NEW YORK POST, MONDAY, SEPTEMBER 9, 1985

STARTS TODAY: a comprehensive look at the killer in our midst

THE AIDS TIMEBOMB

The Post examines one of the most challenging diseases to face mankind

By JOE NICHOLSON

Health and Science reporter

THE AIDS timebomb isn't just ticking — it's exploding at a terrifying rate that some experts believe could wipe out the human race in 60 years if unchecked.

It is one of the most challenging diseases to face mankind, one that endangers millions of lives. Its economic cost alone threatens to run into the billions, and it has created a second epidemic — of fear and hysteria.

The Post today begins a no-holds-barred report on how top experts believe AIDS is spread and how people can protect themselves.

Dr. James Curran, head of the AIDS task force at the U.S. Centers for Disease Control, says that 12,932 Americans have been AIDS victims since 1981 when the disease was first recognized as an epidemic. Of these, 6481 are dead.

In the same period 4387 New York City residents have been stricken, and 2272 now are dead.

In New York City AIDS is now the number one killer of men aged 25 to 44.

Up to one million Americans have been exposed to the AIDS virus, according to the CDC. An estimated 400,000 New Yorkers have been exposed to the virus, according to City Health Commissioner Dr. David Sencer.

A virus is a microscopic agent that is infectious, but which can reproduce only inside a living cell.

The CDC predicts that more than 100,000 Americans are walking around with the disease without realizing it — because the symptoms are yet to appear. The incubation period can be as long as six years.

If previous figures hold true, about 40,000 of them are here in New York City.

And still more may be carriers of the virus who themselves will never develop the disease but who may be able to transmit it fatally to others.

Many experts interviewed for this series by The Post believe that AIDS will continue to strike primarily sexually active gay men and intravenous drug users — and that the epidemic will never break out into the general population.

But others like Dr. Matilde Krim, a world-renowned researcher, formerly at Memorial Sloan-Kettering Cancer Center, are not so sure.

She has warned that an outbreak among heterosexuals may be just around the corner — delayed only by the lengthy incubation period before AIDS symptoms show up.

Dr. Krim, who heads an independent medical foundation at 230 Park Av. that has been set up to fund research on AIDS, said: "Most people don't realize that heterosexuals are at risk as well as gay people.

"It is only a matter of time before it afflicts heterosexuals on a large scale," Dr. Krim added.

Another respected expert, Dr. Robert Gallo, also predicts the epidemic could eventually spread to heterosexuals.

Gallo, a National Cancer Institute researcher who headed the American team that discovered the AIDS virus last year, said: "I think that given enough time and enough heterosexual contact with infected people, that this virus is going to move gradually and steadily into all parts of the population if we don't so something about it.

"I believe that very strongly."

U.S. Health Secretary Margaret Heckler, who has declared AIDS the nation's number one public health problem, said only last week: "I consider AIDS a terrible threat.

"It's a staggering problem for society."

While experts remain divided about the future of the epidemic, they agree that the only way for millions of Americans to protect themselves from the deadly epidemic is to make changes in their lifestyles.

For instance, anyone who has made love to a new partner of either sex in the last six years — or does so before

QUOTE

'Anyone can see the potential for this disease being much worse than anything mankind has seen before'

— Dr. Ward Cates, Epidemic expert at the U.S. Centers For Disease Control

QUOTE

'I think it's going to happen, we're going to get a drug. It will take at least a few years, but it's going to be done'

— Dr. Herbert W. Dickerman, Director of New York State Clinical Sciences Laboratories

the epidemic is conquered — could be at risk.

Up to now, this risk has been far greater for homosexuals. But as the disease spreads to more heterosexuals, the danger is widening.

While heterosexual transmission still represents only one percent of the male-female total in New York City, the 841 female victims nationally since 1981 include 114 who contracted the disease sexually from men.

Many experts say the disease appears to travel more easily from men to women, probably because the virus has been found in semen. Others remain skeptical that it can be transmitted the other way, from women to men.

Because of the incubation period, neither men nor women can be certain that their new lovers are not carrying the deadly disease.

Most of the experts agree that for someone not having sex exclusively with one lover, the sex practices that spread AIDS and should be avoided include:

● Promiscuity — because people increase their chances of being stricken by AIDS in proportion to the number of sex partners.

● Anal intercourse without use of condoms — a practice that may have caused more than 90 percent of the AIDS cases among gay men as well as a few of the cases among women.

● Vaginal intercourse without use of a condom.

● Oral sex in which semen is swallowed.

City Health Commissioner Dr. David Sencer says there is evidence these guidelines — which apply to all sections of the community — are being followed by gays and they have led to a decrease in the proportion of homosexual men who have contraced the disease sexually.

When the epidemic began, gay men who contracted it from lovers represented 80 per cent of the total AIDS victims in the city. Now they account for 59 per cent.

The at-risk group increasing most rapidly is from among the city's estimated 200,000 intravenous drug users who get the disease by sharing infected needles, says Sencer.

The spread of AIDS has led churches and synagogues here to set up programs to counsel victims and in some cases to provide housing and medical care for them, while at the same time warning people of the dangers of immoral sex.

The Rev. Peter Finn, spokesman for John Cardinal O'Connor, said the church is helping AIDS victims.

But he stressed: "We are opposed to any sexual activity, heterosexual or homosexual outside marriage."

The Rev. Richard L. May, Vicar of Wall Street's famous Trinity Church, told The Post that his church has held funerals and memorial services for Wall Street bankers and stockbrokers who have died of AIDS.

