own children of the hazards involved?

Parents and educators desiring a decent, truly healthful sex education curriculum are referred to the outstanding program, Sex Respect: The Option of True Sexual Freedom by Coleen Kelly Mast. It teaches that saying "no" to premarital sex promotes emotional, social and physical health. Sex Respect maintains that abstinence not only frees teens from venereal disease and unwed motherhood, but helps strengthen character, lessens emotional tension and contributes to growth in communication skills.

The course is of such high quality that it has been awarded a grant from the Department of Health and Human Services Office of Adolescent Pregnancy Programs for implementation in the Public schools. It is available from Project Respect, [redacted] Box 39, Golf, IL 60029.

NOTES

1. Laud Humphreys, Out of the Closets: The Sociology of Homosexual Liberation (Englewood Cliffs, NJ: Prentice Hall, 1972), pp. 165-167.
2. G.M. Shaw et al., "HTLV-III Infection in Brains of Children and Adults with AIDS Encephalopathy," Science 1985;227:177-182.
3. J.I. Slaff and J.K. Brubaker, The AIDS Epidemic (New York: Warner Books, 1985), p. 170.
4. L.R. Sharer et al., "HTLV-III and Vacuolar Myelopathy," N Eng J Med 1986;315:62-63.
5. S.S. Mirra et al., "HTLV-III/LAV Infection of the Central Nervous System in a 57-Year Old Man with Progressive Dementia of Unknown Cause," N Eng J Med 1986;314:1191-1192.
6. M.C. Bach et al., "Dementia Associated with Human Immunodeficiency Virus with a Negative Elisa," N Eng J Med 1986;315:891-892.
7. "Classification System for Human T-Lymphotropic Virus Type III/Lymphadenopathy-Associated Virus Infection," Mortality and Morbidity Weekly Report 1986;35:334-339
8. R.M. Selik et al., "CDC's Definition of AIDS," N Eng J Med 1986;315:761.
9. R.C. Gallo F. Wong-Staal, A Human T-Lymphotropic Retrovirus (HTLV-III) as the Cause of the Acquired Immunodeficiency Syndrome, Ann Int Med 1985;103:680-681.

10. G. Antonio, The AIDS Cover-Up? (San Francisco: Ignatius Press, 1986), pp. 21-31.

11. Institute of Medicine National Academy of Sciences, Mobilizing Against AIDS: The Unfinished Story of a Virus (Cambridge, MA: Harvard University Press, 1986) pp. 70-73, 194.

12. Ibid., p. 73.

13. G. Hancock and E. Carim, AIDS The Deadly Epidemic, (London: Victor Gollancz Ltd., 1986) p. 28.

14. Slaff & Brubaker, op. cit., pp. 185-186.

15. Mobilizing Against AIDS op. cit., p. 194.

16. P.A. Palsson, Slow Virus Diseases of Animals and Man, edited by R.H. Kimberlin, (Amsterdam: North Holland Publishing Co., 1976) p. 37.

17. J. Seale, "AIDS Virus Infection: Prognosis and Transmission," J Roy Soc Med 1985;75:614.

18. New York Times 27 September 1985.

19. Hancock and Carim, op. cit., p. 144.

20. Mobilizing Against AIDS, op. cit., pp. 68, 69.

21. "AIDS-Associated Virus Yields Data to Intensifying Scientific Study," J Amer Med Assn 22/29 November 1985, pp. 2865-2866.

22. Mobilizing Against AIDS Appendix B, "PHS Recommendations for Preventing Transmission of Infection with HTLV-III/LAV in the Workplace," op. cit., p. 160.

23. J. Curran, "The Epidemiology and Prevention of the Acquired Immunodeficiency," Ann of Int Med 1985;103:660, cited in G. Antonio, The AIDS-Cover-Up? op. cit., p.12.

24. L. Montagnier, "Lymphadenopathy-Associated Virus: From Molecular Biology to Pathogenecity," Ann of Int Med 1985;103:689-693.

25. New York Times 18 March 1986.

26. S.L. Sivak and G. P. Wormer, "How Common Is HTLV-III Infection in the United States," N Eng J Med 1985;313:1352-1353.

27. C.R.M. Hay et al., "Progressive Liver Disease in Haemophilia: An Understated Problem?" Lancet 29 June 1985, pp. 1495-1498.

28. J. Kassler, Gay Men's Health (New York: Harper & Row, 1983), p. 38.; D.G. Ostrow, T.A. Sandholzer and Y. M. Felman, Sexually Transmitted Diseases in Homosexual Men (New York: Plenum Medical Book Co., 1983), p. 204.

29. P.J. Buchanan & J.G. Muir, "Gay Times and Diseases," The American Spectator August 1984.

30. P.M. Boffey, "Top Official and Expert Urge More AIDS Funds," New York Times 27 September 1985.

31. New York Times 8 November 1986.

32. H.W. Jaffe et al., "National Case-Control Study of Kaposi's Sarcoma and Pneumocystis Carinii Pneumonia in Homosexual Men: part 2, Laboratory Results," Ann of Int Med 1983;99:145-151.

33. A.P. Bell & M.S. Weinberg, Homosexualities: A Study of Diversity among Men and Women (New York: Simon & Schuster, 1978), p. 239.

34. F.P Siegal and M. Siegal, AIDS: The Medical Mystery (New York: Grove Press, 1983), p. 146.

35. Bell & Weinberg, op. cit., pp. 286, 162.

36. U.S. News & World Report 14 October 1985, p. 14.

37. G. Antonio, op. cit., pp. 169-173.

38. David Thorstad, "A Statement to the Gay Liberation Movement on the Issue of Man/Boy Love [sic]," Gay Community News (Boston), January 6, 1979, p. 5., cited in Enrique T. Rueda, The Homosexual Network; Private Lives and Public Policy (Old Greenwich, CT: Devin Adair, 1982), p. 203.

39. "New York Schools to Show AIDS Videotape," New York Times November 1, 1986.

40. D. Kirkman, "2 billion AIDS budget urged," Ft. Worth Star Telegram 29 October 1986, p. 1.

41. David Nobel, The Homosexual Revolution (Manitou Springs, CO: Summit Press, 1985), p. 26.

first is that the effect described by Kerin was chance, despite being significant (p = 0·022). The second possibility is that we have demonstrated no benefit from timed intrauterine AIH once normality in the female partner has been rigorously defined. This implies that if the couple are genuinely infertile due to male factors alone then merely placing defective sperm a little higher up the reproductive tract is unlikely to be of benefit.

These observations question the use of AIH as a treatment for male infertility and concur with the general misgivings over its efficacy.[5]

University Department of Obstetrics and Gynaecology,
Jessop Hospital for Women,
Sheffield S3 7RE

E. J. THOMAS
L. MCTIGHE
H. KING
E. A. LENTON
R. HARPER
I. D. COOKE

1. Kerin JF, Kirby C, Peek J, et al. Improved conception rate after intrauterine insemination of washed spermatozoa from men with poor semen quality. *Lancet* 1984; i: 533–35.
2. Thomas EJ, Lenton EA, Cooke ID. Follicle growth patterns and endocrinological abnormalities in infertile women with minor degrees of endometriosis. *Br J Obstet Gynaecol* 1986; 93: 852–58.
3. Belsey MA, Eliasson R, Gallegos AJ, Moghissi K, Paulsen C, Prasad M. Laboratory manual for the examination of human sperm and semen-cervical mucus interaction. Singapore: Press Concern, 1980.
4. Hull MGR, Joyce DN, McLeod FN, Ray BD, McDermott A. Human in vitro fertilisation, in vivo sperm penetration of cervical mucus and unexplained infertility. *Lancet* 1984; ii: 245–46.
5. Allen NC, Herbert CM, Maxson WS, Rogers BJ, Diamond MP, Wentz AC. Intrauterine insemination: a critical review. *Fertil Steril* 1985; 44: 569–80.

HORIZONTAL TRANSMISSION OF HIV INFECTION BETWEEN TWO SIBLINGS

SIR,—Horizontal transmission of human immunodeficiency virus (HIV) infection in families with one or more infected family members has not yet been observed.[1] However, the risk of such transmission in young or neurologically handicapped children has been discussed.[1] We now report a case of HIV infection that appears to have occurred through horizontal transmission between two siblings.

The younger child was born to a healthy mother in 1981. Shortly after birth this boy was found to have transposition of the great arteries, and a Rashkind manoeuvre was done, followed in the autumn of 1982 by definitive surgical correction (Mustard procedure). During that operation four units of blood were used. The boy died of AIDS 3½ years later, and all the blood donors were tested for HIV antibodies. One donor, whose blood had definitely been given to the child, was found to be antibody positive in all tests. He was a US citizen, formerly living in Düsseldorf. He had a long history of promiscuous homosexual contacts and now has AIDS-related complex.

Cardiac surgery was successful and on follow-up the boy was thriving and had no unusual infections indicative of immunodeficiency. In January, 1986, progressive neurological symptoms and seizures developed and he died. At necropsy intracranial toxoplasmosis and interstitial myocarditis were identified as the major causes of death. HIV antibodies were positive by ELISA and radioimmunoprecipitation.