"I don't think it's particularly helpful in dealing with children of God who need help, whether it's AIDS or cancer to criticize lifestyles that might have contributed to the disease," he said.

"But we encourage and promote responsible relationships and fidelity," he added.

Meanwhile, the AIDS plague goes on.

"We're diagnosing about six new cases a day at this point," said Mel Rosen, a public health administrator who was chosen by State Health Commissioner Dr. David Axelrod to head the AIDS Institute, a state unit set up in Albany and New York City to combat the disease.

"This is not a homosexual disease. In other parts of the world it is a heterosexual disease. It could break out in other groups," said Rosen, the former director of the Gay Men's Health Crisis, a nonprofit group that spearheaded early efforts to help both homosexual and heterosexual AIDS victims.

The AIDS virus has also been found to exist in saliva and tears, but experts don't believe AIDS is transmitted by saliva or tears — and point out that there has never been such a case.

"We have no evidence that AIDS has been transmitted by kissing," said Sencer, who was formerly the nation's top epidemic fighter as head of the Atlanta-based federal Centers for Disease Control.

Sencer and Rosen cite the absence of any known cases among close family members of victims as overwhelming evidence that kissing doesn't spread it.

But both Sencer and Dr. Herbert W. Dickerman, director of the New York State Health Dept.'s clinical sciences laboratories in Albany, could not categorically say deep French kissing would never transmit a case of AIDS.

"But getting hit by lightning is more likely. Lightning comes first," said Dickerman, 57, who previously headed the state's immunology laboratory for nine years.

Dr. Lawrence E. Lamb, respected author of "The Health Letter," a medical newsletter sent to more than 13,000 subscribers worldwide twice a month, said: "The general consensus is you don't get it by kisses.

"A virus can't hurt you unless it has a portal of entry," said Dr. Lamb who also authors "Ask Dr. Lamb" a medical column syndicated in 600 newspapers.

"I would say it has to get into the blood circulation some way to hurt you," added Dr. Lamb, referring to the possible danger to someone who has bleeding cuts in his or her mouth.

One obvious example of a possible portal of entry for the virus would be a love bite which resulted in bleeding.

Dickerman explained that

AIDS — a disease that virtually always kills — is caused by "a very wimpy virus."

Sencer said studies of stools and urine provide more evidence that, as far as is known, a person is unlikely to get AIDS by swallowing the virus.

"Researchers have never recovered the virus from stool or urine. It's not transmitted by feces or urine. And they've not cultured it there," he said.

But he cautioned that oral sex practices involving the swallowing of semen — which contains a much heavier dose of virus than saliva — could transmit the disease.

Sencer dismissed as myths the fears of some that they could catch AIDS from door knobs, toilet seats, a handshake or hugging an AIDS patient.

"The virus outside the body is very fragile. It does not exist well," he explained.

AIDS develops when the virus enters the blood stream.

"Know your partner. Fast line sex is still a basic risk group," said Dr. Dickerman, who heads an 800-man laboratory staff.

There remains no cure, no vaccine and no proven treatment for AIDS patients.

But experts say they are optimistic that a drug will be found eventually to halt the virus.

"I think it's going to happen. I think we're going to get a drug. It will take at least a few years, but it's going to be done," predicts Dr. Dickerman.

AIDS CASES BY GROUP

	MALES		FEMALES		TOTAL	
	Cases	(%)	Cases	(%)	Cases	(%)
Homosexual/bisexual, not a drug user	2458	(61.8)	0	(0.0)	2458	(56.0)
Homosexual/bisexual, drug use unknown	107	(2.7)	0	(0.0)	107	(2.4)
Homosexual/bisexual, drug user	251	(6.3)	14	(3.4)	265	(6.0)
Heterosexual drug user	877	(22.1)	238	(57.9)	1115	(25.4)
Drug user, sexual orientation unknown	71	(1.8)	8	(1.9)	79	(1.8)
Persons from countries in which most AIDS cases have no known risks	93	(2.3)	20	(4.9)	113	(2.6)
Sexual partner of at-risk group	2	(0.1)	60	(14.6)	62	(1.4)
Blood transfusion	15	(0.4)	16	(3.9)	31	(0.7)
Hemophiliac	5	(0.1)	1	(0.2)	6	(0.1)
KS with normal T-cell subset ratio	2	(0.1)	1	(0.2)	3	(0.1)
No risk factor	33	(0.8)	15	(3.6)	48	(1.1)
Died before interview, refused interview or lost to follow-up	24	(0.6)	16	(3.9)	40	(0.9)
Under investigation	38	(1.0)	22	(5.4)	60	(1.4)
TOTAL	3976	(100)	411	(100)	4387	(100)

Who has contracted AIDS in N.Y.C. since 1979.

NEW YORK POST, MONDAY, SEPTEMBER 9, 1985

Mayor hopefuls running scared on AIDS

RAY KERRISON

THE most pervasive and explosive public issue in New York, as elsewhere, is the medical, social and political consequences of the rise and spread of AIDS.

No matter where you go or to whom you talk, this subject dominates conversations, yet it has been the least debated in the Democratic mayoral campaign, which culminates tomorrow in the primary.

This city, which has more AIDS victims than any other in the U.S., is floundering in confusion on how to cope with it. It has shifted the medical burden principally to Cardinal O'Connor and waffled interminably over housing and schooling, settling in the end for tokenism.

There is no clear perception or direction of the urgent needs and profound suffering of the victims or the potential risks for others.

The reason is that New York's civic leadership is wholly committed from top to bottom to advancing the gay rights movement, the very environment from which nearly all AIDS victims spring.

The politicians and their appointees are trapped in the middle, attempting to placate a panicky community while studiously avoiding any action or statement that might offend their gay supporters.

That has not happened in San Francisco. Its gay community, far more candid, honest and responsible than ours, has been working with the politicians effectively to deal with the crisis.

The Gay Men's Alliance in San Francisco publicly has characterized its homosexual community as "a place of fear, disease, debilitation and death, the residue of blatant promiscuous behavior."

I recently made a similar observation in this paper, but in far more diplomatic terms, only to be denigrated by New York gays as a fag-basher, bigot and fascist.

Sadly, there isn't a Democratic politician in this town with the sense or courage to get up and say what the responsible San Francisco gays have said.

New York will never get on top of its problem until all parties — the politicians, gays and com-

munity leaders — confront the issue head-on, acknowledge the causes, offer every facility possible for treatment and care, and set up a program of prevention, as they have done in San Francisco.

The three major Democratic mayoral candidates, Koch, Bellamy and Farrell, all are dedicated to the gay cause, which has little to do with rights, but everything to do with giving it legitimacy.

Yet not one of them has advocated the simplest and most obvious measure in the AIDS alarm: close the city's bathhouses, potentially an AIDS breeding ground.

There is no leadership anywhere. Nathan Quinones, the schools chancellor, had the nerve to get up at the weekend and ask: "What kind of educational system do we wish to have in this city? A system which is exclusionary or one which is sensitive to the needs of each child?"

This, mind you, from the man who approved the most "exclusionary" education principle to hit this town, namely establishment of the Harvey Milk School exclusively for homosexual children.

Quinones says whatever suits him at the moment, but his chief formula is secrecy, the very antithesis of what is needed today. The Harvey Milk School was set up in secrecy. One child with AIDS is going to be slipped into the school system today under the cloak of secrecy.

There is a report that more than 200 adults in the school system are afflicted with AIDS. Quinones has not leveled on this item, either.

Critics, of course, will cry witch-hunt or hysteria, but it is neither. The essential problem is that we know so little about AIDS, especially its treatment and transmission, but the virus has been detected in saliva and human tears, so society at this time has no option but to err on the side of caution.

Nearly every medical expert who speaks on AIDS wraps his opinion with qualifying clauses.

I can't think of a single reason any parent should accept at face valaue the word of Quinones or any so-called medical expert.

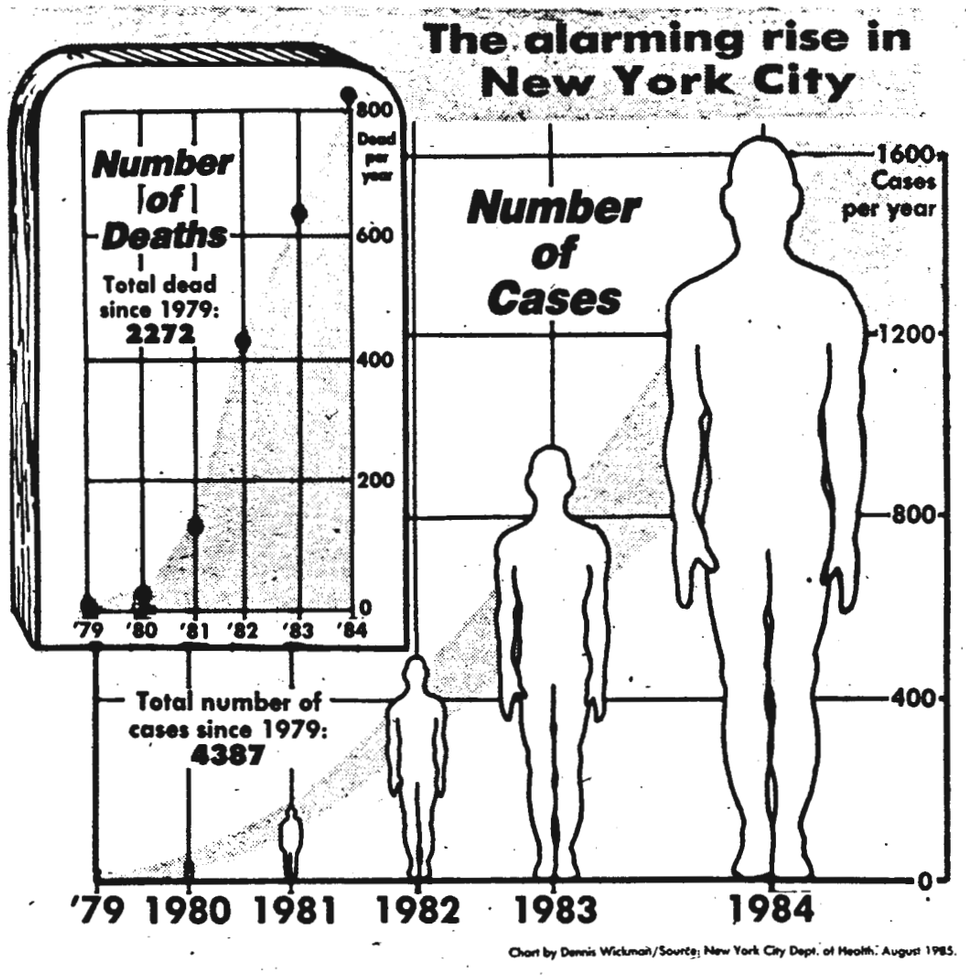
Medical experts once approved thalidomide, engineers once swore the Titanic was unsinkable and research designers once gave us the perfect car, the Edsel.