Other family members were then screened and, surprisingly, a brother, 3 years older than the boy who died, was found to be seropositive by ELISA, indirect immunofluorescence, and radioimmunoprecipitation. He had significant disturbance of his humoral and cellular immune systems. The mother stated that he had never been seriously ill, had never been given blood or blood products, and had not been sexually abused. She also denied the presence of bedbugs in their home. She and all other members of the family were seronegative and healthy.

The most plausible explanation for seropositivity in the older boy appears to be horizontal transmission of HIV infection. The mother reported that both children were always under her observation. The relationship between the two children had been a caring and cooperative one, and this was confirmed by an unrelated neighbour. One possible route of virus transmission was a bite on the older brother's forearm by the younger child about 6 months before he died. The mother had seen teeth imprints on the skin but no bleeding or haematoma. This observation suggests that even minor bites by HIV infected children may carry the risk of virus transmission. Parents, teachers, and other people responsible for HIV-infected children should be aware of this possibility and try to prevent spread of the virus by this route.[1]

University Children's Hospital,
4000 Düsseldorf, West Germany

VOLKER WAHN
HANS H. KRAMER
THOMAS VOIT

Blood Transfusion Service,
University of Düsseldorf

HERBERT T. BRÜSTER

Institute of Medical Microbiology and Virology,
University of Düsseldorf

BINU SCRAMPICAL
ANDREAS SCHEID

1. Centers of Disease Control. Education and foster care of children infected with human T-lymphotropic virus type III/lymphadenopathy-associated virus. *MMWR* 1985; 34: 517–21.

VIRAL ORIGIN OF HAIRY LEUKOPLAKIA

SIR,—Hairy leukoplakia has been described in the mouths of homosexual or bisexual men with human immunodeficiency virus (HIV) infection. These verrucous, often corrugated, white, adherent plaques are usually found on the lateral margins of the tongue, and may disappear spontaneously. The distinct lesions often occur simultaneously with, and are easily mistaken for, oral candidiasis. Histologically hairy leukoplakia resembles flat warts of the skin.[1] Preliminary investigations suggest that this unique and asymptomatic lesion is probably caused by a virus, specifically Epstein-Barr virus (EBV), a herpes group virus.[1,2]

An HIV antibody positive homosexual male with oral thrush (which disappeared on treatment with clotrimazole lozenges) was found to have persistent biopsy-proven hairy leukoplakia on his tongue. A severe herpes zoster infection affected the thorax with cutaneous dissemination; this was treated with large oral doses of acyclovir (800 mg four times daily for 14 days). Coincidental with the rapid resolution of the zoster infection, the hairy leukoplakia disappeared too. Subsequently two other patients with pre-existing hairy leukoplakia in whom trigeminal herpes zoster and persistent anal herpes simplex infection, respectively, developed were similarly treated with oral acyclovir for 2 weeks, resulting in healing of their herpetic infections and simultaneous resolution of the leukoplakia. None of these three patients had a recurrence of hairy leukoplakia for up to 10 months, after acyclovir treatment was discontinued.

The observation that hairy leukoplakia disappeared during acyclovir therapy prompted us to give the same 2 week high-dose oral acyclovir regimen to six additional patients with hairy leukoplakia. The lesions disappeared by the 5th to 8th day of treatment; however, they recurred in four patients 2–8 weeks after acyclovir was discontinued. When acyclovir treatment was resumed, the leukoplakia again regressed in all four patients. Although one of these individuals has remained free of hairy leukoplakia for 9 months without treatment, further recurrences occurred in the other three patients 2–3 weeks after their second course of treatment had been completed. Hairy leukoplakia again resolved when they were given a third 2 weeks course of acyclovir.

The large dosage of oral acyclovir was well tolerated by all nine patients. Laboratory studies, done weekly during treatment, remained essentially unchanged. One of these patients has remained free of leukoplakia while being maintained on acyclovir 200 mg in four doses daily for 6 months.

Acyclovir suppresses EBV replication in vitro and in vivo.[3] The regression of hairy leukoplakia during treatment with oral acyclovir suggests that EBV is a probable aetiological agent of this lesion and not simply a passenger virus.

Department of Dermatology and Microbiology,
NYU Medical Center,
New York, NY 10016, USA

ALVIN E. FRIEDMAN-KIEN

1. Greenspan D, Greenspan JS, Conant M, et al. Oral "hairy" leukoplakia in male homosexuals: evidence of association with papillomavirus and herpes-group virus. *Lancet* 1984; ii: 831–36.

pressure levels in the rural and urban areas are higher than in The Gambia and Senegal, but comparable with levels in the so-called salt-deprived Yoruba ethnic group.[8] If Wilson's hypothesis were correct, no differences in blood pressure should be observed between Benin City,[9] The Gambia, and Senegal.

The role of sodium in salt-induced hypertension, itself controversial, is central to Wilson's hypothesis. However, there seems to be little or no difference in the sodium intake or excretion between whites and the US blacks who are more prone to hypertension.[10]

Departments of Child Health and of Sociology and Anthropology, University of Benin, Benin City, Nigeria

JACKSON A. OMENE
M. A. ONWUEJEOGWU

1. Sundstrom L. The exchange of economy of pre-colonial tropical Africa. New York: St Martins Press, 1974, 122–45.
2. Buchanan KM, Pugh JC. Land and people in Nigeria. London: University of London Press, 1966.
3. Northrup D. The growth of trade among the Igbo before 1800. *J African History* 1972; 13: 217–36.
4. Onwuejeogwu MA. the Igbo civilization: Nri kingdom and hegemony. *Ethnography* 1981: 56–74.
5. Bronhannan L. The Tiv of Central Nigeria: Ethanographic survey of Africa. Western Africa part VIII. London: International African Institutes, 1953.
6. Alagoa EJ: Long distance trade and states in Niger Delta. *J African History* 1970; 11: 319–29.
7. Udo RK. Geographical regions of Nigeria. London: Oxford University Press, 1970.
8. Akinkugbe OO. High blood pressure in the African. Edinburgh: Churchill Livingstone, 1972.
9. Ovuasu VO, Okupa FE. Arterial blood pressure and hypertension in Benin City in the equatorial forest zone of Nigeria. *Trop Geogr Med* 1980; 32: 241–44.
10. Langford HG, Langford FPJ, Tyler M. Dietary profile of sodium, potassium and calcium in US blacks. In: Dallas W, Saunders E, Shulman, NB, eds. Year Book Medical Publishers, Chicago: 1985.

SURVIVAL OF HIV IN THE COMMÓN BEDBUG

SIR,—Transmission of human immunodeficiency virus (HIV) by insects has been postulated as one mechanism of transmission of infection in Africa,[1] although it is thought that insects are not involved in "western" AIDS.[2] The known routes of transmission of AIDS are also common to those hepatitis B virus, with which HIV shares several epidemiological features. There is strong evidence for mechanical transmission of hepatitis B virus by the common bedbug (*Cimex lectularius*).[3] Similar transmission of HIV by bedbugs may be a cause of infection in African children. In Africa 15–22% of AIDS cases have been in children whereas in the USA this proportion is only 1–4%,[4] suggesting that there are modes of transmission other than those recognised in the USA. Since bedbug infestation is common throughout Africa, children are continually exposed to the bites of these insects. Bedbugs would probably transmit low levels of infection but a combination of factors could enhance the susceptibility of African children—ie, repeated exposure to the insects, a possibly lower threshold to infection in young children, immunosuppression due to malnutrition, and excessive activation of T4 lymphocytes by recurrent infections.

Mechanical transmission depends upon an insect being interrupted while feeding on an infected host and then moving to a susceptible host to complete its blood meal. Transmission would occur via contaminated mouthparts and or regurgitation. Interrupted feeding has been observed in laboratory bedbugs,[5] and transmission of virus by this means is a possibility.[6] Regurgitation has been observed in the related bug *Rhodnius prolixus*.[7]

In preliminary experiments to assess whether insects can transmit HIV, adult *C lectularius* and *Aedes aegypti* mosquitoes from laboratory colonies were allowed to engorge on defibrinated blood to which had been added tissue culture supernatant from HIV infected cells. 60 min after feeding the insects were homogenised in a very small amount of RPMI 1640 and the fluid was assayed for reverse transcriptase RT activity after clarification by centrifugation. The fluids were all negative for RT activity at this stage so they were sterile filtered and added to the permissive H9 cell line HIV negative, kindly supplied by Dr Robert C. Gallo, NIH. Supernatant fluids from the cultures were tested for RT activity every 3–4 days. From the 23rd day of culture, RT activity was recorded in the supernatant from cells inoculated with fluid from

RT ACTIVITY AS MULTIPLE OF NEGATIVE CONTROL RECORDED IN SUPERNATANTS FROM H9 CULTURES INOCULATED WITH EXTRACTS FROM POOLS OF 5 BEDBUGS OR 5 MOSQUITOES

Day	RT activity	
	Bugs	Mosquitoes
20	1·0	1·0
23	62	1·5
30	NT	1·4
34	121	1·0
44	NT	1·4

ground bedbugs. This activity increased to over 120 times more than the background activity by day 34 (table). In contrast cultures inoculated with fluid from mosquitoes remained negative.

The survival of HIV for 1 h in *C lectularius* following the feed on a blood-virus mixture suggests that mechanical transmission of the virus between human beings could be carried out by bedbugs.