Mayor Koch seems to be baffled. With unerring instinct, he felt children with AIDS should not be admitted to the schools, but then he caved in to the Board of Education, whose special panel decided that one child should be entered.

Tokenism. Please everybody. Ride two horses at once. Who do they think they're kidding?

Out of it is coming a crisis for the Democratic Party in New York, which is so supine in face of demands from the gay community.

At some point, it will have to confront that commitment against the needs of the community at large. If they do not do it, the electorate may do so, as in November.



How the number of AIDS deaths in New York City has skyrocketed ever year from just one in 1979 to 816 last year. In the same period, the total number of AIDS sufferers leaped from two to 1641. In the first six months of this year alone, 971 people contracted the disease and 267 died.

Myths and realities

● **WHAT IS AIDS?** Acquired Immune Deficiency Syndrome is a recently discovered disease that destroys the body's natural ability to defend itself against infections and cancers.

● **WHAT CAUSES AIDS?** A virus discovered in 1983 by the French, who named it LAV. The virus was found in 1984 by U.S. researchers, who called it HTLV-3.

● **HOW DO YOU GET IT?**

1: By injecting yourself with a hypodermic needle contaminated with the virus.

2: By sexual practices which involve the exchange of body fluids, particularly anal intercourse in which semen passes into the blood stream through tiny tears in the anus.

Less frequently, infected mothers pass the virus to their fetus and their baby is born infected.

3: Transfusions involving contaminated blood. But doctors believe they may be able to eliminate this with a new screening test to protect the blood supply.

● **HOW SOON DO THE SYMPTOMS APPEAR?** The incubation period ranges from six months to six years.

● **WHAT ARE THE SYMPTOMS?** They may include one or more of the following:

1: Swollen glands in the neck, armpits or groin;

2: Unexplained weight loss of more than 10 pounds;

3: Continued fever or night sweats;

4: A thick whitish coating of the tongue or throat which may be accompanied by a sore throat;

5: Extreme fatigue combined with headache, dizziness or lightheadedness;

6: Unexplained bleeding from any body opening or from growths on the skin;

7: Purple or discolored patches on the skin.

● **HOW DO YOU PROTECT YOUR SELF FROM AIDS?**

1: Don't share hypodermic needles.

2: Confine your sex life to a single lover.

3: Or reduce your risk, by minimizing the number of your sexual partners and limiting yourself to "safe sex" practices.

● **WHAT IS "SAFE SEX"?** Cuddling, hugging, massage, and mutual masturbation. Using condoms for vaginal or anal intercourse — and realizing condoms provide less than 100 percent protection and have been known to break.

NEW YORK POST 9/9/85

Queens parents boycott classes

QUEENS parents have vowed to keep their children out of school today because a second-grader afflicted with AIDS will be allowed to attend classes.

At another Queens district, officials from School Board 27 said they would go to Queens Supreme Court this morning to ask for an injunction to forbid the city from allowing AIDS children in school.

Parents in nearby School Board 29 said they will boycott the opening day of school in protest.

"Feelings are running very strong in our district," said Cass Vanzi, who said she would keep her children at home today and march in a protest outside P.S. 114.

She said parents participating in the boycott were also from Public Schools 60, 62, 66, 63, 90 and 146.

"I think you can estimate one-third to two-thirds of students [in those schools] will be held back," she said.

Samuel Granirer, president of Community School Board 27, said the decision to oppose the panel ruling to allow AIDS children in schools was made unanimously by seven members of the board and the superintendant and deputy superintendant of schools for the district.

He said that he will go to court this morning to call on the city and the Board of Education to show cause why an AIDS-afflicted child should be allowed in public schools.

Community School Board 29, also in Queens, passed a resolution supporting a school strike by parents on the first day of school.

City officials announced Saturday that one child, a second-grader, who is afflicted with AIDS, will be allowed to attend public school beginning Monday.

The unidentified child was described as having an outward appearance of health.

NEW YORK POST 9/9/85

O'Connor: gay charges 'foolish'

By LINDA STEVENS

JOHN Cardinal O'Connor yesterday dismissed as "foolish" charges by gay organizations that the Catholic Church could not care sensitively for AIDS patients.

The Church had been doing it for over a year, he said after the 10 a.m. mass at St. Patrick's Cathedral.

O'Connor was countering recent opposition to a proposed Church-run, city-funded AIDS shelter by groups such as the Coalition for Lesbian and Gay Rights.

The group claims that the archdiocese is an "inappropriate provider" of services to AIDS patients because the Catholic Church condemns the practice of homosexuality.

But O'Connor dismissed the protest as "all very foolish" and pointed out that it comes too late anyway.

"We established a grant for St. Vincent's Hospital a year ago, and they've been treating AIDS patients for a year now," he said.

"It's amazing that suddenly it's discovered that we're incapable of taking care of AIDS patients."

O'Connor originally planned to open a shelter for homeless AIDS victims with archdiocese funds.

But when Mayor Koch approached him and offered city funds to help run the facility, O'Connor accepted — provided the shelter would be free to operate according to church teachings.

"For those who care to use it, fine," O'Connor said sternly. "For those who care to criticize it — well, they're just going to have to look elsewhere."

He said the center will operate along guidelines he set down for the 16 Catholic hospitals in the archdiocese.

He pointed out that he issued those guidelines a year ago at the request of local gay leaders.

At their request, he said, "I wrote a letter to every one of our administrators talking about compassion and concern, and said there was to be no discrimination.

"Insofar as I know, that directive has not been violated in any way."

Fear follows them to grave

MIAMI — Funeral workers here, afraid that AIDS might spread even after death, are wearing protective gear to handle the bodies of victims of the disease.

Workers at Florida Mortuary Services, which handles indigent burials for Dade County, employ a special "AIDS kit" that contains gloves, gowns and shoe coverings, the Miami Herald reported yesterday.

The bodies of 15 to 20 poor AIDS victims buried in the Miami area were first placed inside green rubber, zip-up body bags called "disaster pouches," said funeral home director Cliff Roberts.

The graves are scattered through out the Dade County paupers' cemetery, but coffins are marked with a warning that the corpse within is that of an AIDS victim, officials said.

NEW YORK POST 9/9/85

WE MUST END WITCHHUNT OF KIDS: KOCH

By DAVID SEIFMAN

MAYOR Koch yesterday compared the furor over an AIDS-stricken schoolkid to the panic that resulted in the murder of Jews wrongfully blamed for the spread of Bubonic Plague.

Koch provided that analogy when a first-grade teacher approached him during a campaign stop on the Lower East Side to ask about the child with AIDS who is being allowed to attend regular classes.

● City plans daycare center for tiny AIDS' victims. See P. 21.

The mayor said the unidentified youngster "no longer has the illness. This child is no danger to other children."

When the teacher, Marilyn Rosen, of Brooklyn, persisted in questioning the decision, Koch finally told her:

"I want to tell you the best way to look at this thing. In the Middle Ages, when they had Bubonic Plague, they blamed it on the Jews. Did you know that?

"And they killed the Jews. The rumor spread that it was the Jews. Let's not do that to the AIDS children — especially if you're Jewish."

That seemed to end the matter.

But moments later an incident occurred that spotlighted the volatility of the issue.

Rosen gave her name and occupation to a reporter. But seconds later, she asked that her name not be used and demanded the reporter's notes, which she tried to grab in a brief scuffle.

She proceeded to complain to Koch, who assured her: "You're not going to lose your job."

Koch's mayoral rivals criticized his handling of the AIDS crisis.

City Council President Carol Bellamy contended that by not confronting the issue "long ago" Koch has "created the potential for panic in our school system.

"It makes sense to make health and education experts make a judgment and I'll support that judgment. But to leave it for the last moment only creates fear and apprehension for the people of the city and that's what good leadership shouldn't do," she said.

Assemblyman Herman (Denny) Farrell said the responsibility rested primarily with the Board of Education "to have a decision come down 48 hours before school starts does a disservice to everybody in this society."

But Koch said advance notice wouldn't have changed the minds of Queens school board members who oppose letting children with AIDS into schools.

Helpless children the tragic victims of parents' drug abuse

AIDS DAYCARE CENTER FOR TINY VICTIMS

EXCLUSIVE By DAVID NG

THE city is planning to open a daycare center for AIDS children — the first in the nation — early next year in The Bronx, The Post has learned.

"We believe it will be the first one in the nation if not the world," said Sheila Millen, spokesman for Albert Einstein Hospital, which will help run the facility.

The opening date of the yet uncompleted center, has not been scheduled but she said hospital officials were aiming for "early winter."

Plans call for the facility, expected to enroll 20 children, to be housed in a renovated section of the Van Etten building of the Bronx Municipal Hospital complex on Pelham Parkway and Eastchester Road in the Williamsbridge section.

The children would range from 6 months to 8 years old.

Miss Millen said that if the center was successful, it would be expanded to take in more children.

Although proposals for other AIDS treatment centers had met with protests, Community Board 11 chairman Lee Mager said he had no immediate comment.

Mager, who said the board's meeting place is located on the same hospital grounds, also declined to say whether he would bring it up as an issue when the board meets Sept. 19.

City Councilman Joseph Lisa (D-Queens) said the idea for the center was initiated by the City Council during the city budget negotiations in June.

The city allocated $400,000 for the facility.

Lisa said he proposed the idea of an AIDS daycare center to the city because New York has "the largest number of AID victims in the world."

The center was expected to be staffed by doctors, physical therapists, a dentist, a psychologist, a social worker and teachers for school-age children.

Plans also call for the facility to include a clinic to treat other AIDS children and a counseling program for pregnant mothers who have or suspect that they have AIDS.

"It's going to provide a signficant amount of respite service for the parents of children who have AIDS.

Miss Millen said the center would be open to families from around the city, adding that admission will be dependent on a family's need.

The Health Dept. has said there were about 77 children in the city who had AIDS, but that half of them have died.

NEW YORK POST 9/13/

A $$$BILLION NIGHTMARE!

By RANSDELL PIERSON

THE AIDS epidemic is only four years old, but already its costs are being measured in the billions of dollars — and nowhere are the growing financial strains more awesome than New York City.

With a third of the country's 13,074 cases reported to date, the Big Apple is the epicenter of the deadly epidemic.

Medical expenses alone will exceed $1.2 billion for the nation's first 9,000 patients, according to estimates by the federal Centers for Disease Control.

The combined estimate is based on 1.5 million days in the hospital at an average daily charge of $853. Added to that is another $2.9 million for 51,000 outpatient visits.

When indirect costs such as lost wages are figured in, the price of AIDS is believed to skyrocket to $5.6 billion.

Using those CDC figures, New York City's 4,387 reported cases — 2,272 have died — probably represent $500 million in eventual medical costs.

And another $4 million will be spent annually for antibody tests and related expenses to keep the suspected AIDS virus out of local blood banks.

With no cure on the horizon and a doubling of new cases each year, the financial drain is expected to grow by geometric leaps.