Department of Virology, University of the Witwatersrand, Johannesburg, South Africa

S. F. LYONS
P. G. JUPP
B. D. SCHOUB

1. Cook LF. Hepatitis B and AIDS in Africa. *Med J Aust* 1985; 142: 661.
2. Curran JW, Meade Morgan W, Hardy AM, Jaffe HW, Darrow WW, Dowdle WR. The epidemiology of AIDS: Current status and future prospects. *Science* 1985; 229: 1352–57.
3. Jupp PG, McElligott SE. Lecturas G. The mechanical transmission of hepatitis B virus by the common bedbug *Cimex lectularius* L. in South Africa. *S Afr Med J* 1983; 63: 77–81.
4. Clumeck N. International Symposium on African AIDS Brussels, Nov 22-23, 1985).
5. Dickerman G, Lawrperre MMJ. Studies on the methods of feeding of blood-sucking arthropods II: The method of feeding adopted by the bedbug *Cimex lectularius* when obtaining a blood-meal from the mammalian host. *Ann Trop Med Parasitol* 1950; 53: 347–57.
6. Ogston CW. Transfer of radioactive tracer by the bedbug *Cimex hemipterus* (Hemiptera: Cimicidae): a model for mechanical transmission of hepatitis B virus. *J Med Entomol* 1981; 18: 107–11.
7. Friend WG, Smith JJB. Feeding in *Rhodnius prolixus*: Mouthpart activity and salivation and their correlation with changes in electrical resistance. *J Insect Physiol* 1971; 17: 233–43.

RIBAVIRIN ENTERS CEREBROSPINAL FLUID

SIR,—During a phase I trial of oral ribavirin for the treatment of patients with AIDS and AIDS-related complex (ARC) the level of ribavirin in the CSF of four patients after several weeks of ribavirin was measured. Patients received a loading dose of 1200 mg ribavirin orally two times a day for three days and then 300 mg orally twice a day for 8 weeks. Ribavirin levels were measured when the patient had been on the drug for 4–7 weeks. Three patients had CSF taken during investigations of neurological symptoms and one patient was a volunteer. Ribavirin levels in the CSF and in plasma from a simultaneous blood sample were measured in three patients. In one patient, ribavirin was measured in CSF and in plasma from a blood sample obtained 3 days later. The ribavirin level was measured by sensitive radioimmunoassay on specimens obtained in Boston and sent to the antiviral laboratory of the University of California, San Diego.[1] Significant ribavirin levels were present in the spinal fluid:

Patient	Diagnosis	Duration of ribavirin therapy (wk)	Ribavirin levels (μmol/l) in: Plasma	CSF	CSF level as % of blood level
1 (ARC)	Thrush	7	5·6	7·8	73
2 (AIDS)	CNS confusion	7	7·7	11·3	67
3 (ARC)	Numbness in hand	6	6·2	5·4	115
4 (AIDS)	CNS confusion, post-cryptococcal meningitis	4	8·6	7·0*	

*Blood drawn 3 days after lumbar puncture. Patient did not receive additional ribavirin after lumbar puncture.

The pharmacokinetics of ribavirin uptake in CSF were not evaluated. These results indicate that with at least 4 weeks of oral RBV, more than 67% of a simultaneous plasma level is found in the

There are many troubling questions about the handling of AIDS information by the media. There are urgent and disturbing questions about federal, state, and local government management of a disease that will reach epidemic proportions by 1990.

- Why has the media frequently ignored or misrepresented the facts?
- Why is AIDS not being politically treated like other contagious diseases?
- Why are practical, precedented measures not being taken to fight against an AIDS epidemic?
- How are civil rights issues clouding the health issues?

Understanding AIDS, both the disease and the politics surrounding it, is the first step toward establishing public policy that protects public health. The AIDS Coverup? is an important contribution toward that understanding.

> "The gravity of the problem is convincingly demonstrated by this book. It should be read by all who are concerned about their families and their country."
> --Charles E. Rice, Professor of Law
> University of Notre Dame Law School

GENE ANTONIO holds a BA in Psychology and a Master of Divinity Degree. An articulate and effective speaker, he spent two years in the research and writing of this book, and is considered a leading expert on AIDS and its social and political consequences.

# # #

Carl — nobody sees this mag (yet) — but this is a bombshell — J

The Deadly Silence
AIDS and Social Censorship

Eugene V. Clark

WE are an amazing nation. Almost daily we are reminded that we are blessed with media analysts who fear nothing and will always tell us the unvarnished truth. Nor do we lightly ridicule the media's sacred cows. Defamation awaits anyone who speaks impiously of, for instance, the Nobel Prize, clubbing seals, Black African governments, Planned Parenthood, anti-Fascists, etc.

With such imperial powers, commentators are tempted now and again to don the Emperor's clothes.

Consider one example. *U. S. News & World Report*, no partisan publication, printed (January 12, 1987) a cover story on AIDS. It exposed the fearful statistics. 29,000 Americans infected, with between 1.5 and 4 million carrying the virus at the end of 1986; by 1991, 179,000 will have died, with 91,000 dying. In twenty years, "a significant portion of our nation may be incapacitated." Dying, that is. AIDS is 100 percent lethal.

With all that, the writers in *U. S. News* danced as close as they dared to the unmentionable fact that promiscuous sodomy is the root cause, not of the untraceable virus, but of incubating the virus into a plague.

U. S. News posed the question bravely. "What causes AIDS?" Answer: "AIDS is caused by a virus usually known as human immuno deficiency virus or HIV." No one laughed. The naked Emperor stared us down. No one in the media dares ask the obvious next question: And how did the HIV get into the bloodstreams of homosexuals who in turn sent it via bisexuals, into the bloodstreams of heterosexuals on a plague level?"

Remember that these writers are the same men and women who will track apartheid into hidden unconscious prejudice; who will track a national policy to a casual remark of Nancy Reagan; who can trace an anti-Sandinista dollar in and out of Switzerland, Zaire, and the Cayman Islands; who pursue the causes of any social horror--discrimination, censorship, anti-Semitism, fascism--right into the ganglia of miscreants. But our major publications and the networks are satisfied to trace the "cause" of this major death-dealing plague to a dumb, hitherto quiescent virus, not to any human action.

The closest the media come to mentioning real causes is to state that AIDS victims are 65 percent homosexual, 25 percent users of contaminated needles, and 4 percent heterosexual, with 3 percent transfusion victims. The unthinking might conclude that AIDS is a disease that comes, with unfair emphases, from many sources--two kinds of sex, one needle and one operation. In fact, the virus-turned-plague has only one source--sodomy. Heterosexuals are infected only from homosexuals, or from heterosexuals infected by bisexuals, the latter transmission being impossible without a previous homosexual encounter. Despite the millons of words that have been written on AIDS this simple fact is rarely stated.

What restrains the pens and stops the tongues of a news industry that otherwise revels in its fearlessness? It is time to speculate. Speculation is forced upon those who see an exception to the strongly stated ideal of intellectual integrity among American newspeople. Why this exception?

The accepted wisdom seems to be this. Talking morals may lead to a renewed popular condemnation of sodomy which, in turn, may become a vicious discrimination against homosexuals. Since the fury of a public facing death for themselves and their children may not be containable, let us never, never raise the question of the morality or ethics of sodomy and its *sequellae*. We may start a train of events leading to a fascism based on public health and on to the lynching

of homosexuals.

Two nervous adjuncts strengthen the case. First, everyone can see an awkward parallel in the insouciant exiling of smokers from elevators, restaurants and the like, with little regard for the rights of smokers. Second, religious people, in the secular myth ever ready for more burnings at the stake, may use the terrible consequences of this particular moral failure (sodomy) to reassert faith by the sword.

The merry fascism of the anti-smoking drive--always for the good of the people, whether or not *they* know what is good for them--needs no comment. Anti-smoking loses its real punch once this parallel becomes clear. Soon anti-tobacco activists will be coming out of the trenches with their hands high.

But the religious factor is real and more complex. The homosexual trust, very powerful indeed, and its libertarian protectors are generally and reasonably angry with institutional religion which condemns sodomy as a serious sin. But the fact is that religion has been anything but aggressive on this question. Overwhelmingly, traditional moralists do not want AIDS victims or high-risk homosexuals to lose their jobs or housing. They support programs to care for the lonely victims and have tolerated demands for research disproportionate to all other health research. Catholics first, and many other religious groups, quickly joined in the compassionate care of dying AIDS victims. By and large, the homosexual community has done little for the victims, but that has not decreased religious commitment and generosity.

The reaction of religious persons to AIDS victims is not important to homosexual activist tacticians. What bothers them is their suspicion that believers in the Ten Commandments, rattled by the sexual revolution, are now regrouping and saying to themselves, "Ha! We were right all along. Sexual promiscuity *is* wrong, and homosexual practice is heading us toward Sodom and Gomorrah." In dirty talk among themselves, homosexuals say that religious people across the nation rejoice in the extermination of homosexuals as a display of God's anger against sinners. Such a mind exists perhaps among a few fevered fundamentalists and cocktail-party wise guys. But homosexual activists will not relinquish the rhetorical weapon of anticipated persecution.

It may be important to say here that Christians and Jews, in contemplating any sin, do not pass judgment on the guilt of individuals. That is exclusively God's province. The media choose not to understand this. Maybe they cannot.

It is a critical distinction. To equate the objective wrongness of any act with personal guilt is an error that paralyses moral reflection. Personal guilt is established in the unfathomable relationship between God and a human person. If we accuse anyone of moral guilt, we err. We act *ultra vires*. But we can and should discuss the objective moral meaning of any significant act, in this case the protection of some or exploitation of others in a plague situation. This can be done without pretending to know any individual's guilt.

U. S. News posed the question bravely. "What causes AIDS?" Answer: "AIDS is caused by a virus usually known as human immuno deficiency virus or HIV." No one laughed.

Annoyance that religious believers may be strengthened in their moral convictions runs deep in many circles today. It revealed itself in the *U.S. News* piece. The only allusion to a moral dimension in the spreading of HIV was this: "As in those (Dark Ages) now there are calls for quarantines--social exile--especially from the religious right, whose members see AIDS as God's rough justice for the sin of homosexuality." In eleven pages, that was the only reference to Christianity's contribution to the question. Nor was there a reference to any moral or ethical question that practicing homosexuals, bisexuals or dying AIDS victims might address in so grave a situation. Remember that this article appeared in one of our three leading news weeklies that handily discuss the ethics and moral stature of political leaders, C.E.O.'s, pressure groups, Sandinistas and *contras*, and many others, as if readers were begging for their moral and ethical judgments.

The terror of any editor today seems to be that through a careless phrase, he or she might appear to consider a religious view of AIDS as less dangerous than AIDS itself. To be safe, writers must avoid anything like a moral or ethical approach to AIDS. If the dread subject must be raised, let someone else handle it. And try not to think of how one deals with smoking.

Is this censorship? No, it would be said, only the condition for survival in the world of publishing. But of course it *is* censorship, however voluntarily submitted to.

This raises another question for religious believers. Why is that people who do care about morality and who are mandated to love homosexuals (and probably do) do not speak more precisely about AIDS as a moral and ethical problem? The question invites reflection on the plight of religious spokesmen in our time.

Mainline Christians, accustomed to a marginal role in public life, do not often enter the major debates. There are two unhappy results of this. First, the debates engage the views of only half the nation. For example, the exchange between rationalist evolutionists and fundamentalist creationists should have been joined by intellectual Christians with informed views on both evolution and the meaning of the Bible. As it took place, the debate was perfect for the media, but the fault for that lies in good measure with thoughtful Christians who were lethargic about addressing a tired question.

A second and more disturbing result of this marginality is the dilution of moral commentary in general. Today Christians and Jews of traditional conviction often fall silent on moral issues that affect individuals. They speak volubly enough on community morals, but rarely speak at all of individual morality. The reason is clear. Moral norms for individuals suggest moral authority and discipline, both unacceptable to many.

Consider the weak Judeo-Christian response to the reality of AIDS and the anger of homosexuals.

Has any minority reaction ever silenced logical discussion as effectively as the current fury of the homosexual community? If, conscious of that anger, most media commentators have said everything they can about AIDS except to mention its cause, mainline religious commentators have not said much more. Writers in the religious press and spokesmen for the Church have concentrated on good works toward the dying victims. But that sympathetic response cannot excuse religious writers if they too bury the truth.

It is a classic red herring and harmful to homosexuals to speak of the plague of death-dealing AIDS as if it were equally a problem of heterosexuals or even drug users. This is the rhetoric of the media and of public health officials. Surely, they know this is not the case. They know that there would be no AIDS threat in this nation if it were not for homosexual acts performed voluntarily and promiscuously by so many. Who has spoken or written this central fact? Have our moral theologians and bishops? Homosexuals did not,

The terror of any editor today seems to be that through a careless phrase, he or she might appear to consider a religious view of AIDS as less dangerous than AIDS itself.

of course, invent the deadly *viri* that are normally kept at bay by the wonderful balance of created life. But the imbalance that led to AIDS in this country (and soon in the world) was not caused by mysterious developments in Africa and Haiti. The plague (not the virus) was caused by the promiscuous performance of an essentially unsanitary sexual act. I use the words carefully. Such activity continues to be the source of the plague. Does any thoughtful religious person think that homosexuals are helped by clouding that fact?

In recent decades, many homosexuals quietly dismissed the cautions of nearly every culture and the strictures of the Judeo-Christian revelation against the homosexual act. Homosexuals dealt with morality in their own way. Then nature reacted to the violation of its ageless requirement that healthy organisms be protected from noxious elements. Research has not yet pinpointed the chemistry of AIDS, but it is glaringly clear what activity brought about and daily expands the base of the plague. It is the act of sodomy. Without promiscuous sodomy, the plague would cease to be fueled and would die back, slowly and perhaps painfully, but it would die back.

A similar paragraph can be written about heterosexual promiscuity. Forbidden by Judeo-Christian morality, sleeping around is now also proscribed by diseases that emerged after the wisdom of nature and her Creator were dismissed by many.

After reading the escalating projections of death among homosexuals, among the innocent wives of promiscuous bisexual men, and among babies born deformed and dying, why are Jews and Christians

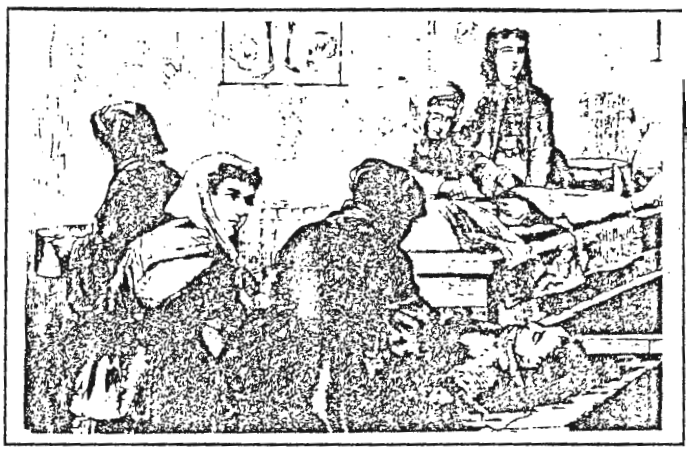
reluctant to ask the homosexual community to rethink its destructive practice? Does homosexual preference stand irresistible against their own group suicide? And where are the moralists? Persistent sodomy kills friends, wives, babies, and pathetic prostitutes. Does this not involve objective moral questions homosexuals must deal with? Do thoughtful Christians and Jews serve them well in not urging these thoughts upon them?

There *is* a body of Judeo-Christian thought regarding homosexuality. Sodomy is not a birthright. Like adultery and running a red light, it is a voluntary act. And like them it has consequences.

The obscurantism of homosexual activists and the relative silence of Christians and Jews are not made worse by the number of victims. But it is important to know that we are just at the beginning of a plague that could become genocidal. We know that the killer *viri* have entered our society through and because of promiscuous sodomy; they are transmitted only by sexual contact or dirty needles or contaminated blood. All heterosexual victims can trace their illness back to a homosexual source. But--and this is the latest horror--these facts do not mean that the *viri*, multiplying geometrically, will continue to confine themselves to a sexual transmission belt. Public health officials are well aware of this hideous potential.

With determination and some gusto we told alcoholics, drug-abusers, air and water polluters, and smokers that only abstention from their health destroying habits would allow nature to restore health. We gave them honest sympathy, but we did not deceive them. It is unlikely that expensive research will cure AIDS any more than it did venereal disease, of which there is a richer variety today than before penicillin. The manufacturers of condoms will now add to the lies, despite the fact that the protection they market provides much the same odds as Russian roulette. An active homosexual will be infected in August instead of July. Predictably, the facts are not deterring manufacturers, advertisers or publishers.

The truth is writ large. *Every AIDS victim diagnosed in 1982 and 1983 is now dead.* Soon those of 1984 will be dead--all of them. The only way to protect the next class of potential victims, of whatever year, is homosexual abstinence. Only sodomy is the primary cause of AIDS. Was a moral imperative for abstinence ever clearer? Neither accusations against others nor "promising research,"



any more than "safe sex," will save thousands, perhaps hundreds of thousands, in the next class. Only homosexual abstinence in 1987 will save them.

Other sticky moral questions arise and need careful reflection. Since AIDS kills 100 percent of its victims, does a known HIV carrier have a right to marry? A right to sexual acts with another person, knowing it is more than probable that he or she will transmit the lethal virus? We forbid marriage of first cousins for the safety and health of progeny. But we have yet even to ask the question: May a known AIDS carrier be allowed to acquire a right to sexual intercourse with a non-infected person or sire an infected baby? Will the AIDS carrier enjoy the protection of civil rights in bringing about the death of spouse and child? Perhaps of contributing to genocide? If so, why do we still ban marriage of first cousins?

Denouncing the heterosexual community, hospitals, Congress and Mother Teresa are ways for homosexuals and their protectors to run away from the truth, away from the law of God that thou shalt not kill--not even for sex. Christians and Jews must enter the public debate and say that sodomy, even for unbelievers, is wrong, profoundly wrong, because it ineluctably punishes practitioners and threatens millions of innocents with a terrible death.

If we do not say this, who will?

Homosexuals deserve the nation's sympathy and the love of those who believe in the Gospel and all the help they need in this exceedingly difficult decision. But we will not help them by cooperating in the burial of the truth. ■

Monsignor Eugene V. Clark holds the John A. Flynn Chair of Catholic Questions at St. John's University in New York.