No exact figures are available, but the U.S. Public Health Service estimates that in-hospital costs for AIDS patients range from $40,000 to $150,000 from the first hospitalization to eventual death an average 12-18 months later.

"We're seeing 170-190 patients at any particular time," says Omar Hendrix, planning director of the Health and Hospitals Corp. (HHC), which oversees the New York City's 11 acute-care hospitals.

"A large number of patients are not eligible for any insurance coverage," he adds, "so the city has to cover them totally out of tax funds."

"Indigent" AIDS patients are eligible for Medicaid, which reimburses public hospitals less than $500 a day.

Actual daily costs for AIDS patients have not yet been calculated, but are reckoned at between $750-$1,000. Thus, city hospitals are probably losing $250-$500 per day on each AIDS patient covered by Medicaid.

Health officials have not yet calculated how many city AIDS patients are covered by Medicaid, a program that receives 25 percent of its funds from city contributions.

In San Francisco, however, an estimated 62 percent of its AIDS patients have no private health insurance.

Even when New York patients have private insurance, Hendrix said, city hospitals still end up heavily in the red. "The insurance companies reimburse us at a standard daily rate, which is not enough to cover what it really costs."

As a result of the shortfalls, he said his agency has set aside $50 million this year for AIDS treatment in public hospitals, where the average stay is a lengthy 50 days.

That compares to only 11.4 hospital days in San Francisco, which for several years has sponsored outpatient care and community-based housing programs as alternatives to expensive hospitalization.

Mayor Koch recently announced a $5.6 million plan that for the first time will finance similar outpatient programs here.

Another $2.5 million will be spent by the Health Dept. on a stepped up public education campaign and to identify new cases.

The city's 60 private hospitals, which treat an estimated 65 percent of all AIDS patients, are also suffering considerable losses.

"Generally, we lose money on every AIDS patient," explains Kenneth Raske, president of the Greater New York Hospital Assn.

"We estimate an AIDS patient requires 2-3 times as much labor as the average patient," which cannot be fully reimbursed by limited Medicaid, Medicare and private insurance payments.

"It's already reached the point," Raske said, "that we're going to have to appeal to Washington" for help.

John Lovett, a vice president for Empire Blue Cross and Blue Shield, worries that the New York's private hospitals "obviously cannot sustain these deficits. If we go into a much bigger epidemic they could be strained beyond their capacity."

So far, Lovett added, his nonprofit company is coping with its expensive AIDS claims because they are diluted by 10 million other Blue Cross customers in New York State.

He is concerned, however, "that this could change if we see the doubling and doubling of cases that some people are predicting.

"It would not take much more of a proliferation before we'll begin to see a strain because these are expensive cases."

Audrey Hassell, a financial counselor for the local Gay Men's Health Crisis, criticized Social Security rules that require patients to become "impoverished" before they can become eligible for disability benefits.

"The biggest problem for pa-

tients is living expenses," she said. "A man who has been saving all his life may have $7,000 and often has let his insurance lapse.

"Then you're told you have a terminal illness and you have to let go of your nestegg.

"Soon, you lose your apartment and are left with no security at all, except an average of $452 a month from Social Security disability."

Because the city is only beginning to provide nursing shelters for AIDS patients, Hassell said, many still wander "from pillar to post," sleeping in the street, subways or bathhouses.

Mayor Koch recently attempted to address the problem by setting aside 10 beds for AIDS patients at a nursing home in Neponsit, Queens. But he was forced to abandon the plan due to neighborhood opposition.

Because of a similar public outcry, the Archdiocese of New York was also forced to back down on its recent plan to convert an Upper West side convent into an AIDS nursing facility.

Since then, Koch and John Cardinal O'Connor have vowed to try again, but without disclosing the location of future AIDS housing sites.

In the meantime, a local community group has quietly opened four Manhattan homes for 21 AIDS patients.

"They can stay as long as they want to," said attorney Mark Senak, who is chairman of the nonprofit group.

"One's finances erode as quickly as one's immune system," Senak said, explaining the need for the group homes, which charge patients an average of $700 a month.

He compared that figure to "the tens of thousands of dollars a month being charged by hospitals" to house AIDS patients who no longer need to be there.

New York patients typically spend weeks longer in the hospital than medically necessary, Senak said, "because under New York law a person can't be discharged unless he has some place to go."

Many that are discharged, Senak said, quickly lose their apartments as their savings are eaten up. Too sick to work, they are then forced to sell their furniture and personal property for living expenses.

"Someone I know has nothing left except his stereo and a vase," Senak said. "And I know of two people who lived in Central Park. One of them died a few days before we could make room for him."

Senak estimates "there are well over 100 homeless AIDS patients living in the streets of New York. We have 80 on our waiting list."

Richard Dunne, executive director of Gay Men's Health Crisis, said the city is still "years behind San Francisco" in providing outpatient services, such as housing, crisis counseling, cooking, shopping, and in-home nursing care.

His group, he said, has had to fill the vacuum, becoming the lifeline as well for heterosexual AIDS patients — 25 percent of his clients — "who have no other place to turn to."

Only $45,000 of his group's $800,000 budget last year, he said, came from city funds. That compares with an estimated $1.5 million contributed by San Francisco to its similar community-based groups.

New York health officials have also failed to educate the public about the disease, Dunne said, forcing GMHC to shoulder that expensive burden as well. "The epidemic is four years old, and there's still nothing in the school curriculum about AIDS.