4784 64

ILLINOIS RIGHT TO *Life* COMMITTEE

A PRO-LIFE EDUCATIONAL ORGANIZATION — Founded 1968
53 W. Jackson Blvd., Suite 832 • Chicago, Illinois 60604 • 312/922-1918
24-Hour Newsline updated daily, 312/922-1920

President Ronald Reagan
The White House
Washington, D.C. 20500

April 22, 1987

Dear Mr. President,

On behalf of the Board of Directors of the Committee, I write to urge you to replace Dr. C. Everett Koop immediately as Surgeon General of the United States.

We cannot understand why you allow him to continue to abuse and exceed his authority and position by publicly endorsing conduct (the wholesale use of condoms) that most normal people, however silent, consider immoral, irresponsible and offensive, and promoting the introduction of amoral sex education courses at even earlier grade levels than we have now, all in a frantic and poorly-thought out response to the AIDS epidemic. Worse than that, he has given encouragement to those who want to offer abortion as an option to pregnant women with AIDS.

It is not enough that Dr. Koop merely advertise that he is speaking for himself and not you or your administration. There is no reason why anyone should accept such a distinction, especially in the absence of any formal repudiation of such views by you or the White House.

Surely you can find someone in this great country who can meet the challenge this terrible plague presents in a more professional and intelligent manner.

With wishes for your continued good health, I am,

Sincerely for Life,

Richard J. O'Connor

Richard J. O'Connor
Executive Director

cc: Surgeon General C. Everett Koop, M.D.

FACT SHEET ON AIDS EPIDEMIOLOGY

March 30, 1987

- AIDS is characterized by a defect in a person's natural immunity to disease. People with AIDS are vulnerable to serious illnesses which would not be a threat to those whose immune systems function normally. AIDS is caused by a virus, usually referred to as HTLV-III, which is transmitted by sexual contact; needle sharing; from mother to child before, during, or after birth; or less commonly through blood transfusions.

- As of January 12, 1987, CDC estimates there were 29,019 cases of AIDS reported in the United States since June 1981.

- The three largest risk groups were homosexual/bisexual males (66 percent), heterosexual intravenous (IV) drug users (17 percent), and homosexual/bisexual males with a history of IV drug use (8 percent).

- The number of Americans infected with the AIDS virus may be 100 times greater than the number with AIDS and is estimated at between 1.5 and 5 million, with a doubling time of about one year.

- During 1991 alone, 145,000 cases of AIDS will require medical attention and 54,000 persons will die, bringing the cumulative number of AIDS deaths in this country to over 179,000.

- Infection with the virus is 50% fatal within 7-10 years; the fatality rate may approach 100% within 12-15 years.

- Dr. Robert Gallo, the U.S. scientist who isolated the AIDS virus, predicted that no cure for AIDS "would be found in anyone's lifetime."

- The number of pediatric cases of AIDS will rise from the current level of 416 to more than 3,000 by 1991.

- The most rapid increase in new AIDS cases is now seen in sexually active heterosexuals and transfusion recipients.

- Nearly all those infected with the AIDS virus do not know it and spread disease in ignorance.

- Most infected people could be identified with repeated blood tests, but there is no mechanism to identify them now.

- New infections with the AIDS virus could be reduced or eliminated by applying appropriate public health measures, as was done for syphilis before a cure was found.

FEDERAL RESPONSE TO THE AIDS EPIDEMIC TO DATE

Scientific

- Discovery of the virus that causes AIDS.
- Development of a blood test for AIDS virus antibody.
- Development of AIDS treatment agents (including AZT, which has now been licensed by the FDA).
- Preliminary work on an AIDS vaccine.

Information

As the scientific efforts have yielded data, the Federal Government has conveyed information on AIDS to influence public policy and individual behavior. This information effort has included:

- Recommendations for blood bank testing, leading to protection of the blood supply.
- Publication of the Surgeon General's Report on AIDS, as directed by the President.
- The President's approval of principles that should guide the Federal Government in providing AIDS information to the public and publication of the PHS AIDS Information/Education Plan.

Budget

- The Federal Government spent over $660 million on AIDS between FY82 and FY86. The President's FY88 Budget proposes over $1.75 billion for FY87-88 and includes funds for research, education and treatment of AIDS victims.

DEPT HEALTH AND HUMAN SERVICES
200 INDEPENDENCE AVE S.W.
WASHINGTON DC 20201 26AM

Western Union Mailgram®

1-008292I085006 03/26/87 TLX HEW WSH WHSB
06 WASHINGTON DC 26-MAR-87

CARL ANDERSON
OLD EXECUTIVE OFFICE BUILDING
ROOM 197
WASHINGTON DC 20500

I DO NOT SUPPORT ABORTION. DISREGARD ANY
INTERPRETATION OF MY REMARKS GIVEN AT THE
NATIONAL PRESS CLUB ON TUESDAY AS SIGNIFYING
MY SUPPORT FOR ABORTION

C.EVERETT KOOP, M.D., SCD, SURGEON GENERAL /PHS
DEPT OF HEALTH AND HUMAN SERVICES WASHINGTON DC
DEPT HEALTH AND HUMAN SERVICES
TLX 89549 HEW WSH

14:52 EST

MGMCOMP

5241 (R 7/82)

Western Union Mailgram

TO REPLY BY MAILGRAM MESSAGE, PHONE WESTERN UNION ANYTIME, DAY OR NIGHT:

FOR YOUR LOCAL NUMBER, SEE THE WHITE PAGES

OF YOUR LOCAL TELEPHONE DIRECTORY

OR

DIAL (TOLL-FREE) 800-325-6000

OR DIAL WESTERN UNION'S COMPUTER DIRECTLY:

FROM TELEX I ..... 6161 FROM TELEX II (TWX) 910-420-1212

8E

491346

AIDS awareness congress

(an international festschrift)

November 7-8, 1987

Kiawah Island, Charleston
South Carolina, USA.

PROGRAM COMMITTEES

EDUCATION

COUNSELING

ADOLESCENT FESTIVAL

DIAGNOSIS/SCREENING

FAMILY PLANNING

HEALTH CARE SERVICES

LAW/POLICY

PREVENTION

PSYCHOL-SOCIAL

VIROLOGY

AIDS RESEARCH

Executive Director
Dr. E.S.E. Hafez
Reproductive Health Center
78 Surfsong Road
Kiawah Island
South Carolina 29455 USA

May 18, 1987

Carl Anderson — don't worry = they're hard at work — a

Scheduling 11-7 thru 11/9

President Ronald Reagan
White House
Washington, DC

Dear President Reagan:

In view of the PRESIDENTIAL COMMISSION ON AIDS, the "AIDS-AWARENESS CONGRESS" will be held on November 7-9, 1987 at Seabrook Island, South Carolina. If your busy schedule permits, may we invite you to present these five awards during that Congress?

1. AIDS-FREE STATE AWARD
   Governors of 52 States have been invited to submit plans/recommendations to have their respective State as an experimental model for "AIDS-Free State".
2. AIDS-FREE INTERNATINOAL AWARD
   Ambassadors and/or Public Health Officials have been invited to submit plans/recommendations to have their respective countries as an experimental model for "AIDS-Free Country".
3. AIDS RESEARCH AWARD
   Volume I of our international journal "ARCHIVES OF AIDS RESEARCH" is already in print. It is our pleasure to send you all issues of the journal as they appear. AIDS Research Award will be presented to the best research paper to be published in this journal.
4. AIDS CONTRACEPTIVE VACCINE AWARD
   Announcements have been published in the pertinent medical journals to submit plans/recommendations for sophisticated advanced research with the hope of developing an "AIDS CONTRACEPTIVE VACCINE" to be conducted at "INTERNATIONAL INSTITUTE FOR AIDS RESEARCH" under planning in USA.
5. AIDS MEDICAL SCHOOL AWARD
   The Dean, Virology/Immunology Professor, curricular coordinator and student body who contribute research ideas.

WORLD FEDERATION OF CONTRACEPTION/HEALTH

AIDS awareness congress

(an international festschrift)

November 7-8, 1987

Kiawah Island, Charleston
South Carolina, USA

PROGRAM COMMITTEES

EDUCATION

COUNSELING

ADOLESCENT FESTIVAL

DIAGNOSIS/SCREENING

FAMILY PLANNING

HEALTH CARE SERVICES

LAW/POLICY

PREVENTION

PSYCHOL-SOCIAL

VIROLOGY

AIDS RESEARCH

(CONTINUED)

6. AIDS OSCAR DOCUMENTARY AWARD
Senior/Junior Oscar. Awardee will be invited to submit a segment of a "FILM DOCUMENTARY" to emphasize and dramatize the awareness of the general public for prevention and eventual cure of AIDS virus. Such proposals could be coordinated by the ACADEMY OF MOTION PICTURE AND ARTS or any other comparable organization.

We will be relying on carefully selected AIDS scientists to evaluate and select the Awardees; and to supervise these activities during the Congress in November. The Awardees will be the "Charter Advisory Board" of the AIDS Institute.

Enclosed please find detailed information pertaining to these International Awards.

With kind regards.

Sincerely,

E.S.E. Hafez
Program Director of the Congress

cc: Presidential Spokesman: Marlin Fitzwater

Executive Director
Dr. E.S.E. Hafez
Reproductive Health Center
78 Surfsong Road
Kiawah Island
South Carolina 29455 USA

THE WHITE HOUSE

WASHINGTON

May 29, 1987

MEMORANDUM FOR MARI MASENG

FROM: CHARLOTTE DE MOSS CDM

SUBJECT: Comments on Executive Order on Presidential Commission on AIDS

Sec. 3 (c)
This shall not preclude staff being detailed from other agencies as appropriate, e.g., Departments of Education, Defense and Justice.

Additionally, in order to assure that the Commission is independent of any individual agency's influence, the offices should be located in a neutral facility, e.g. Jackson Place.

Suggd.

1. Message fr Ex of OP
2. Sweet/Bauer
3. DOJ, DOD - crit, hc
   Pub Hlth Issu

Document No. _____

WHITE HOUSE STAFFING MEMORANDUM

DATE: 5/28/87 **ACTION/CONCURRENCE/COMMENT DUE BY:** NOON on 5/29/87

SUBJECT: EXECUTIVE ORDER -- PRESIDENTIAL COMMISSION ON AIDS

	ACTION	FYI		ACTION	FYI
VICE PRESIDENT	☐	☑	FITZWATER	☐	☑
BAKER	☐	☑	GRISCOM	☑	☐
DUBERSTEIN	☐	☑	HENKEL	☐	☐
MILLER - OMB	☐	☐	HOBBS	☐	☐
BALL	☑	☐	KING	☐	☐
BAUER	☑	☐	MASENG	☑	☐
CARLUCCI	☐	☐	RISQUE	☑	☐
CRIBB	☑	☐	RYAN	☐	☐
CRIPPEN	☐	☐	SPRINKEL	☐	☐
CULVAHOUSE	☑	☐	TUTTLE	☐	☐
DAWSON	☐P	☑SS	CLERK	☐	☑
DONATELLI	☑	☐	GRAHAM	☑	☐

REMARKS: Please provide any comments/recommendations directly to my office by noon on Friday, May 29th. The Justice Department is currently reviewing the order. Thanks.

RESPONSE:

MAY 28 P6:33

ED OPL-WW

Rhett Dawson
Ext. 2702

EXECUTIVE OFFICE OF THE PRESIDENT
OFFICE OF MANAGEMENT AND BUDGET
WASHINGTON, D.C. 20503

MAY 2[illegible]

MEMORANDUM FOR THE PRESIDENT

FROM: James C. Miller III
Director

SUBJECT: Proposed Executive Order Entitled "Presidential Commission on the Human Immunodeficiency Virus Epidemic"

SUMMARY: This memorandum forwards for your consideration a proposed Executive order, submitted by the Office of Policy Development, that would implement your decision to establish an advisory commission to study the impact of the human immunodeficiency virus (HIV) epidemic and the related acquired immune deficiency syndrome (AIDS).

BACKGROUND: The proposed Executive order would exercise your authority under the Federal Advisory Committee Act to establish a Presidential advisory commission to investigate the spread of the HIV virus and the resultant AIDS. The Commission would consist of seven members to be appointed or designated by you.

Under the proposed order, the Commission would advise you and the Secretary of Health and Human Services on long-range planning to deal with the public health dangers resulting from the spread of the HIV virus and AIDS. The Commission would submit its final report to you and the Secretary of HHS within one year. Support services for the Commission would be provided from appropriations available to the Office of the Secretary of HHS.

Time has not permitted an opportunity for complete coordination of the views of the affected agencies. From the comments submitted, I am aware of no objections that argue against issuance of the proposed Executive order.

RECOMMENDATION: I recommend that you sign the proposed Executive order.

Attachment

EXECUTIVE OFFICE OF THE PRESIDENT
OFFICE OF MANAGEMENT AND BUDGET
WASHINGTON, D.C. 20503

MAY 28 1987

Honorable Edwin Meese, III
United States Attorney General
Washington, D.C. 20530

Dear Mr. Attorney General:

Enclosed, in accordance with the provisions of Executive Order No. 11030, as amended, is a proposed Executive order entitled "Presidential Commission on the Human Immunodeficiency Virus Epidemic" that would implement the President's decision to establish an advisory commission to study the impact of the human immunodeficiency virus (HIV) epidemic and the related acquired immune deficiency syndrome (AIDS).

The proposed Executive order would exercise the President's authority under the Federal Advisory Committee Act to establish a Presidential advisory commission to investigate the spread of the HIV virus and the resultant AIDS. The Commission would consist of seven members to be appointed or designated by the President.

Under the proposed order, the Commission would advise the President and the Secretary of Health and Human Services on long-range planning to deal with the public health dangers resulting from the spread of the HIV virus and AIDS. The Commission would submit its final report to the President and the Secretary of HHS within one year. Support services for the Commission would be provided from appropriations available to the Office of the Secretary of HHS.

Your staff may direct any questions concerning this proposed Executive order to Mr. John F. Cooney of this office (395-5600).

This proposed Executive order has the approval of the Director of the Office of Management and Budget.

Sincerely,

John H. Carley
General Counsel

EXECUTIVE ORDER

- - - - - - -

PRESIDENTIAL COMMISSION ON THE
HUMAN IMMUNODEFICIENCY VIRUS EPIDEMIC

By the authority vested in me as President by the Constitution and laws of the United States of America, including the Federal Advisory Committee Act, as amended (5 U.S.C. App. I), and in order to create an advisory commission to investigate the spread of the human immunodeficiency virus (HIV) and the resultant acquired immune deficiency syndrome (AIDS) in the United States, it is hereby ordered as follows:

Section 1. Establishment. (a) There is established the Presidential Commission on the Human Immunodeficiency Virus Epidemic to investigate the spread of the HIV virus and the resultant AIDS. The Commission shall be composed of seven members appointed or designated by the President. The members shall be distinguished individuals who have extensive experience in the fields of medicine, epidemiology, virology, law and medicine, public health and related disciplines.

(b) The President shall designate a Chairman from among the members of the Commission.

Sec. 2. Functions. (a) The Commission shall advise the President and the Secretary of Health and Human Services on long-range planning to deal with the public health dangers including the medical, legal, ethical, social, and economic impact, from the spread of the HIV virus and resulting illnesses including AIDS, AIDS-related complex, and other related conditions.

(b) The primary focus of the Commission shall be to recommend measures that Federal, State, and local officials can take to (1) protect the public from contracting the HIV virus; (2) assist in finding a cure for AIDS; and (3) care for those who already have the disease.

(c) In particular, the Commission shall (1) evaluate efforts by educational institutions and other public and private entities to provide education and information concerning AIDS; (2) analyze the efforts currently underway by State and local authorities to combat AIDS; (3) examine long-term impact of AIDS treatment needs on the health care delivery system, including the effect on non-AIDS patients in need of medical care; (4) review the United States history of dealing with communicable disease epidemics; (5) identify future areas of research that might be needed to address the AIDS epidemic; (6) examine policies for development and release of drugs and vaccines to combat AIDS; (7) monitor the progression of AIDS among the general population and among specific risk groups; (8) evaluate research activities relating to the prevention and treatment of AIDS; and (9) study legal and ethical issues relating to AIDS.

(d) The Commission shall report to the President and the Secretary of Health and Human Services from time to time as appropriate and shall submit its final report no later than one year from the date of this Order.

Sec. 3. Administration. (a) The heads of Executive departments and agencies shall, to the extent permitted by law, provide the Commission, upon request, with such information as it may require for purposes of carrying out its functions.

(b) Members of the Commission shall serve without additional compensation for their work on the Commission. While engaged in the work of the Commission, members appointed from among private citizens of the United States may, to the extent funds are available, be allowed travel expenses, including per diem in lieu of subsistence, as authorized by law for persons serving intermittently in the government service (5 U.S.C. 5701-5707).

(c) The Office of the Secretary of Health and Human Services shall, subject to the availability of appropriations, provide the Commission with such administrative services, f

facilities, staff, and other support services as may be necessary for the performance of its functions.

Sec. 4. General Provisions. (a) The functions of the President under the Federal Advisory Committee Act, as amended (5 U.S.C. App. I), except that of reporting annually to the Congress, which are applicable to the Commission, shall be performed by the Secretary of Health and Human Services, in accordance with guidelines and procedures established by the Administrator of General Services.

(b) The Commission shall, unless sooner extended, terminate 30 days after submitting its final report to the President.

THE WHITE HOUSE,

Document No. _____

Patricia Hines
mjp dissette

WHITE HOUSE STAFFING MEMORANDUM

DATE: 5/28/87 **ACTION/CONCURRENCE/COMMENT DUE BY:** 2:00 pm today

SUBJECT: PRESIDENTIAL REMARKS: AMERICAN FOUNDATION FOR AIDS RESEARCH

	ACTION	FYI		ACTION	FYI
VICE PRESIDENT	☐	☑	FITZWATER	☐	☑
BAKER	☐	☑	GRISCOM	☑	☐
DUBERSTEIN	☐	☑	HENKEL	☑	☐
MILLER - OMB	☑	☐	HOBBS	☐	☐
BALL	☑	☐	KING	☐	☐
✓ BAUER	☑	☐	MASENG	☑	☐
CARLUCCI	☐	☐	RISQUE	☑	☐
✓ CRIBB	☑	☐	RYAN	☐	☐
CRIPPEN	☐	☐	SPRINKEL	☐	☐
CULVAHOUSE	☑	☐	TUTTLE	☐	☐
DAWSON	☐P	☑SS	DOLAN	☐	☑
DONATELLI	☑	☐	_____	☐	☐

REMARKS: Please provide comments directly to my office by 2:00 this afternoon, with an information copy to the Speechwriting Office. Thanks.