"But the only way we're going to stop this epidemic is to educate kids at 12, 13, and 14 — before they start experimenting with sex and drugs. And I don't think these kids have any sense of being at risk."

Dunne, however, said he thinks "the city is beginning to pay much more attention to AIDS," noting Koch's announcement last March to spend $5.6 million for 40 new hospital staff and to finance a range of community programs.

At the federal level, Health and Human Services Secretary Margaret Heckler has submitted a $126 million revised request for AIDS projects in fiscal year 1986 — $16 million more than allocated this year.

In an earlier request this year, however, she sought a reduced figure of only $85 million, prompting charges from some Congressmen that the government is not serious about its claim that AIDS is the nation's No. 1 health priority.

The federal Office of Technology Assessment recently joined in the criticism, describing the national AIDS program as underfunded, understaffed, and inadequate.

The government's main aim, says Shelly Lengel of the U.S. Public Health Service, is to create an AIDS vaccine, which she estimates will take 2-7 years.

If that effort fails the financial strain on the federal treasury could become immense.

"There's nothing equivalent to AIDS in the history of medicine," Lengel explained.

NEW YORK POST 9/13/85

Whistle-blower led off in cuffs

By DAVID NG and KIERAN CROWLEY

THE whistle-blowing school board member who exposed the AIDS death of a school cook was arrested outside a Brooklyn school while talking to reporters yesterday.

Walter Johnson was handcuffed and taken away, reportedly on orders of the principal of Decatur JHS.

He was released an hour later without charges being filed.

Johnson's arrest underscored the panic sweeping America's largest school system over fears the killer virus might spread through the city's 1 million students and 100,000 employes.

WALTER JOHNSON
Parents should know.

Reports that three school employes have died of AIDS have caused havoc in the system — sparking boycotts, legal battles and bureaucratic confrontations from top to bottom.

More than 10,000 students boycotted classes yesterday at 63 schools in Queens.

In Queens, alarmed parents demonstrated outside a courthouse where a judge yesterday pondered whether to bar an unidentified AIDS-afflicted youngster from classes.

Another 100 parents demonstrated outside Board of Education headquarters in Brooklyn.

Inside, officals tried to head off the panic with an emergency meeting last night to set some sort of policy to handle the worst controversy in the system's history.

Teachers were developing an AIDS policy of their own — with the United Federation of Teachers urging that any teacher who contracts the disease voluntarily remove himself or herself from classrooms.

"Quinones endangered the lives of the students," said Johnson. "He should be indicted."

A police spokesman said Johnson was taken into custody on orders of Principal Barbara Williams, who claimed his "presence was disruptive."

French teen gets AIDS man's heart

Post Wire Services

PARIS — A dying teenager received the heart of an AIDS carrier during a transplant operation, doctors said yesterday.

"We had little choice," said Dr. Pierre Huguenard, chief of intensive care at Henri Mondor hospital.

"This transplant represented the final hope for this 17-year-old young man, suffering from an acute cardiomyopathy [lesions of the heart muscle] and who had no more than a few weeks to live."

The surgery was carried out last week using the heart of a man who had just committed suicide and who was a carrier of the AIDS virus, Huguenard said.

The donor's corneas also were used in transplants on two women, according to Huguenard.

The names of the donor and recipients — all patients at the hospital in suburban Creteil — were not revealed.

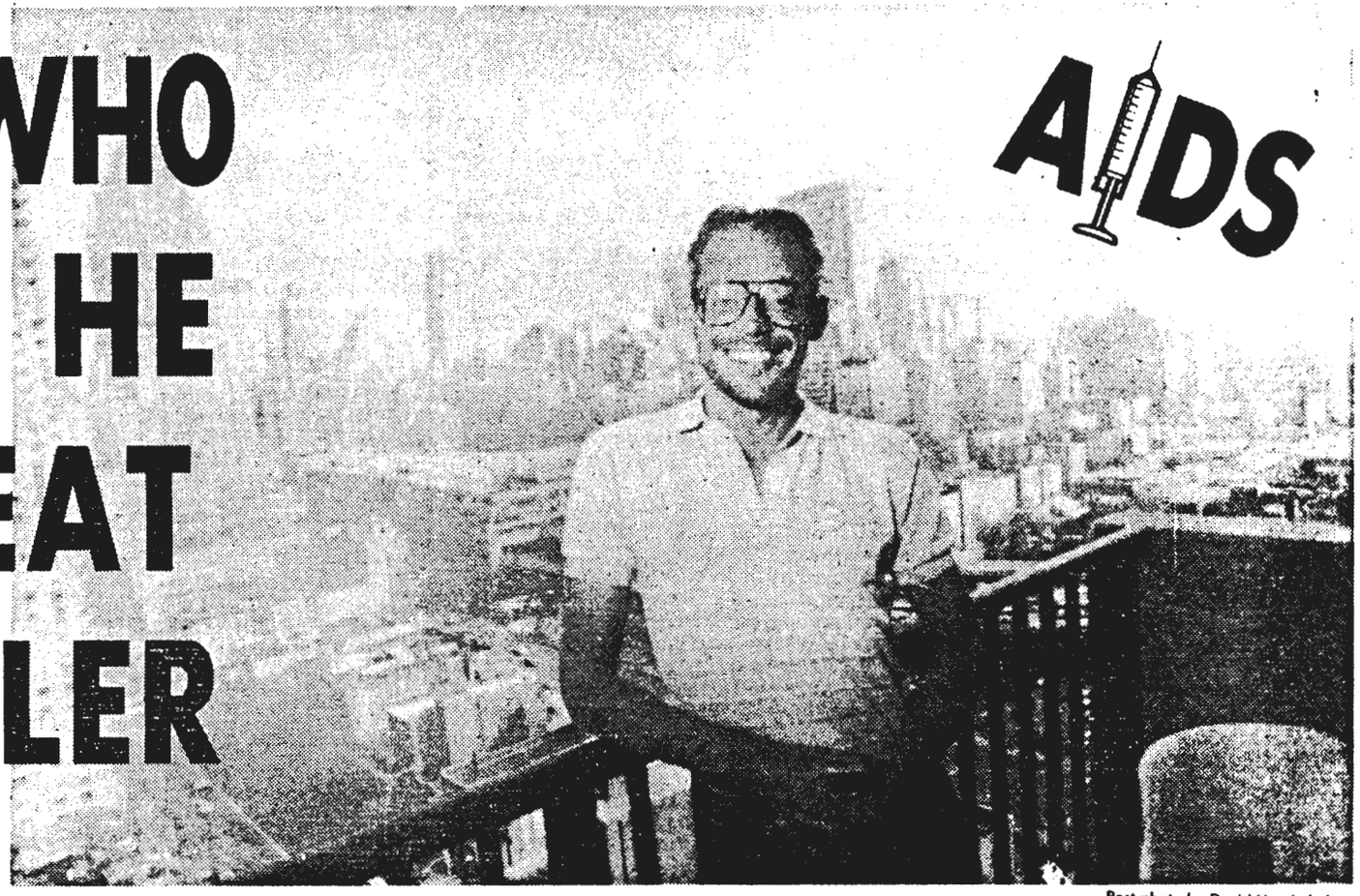
Huguenard said the transplant patient was doing well.