See attached comments.

RESPONSE:

MAY 28 A8:14

RECEIVED OPL-WW

Rhett Dawson
Ext. 2702

(Parvin--5/28/87)

PRESIDENT REAGAN: AMERICAN FOUNDATION FOR AIDS RESEARCH
MAY 31, 1987

Dr. Silverman, Elizabeth, Don Ross, award winners, ladies and gentlemen...you know fundraisers always remind me of one of my favorite, most well-worn stories. I've been telling it for years, so if you've heard it...well, indulge me.

But the chairman of the local fundraising drive went to see the richest man in town, who had never given anything--not a cent.

So he said to the man, "Our records show you've never contributed anything to our charity." And the man said, "Well, do your records show I have a brother who had an accident and can't provide for himself? Do your records show I have an invalid mother? Do your records show I have a widowed sister with several small children and no father to support them?"

And the chairman said, "No, our records don't show that."

And the man said, "Well, I don't give anything to them. Why should I give anything to you?"

But I do want to thank each of you for giving to the fight against AIDS. And I want to thank the American

Foundation for AIDS Research and our award recipients for their contributions as well. I'm especially pleased a member of the Administration is one of tonight's recipients. Dr. Koop is what every Surgeon General should be--an honest man, a good scientist, and an advocate for the public health.

And I also want to thank other doctors and researchers who aren't here tonight. These individuals showed genuine courage in the early days of the disease when we didn't know how AIDS was spreading its death. They took personal risks for medical knowledge and for their patients' well-being. And that deserves our gratitude and recognition.

I want to talk tonight about the disease that has brought us all together. The poet W.H. Auden said that the true men of action in our times are not the politicians and statesmen, but the scientists. I believe that's especially true when it comes to the AIDS epidemic.

Those of us in government can educate our citizens about the dangers; we can encourage safe behavior; we can test to determine how widespread the virus is; we can do any number of things. But only medical science can ever truly defeat AIDS. Medical science is the silver bullet.

We've made remarkable progress already. Over the past 2 years, scientists have collected more information about AIDS than they've collected during 40 years of research on polio.

To think, we didn't even know we had a disease until June of 1981 when five cases appeared in California. The AIDS virus itself was discovered in 1984. The blood test became available in 1985. A treatment drug, AZT, has been brought to market in record time; others are coming. Work on a vaccine is now underway in many laboratories.

In addition to all the private and corporate research underway here at home and around the world, this fiscal year the Federal Government plans to spend $317 million on AIDS research and $766 million overall. Next year we intend to spend 30 percent more on research--$413 million out of $1 billion overall. Spending on AIDS has been one of the fastest growing parts of the budget, and, ladies and gentlemen, it deserves to be.

We're also tearing down the regulatory barriers so as to move AIDS drugs from the pharmaceutical laboratory to the marketplace as quickly as possible. It makes no sense--and, in fact, it's cruel--to keep the hope of new drugs from dying patients. And I don't blame those who were out marching and protesting to get the AIDS drugs released before the t's were crossed and the i's were dotted. If I had AIDS, I'd feel the same frustration.

Now, although science is capable of breathtaking advances; it's not capable of miracles. Because of AIDS' long incubation period, it will takes years to know if a vaccine works. These tests require time, and this is a

problem money cannot overcome. We will not have a vaccine on the market until the mid to late 1990's at best.

Since we don't have a cure to the disease and we don't have a vaccine against it, the question is how do we deal with it in the meantime? How do we protect the citizens of this nation? And where do we start?

For one thing, it is absolutely essential that the American people understand the nature and the extent of the AIDS problem. And it's important that federal and state government do the same.

I recently announced my intention to create a national commission on AIDS, because of the consequences of this disease on our society. We need some comprehensive answers. How do we deal with a disease that may swamp--perhaps even bankrupt--our health care system? What can we do to defend Americans not infected with the virus? How can we best care for those who are ill and dying? The commission will help crystallize America's best ideas on how to deal with the AIDS crisis.

We know some things already--the cold statistics. But I'm not going to read you gruesome facts on how many thousands have died or most certainly will die. I'm not going to break down the numbers of young men, intravenous drug users or infants we've lost. I'm not belaboring these things, because I don't want Americans to think AIDS simply affects only certain groups. AIDS affects all of us.

What our citizens must know is this: America faces a disease that is fatal and spreading. This calls for urgency, not panic. It calls for compassion, not blame. And it calls for understanding, not ignorance.

It's also important that America not judge those who have the disease but care for them with dignity and kindness. Passing moral judgments is up to God; our part is to ease the suffering and to find a cure. This is a battle against disease, not against our fellow Americans.

Koop's language

We mustn't allow those with the AIDS virus to suffer discrimination. I agree with Secretary of Education Bennett--we must firmly oppose all forms of discrimination against those who have AIDS, whether in housing, education or jobs. We must prevent the persecution, though ignorance or malice, of our fellow citizens.

through

As dangerous and deadly as AIDS is, many of the fears surrounding it are unfounded. These fears are based on ignorance. I was told of a newspaper photo of a baby in a hospital crib with a sign that said, "AIDS--Do Not Touch." Fortunately, that photo was taken several years ago and we now know there's no basis for this kind of fear.

But similar incidents are still happening elsewhere in this country. I read of one man with AIDS who returned to work to find anonymous notes on his desk with such messages as, "Don't use our water fountains."

I was told of a situation in Florida where three young brothers--ages 10, 9, and 7--were all hemophiliacs carrying

Infected with? or were they carriers

the AIDS virus. The pastor asked the entire family not to come back to their church. Ladies and gentlemen, this is old-fashioned fear.

The Public Health Service has stated that there's no medical reason for barring a person with the virus from any routine school or work activity. There's no reason for those who carry the AIDS virus to wear a scarlet A.

AIDS is not a casually contagious disease. You don't get it from telephones or swimming pools or drinking fountains. You don't get it from someone shaking your hand or preparing your food. And most important, you don't get AIDS by donating blood.

Good Point

Education is critical to clearing up the fears. Education is also crucial to stopping the transmission of the disease. Since we don't yet have a cure or a vaccine, the only thing that can halt the spread of AIDS right now is a change in the behavior of those Americans who are at risk.

As I've said before, the federal role is to provide scientific, factual information. Corporations can help get the information out, so can community and religious groups. And, of course, so can the schools with guidance from the parents. How the schools present the information is up to them. Yet I can't help but mention this--the teaching of AIDS, or any aspect of sex education for that matter, should not be value neutral.

You know a dean of St. Paul's Cathedral in London once said, "The aim of education is the knowledge not of facts,

but of values." And that's not too far off. Education is knowing how to adapt, to grow, to understand ourselves and the world around us. And values are how we guide ourselves through the decisions of life. How we behave sexually is one of those decisions.

As Surgeon General Koop has pointed out, if children are taught their own worth, we can expect them to treat themselves and others with greater respect. And wherever you have self-respect and mutual respect you don't have drug abuse and sexual promiscuity--which, of course, are the two major causes of AIDS. And I know Nancy firmly believes from her work that self-esteem is the best defense against drug abuse.

Now, we know there will be those who will go right ahead--so, yes, after there is a moral base, then you can discuss preventatives and other specific measures.

And there's another aspect of teaching values that needs to be mentioned here. As individuals, we have a moral obligation not to endanger others--and that can mean endangering others with a gun, with a car, or with a virus. If a person has reason to believe he or she may be a carrier, that person has a moral duty to be tested for AIDS. Human decency requires it. And the reason is very simple--innocent people are being infected by this virus and some of them are going to acquire AIDS and die.

(POSSIBLE INSERT)

You know it's been said that when the night is darkest we see the stars. And there have been some shining moments throughout this horrible AIDS epidemic. I'm talking about all those volunteers across the country who've ministered to the sick and the helpless.

For example, last year about 450 volunteers from the Shanti Project provided 110,000 hours of emotional and practical support for 80 percent of San Francisco's AIDS patients. That kind of compassion has been duplicated all over the country, and it symbolizes the best tradition of caring. And I encourage Americans to follow that example and volunteer to help their fellow citizens with AIDS.

And in closing, let me read to you something I saw in the paper that also embodies the American spirit. It's something that a young man with AIDS recently said. He said, "While I do accept death, I think the fight for life is important, and I'm going to fight the disease with every breath I have."

And, ladies and gentlemen, so must we.

THE WHITE HOUSE

WASHINGTON

May 28, 1987

MEMORANDUM FOR MARI MASENG

FROM: CARL ANDERSON

SUBJECT: American Foundation Dinner Staffing Memo

Failure to make moral judgments on this behavior is why we have this epidemic. To my knowledge, the President has never said that we are to abandon moral judgment on these types of matters.

Document No. _____

WHITE HOUSE STAFFING MEMORANDUM

DATE: 05/28/87 ACTION/CONCURRENCE/COMMENT DUE BY: ----

SUBJECT: PRESIDENTIAL ADDRESS: AMERICAN FOUNDATION FOR AIDS RESEARCH

(05/28 5:30 p.m. draft)

	ACTION	FYI		ACTION	FYI
VICE PRESIDENT	☐	☑	FITZWATER	☐	☑
BAKER	☐	☑	GRISCOM	☐	☑
DUBERSTEIN	☐	☑	HENKEL	☐	☑
MILLER - OMB	☐	☑	HOBBS	☐	☐
BALL	☐	☑	KING	☐	☐
BAUER	☐	☑	MASENG	☐	☑
CARLUCCI	☐	☐	RISQUE	☐	☑
CRIBB	☐	☑	RYAN	☐	☐
CRIPPEN	☐	☐	SPRINKEL	☐	☐
CULVAHOUSE	☐	☑	TUTTLE	☐	☐
DAWSON	☐P	☑S	DOLAN	☐	☑
DONATELLI	☐	☑	GRAHAM	☐	☑

REMARKS:

The attached has been forwarded to the President.

RESPONSE:

MAY 29 A8:25

ED OPL-WW

Rhett Dawson
Ext. 2702

(Parvin)
May 28, 1987
5:30 p.m.

PRESIDENTIAL ADDRESS: AMERICAN FOUNDATION FOR AIDS RESEARCH
SUNDAY, MAY 31, 1987

Dr. Silverman, Elizabeth, Don Ross, award winners, ladies and gentlemen... you know fundraisers always remind me of one of my favorite, most well-worn stories. I've been telling it for years, so if you've heard it... well, indulge me.

But the chairman of the local fundraising drive went to see the richest man in town, who had never given anything -- not a cent.

So he said to the man, "Our records show you've never contributed anything to our charity." And the man said, "Well, do your records show I have a brother who had an accident and can't provide for himself? Do your records show I have an invalid mother? Do your records show I have a widowed sister with several small children and no father to support them?"

And the chairman said, "No, our records don't show that."

And the man said, "Well, I don't give anything to them. Why should I give anything to you?"

But I do want to thank each of you for giving to the fight against AIDS. And I want to thank the American Foundation for AIDS Research and our award recipients for their contributions as well. I'm especially pleased a member of the Administration is one of tonight's recipients. Dr. Koop is what every Surgeon General should be -- an honest man, a good doctor, and an advocate for the public health.

And I also want to thank other doctors and researchers who aren't here tonight. Those individuals showed genuine courage in the early days of the disease when we didn't know how AIDS was spreading its death. They took personal risks for medical knowledge and for their patients' well-being. And that deserves our gratitude and recognition.

I want to talk tonight about the disease that has brought us all together. The poet W.H. Auden said that the true men of action in our times are not the politicians and statesmen, but the scientists. I believe that's especially true when it comes to the AIDS epidemic.

Those of us in Government can educate our citizens about the dangers; we can encourage safe behavior; we can test to determine how widespread the virus is; we can do any number of things. But only medical science can ever truly defeat AIDS.

We've made remarkable progress already.

To think, we didn't even know we had a disease until June of 1981 when five cases appeared in California. The AIDS virus itself was discovered in 1984. The blood test became available in 1985. A treatment drug, A.Z.T., has been brought to market in record time; others are coming. Work on a vaccine is now underway in many laboratories.

In addition to all the private and corporate research underway here at home and around the world, this fiscal year the Federal Government plans to spend $317 million on AIDS research and $766 million overall. Next year, we intend to spend 30 percent more on research -- $413 million out of $1 billion

overall. Spending on AIDS has been one of the fastest-growing parts of the budget, and, ladies and gentlemen, it deserves to be.

We're also tearing down the regulatory barriers so as to move AIDS drugs from the pharmaceutical laboratory to the marketplace as quickly as possible. It makes no sense -- and, in fact, it's cruel -- to keep the hope of new drugs from dying patients. And I don't blame those who were out marching and protesting to get AIDS drugs released before the T's were crossed and the I's were dotted. I sympathize with them, and we'll supply help -- and hope -- as quickly as we can.

Science is clearly capable of breathtaking advances, but it's not capable of miracles. Because of AIDS' long incubation period, it will take years to know if a vaccine works. These tests require time, and this is a problem money cannot overcome. We will not have a vaccine on the market until the mid to late 1990's at best.

Since we don't have a cure for the disease and we don't have a vaccine against it, the question is, how do we deal with it in the meantime? How do we protect the citizens of this Nation? And where do we start?

For one thing, it is absolutely essential that the American people understand the nature and the extent of the AIDS problem. And it's important that Federal and State governments do the same.

I recently announced my intention to create a national commission on AIDS, because of the consequences of this disease

on our society. We need some comprehensive answers. What can we do to defend Americans not infected with the virus? How can we best care for those who are ill and dying? How do we deal with a disease that may swamp our health care system? The commission will help crystallize America's best ideas on how to deal with the AIDS crisis.

We know some things already -- the cold statistics. But I'm not going to read you gruesome facts on how many thousands have died or most certainly will die. I'm not going to break down the numbers and categories of those we've lost, because I don't want Americans to think AIDS simply affects only certain groups. AIDS affects all of us.

What our citizens must know is this: America faces a disease that is fatal and spreading. This calls for urgency, not panic. It calls for compassion, not blame. And it calls for understanding, not ignorance.

It's also important that America not judge those who have the disease, but care for them with dignity and kindness. Passing moral judgments is up to God; our part is to ease the suffering and to find a cure. This is a battle against disease, not against our fellow Americans.

We mustn't allow those with the AIDS virus to suffer discrimination. I agree with Secretary of Education Bennett -- we must firmly oppose all forms of discrimination against those who have AIDS, whether in housing, education, or jobs. We must prevent the persecution, through ignorance or malice, of our fellow citizens.

As dangerous and deadly as AIDS is, many of the fears surrounding it are unfounded. These fears are based on ignorance. I was told of a newspaper photo of a baby in a hospital crib with a sign that said, "AIDS -- Do Not Touch." Fortunately, that photo was taken several years ago, and we now know there's no basis for this kind of fear.

But similar incidents are still happening elsewhere in this country. I read of one man with AIDS who returned to work to find anonymous notes on his desk with such messages as, "Don't use our water fountains."

I was told of a situation in Florida where three young brothers -- ages 10, 9, and 7 -- were all hemophiliacs carrying the AIDS virus. The pastor asked the entire family not to come back to their church. Ladies and gentlemen, this is old-fashioned fear and it has no place in the "home of the brave."

The Public Health Service has stated that there's no medical reason for barring a person with the virus from any routine school or work activity. There's no reason for those who carry the AIDS virus to wear a scarlet A.

AIDS is not a casually contagious disease. You don't get it from telephones or swimming pools or mosquitos. You don't get it from someone shaking your hand or preparing your food. And most important, you don't get AIDS by donating blood.

Education is critical to clearing up the fears. Education is also crucial to stopping the transmission of the disease. Since we don't yet have a cure or a vaccine, the only thing that

can halt the spread of AIDS right now is a change in the behavior of those Americans who are at risk.

As I've said before, the Federal role is to provide scientific, factual information. Corporations can help get the information out; so can community and religious groups. And, of course, so can the schools -- with guidance from the parents and with a commitment, I hope, that AIDS education or any aspect of sex education, will not be value neutral.

A dean of St. Paul's Cathedral in London once said, "The aim of education is the knowledge not of facts, but of values." And that's not too far off. Education is knowing how to adapt, to grow, to understand ourselves and the world around us. And values are how we guide ourselves through the decisions of life. How we behave sexually is one of those decisions.

As Surgeon General Koop has pointed out, if children are taught their own worth, we can expect them to treat themselves and others with greater respect. And wherever you have self-respect and mutual respect, you don't have drug abuse and sexual promiscuity -- which, of course, are the two major causes of AIDS. Nancy, too, has found from her work that self-esteem is the best defense against drug abuse.

Now, we know there will be those who will go right ahead -- so, yes, after there is a moral base, then you can discuss preventatives and other specific measures.

And there's another aspect of teaching values that needs to be mentioned here. As individuals, we have a moral obligation not to endanger others -- and that can mean endangering others

with a gun, with a car, or with a virus. If a person has reason to believe he or she may be a carrier, that person has a moral duty to be tested for AIDS. Human decency requires it. And the reason is very simple -- innocent people are being infected by this virus and some of them are going to acquire AIDS and die.

[One page insert on protecting the public and Presidential decisions regarding testing]

You know, it's been said that, when the night is darkest, we see the stars. And there have been some shining moments throughout this horrible AIDS epidemic. I'm talking about all those volunteers across the country who've ministered to the sick and the helpless.

For example, last year about 450 volunteers from the Shanti Project provided 130,000 hours of emotional and practical support for 87 percent of San Francisco's AIDS patients. That kind of compassion has been duplicated all over the country, and it symbolizes the best tradition of caring. And I encourage Americans to follow that example and volunteer to help their fellow citizens with AIDS.

In closing, let me read to you something I saw in the paper that also embodies the American spirit. It's something that a young man with AIDS recently said. He said, "While I do accept death, I think the fight for life is important, and I'm going to fight the disease with every breath I have."

And, ladies and gentlemen, so must we.