He insisted the surgical team did not hesitate to make the transplant because of what he called the minimal risk of developing AIDS and the impending certain death of the patient.

In case the heart recipient did develop AIDS, he still would have a life expectancy of at least five years.

THE AIDS TIMEBOMB: 'Nothing equivalent to this in the history of medicine'

VICTIM WHO THINKS HE CAN BEAT THE KILLER



Post photo by David Handschuh

Manhattan AIDS victim, cabaret singer Summers, relaxes on his balcony before heading off on vacation.

DAVID SUMMERS is beating the odds — he is an AIDS victim who has gotten his health back and believes he can beat the killer virus.

"The average life span of people diagnosed with AIDS is 18 months. I'm passed that point now and I'm feeling good," Summers, a cabaret singer, of Manhattan, told The Post.

Summers, 32, recalled discovering that he has AIDS:

"I saw a purple spot on my leg. I thought I knew what it was, but I didn't want to believe it.

"I showed my lover," said Summers, who is gay and has been with the same person for six years.

"He told me the very first night that we've weathered other storms before and, although this is the toughest one, we'll go through this one together."

"We just kept looking at it for about two weeks. When it wasn't doing anything, I made an appointment with my doctor."

By JOE NICHOLSON
Medical & Science Reporter

He waited two weeks for his doctor's test to confirm his fears. "I was like crazy," he recalled.

"When I got the diagnosis" — that he had AIDS and Kaposi's Sarcoma, an AIDS-associated cancer — "it was, in an odd way, a relief because of the uncertainty.

"My whole life was turned upside down. I wasn't sure what to do, how to tell people. I wanted to see a psychiatrist, and I didn't know how to pay for that."

But Summers said his lover, friends and even some strangers came to his rescue.

He joined a support group of 20 AIDS patients, which was organized by the non-profit Gay Men's Health Crisis.

They helped him live through a bout of AIDS-associated shingles — "it was on my face and head. It was incredibly painful, the worst pain I'd ever felt in my life."

"While I was really sick and at my lowest ever I felt a lot of love from the others," he recalled.

Summers remained with the support group until all the members died, except for one other and himself.

He returned to singing career — which has spanned The Ballroom, Reno Sweeney, The Grand Finale, and Freddie's Supper Club.

And he began speaking out about AIDS at public forums — although a scheduled appearance on the Phil Donahue show was prevented by hysterical TV technicians who blocked him from entering the studio.

He spoke to Mayor Koch at a Gracie Mansion meeting on AIDS and asked for more city help, telling him: "The GMHC has been doing the work the city should have been doing."

"I realize I may die sooner rather than later, but I have a lot to be thankful for, and I have a lot to look forward to," he said, adding that his friend has not contracted the disease.

"He and I went to Europe last summer, and I thought it was going to be my farewell trip, and here I am going again," said Summers, who was packing for a 23-day visit to Europe.

AIDS EXPERT: KEEP 'EM OUT

School is no place for fatal virus, doc says

A DOCTOR who has treated more than 100 AIDS patients testified in court it is "medically unsound" to send a child afflicted with the disease to public school.

Dr. Ronald Rosenblatt told a packed Queens courtroom that an AIDS child could endanger classmates if he vomited, had a nosebleed or even spat.

By JACK PERITZ & DAVID NG

Rosenblatt was the first expert witness called to testify at a precedent-setting court battle in which Queens School Board 27 is trying to bar a second-grade AIDS student from school.

Parents of the district boycotted the first days of school to protest the admission of the AIDS child, although they have no idea who the child is or which of the city's 620 elementary schools the child attends.

During the course of the dramatic hearing, it was inadvertently disclosed for the first time that the unidentified AIDS child is a girl.

A lawyer hired to represent the girl stormed out of court yesterday after state Supreme Court Justice Harold Hyman refused to let him participate in the legal battle.

"My client wants to go to school," said the lawyer, David Ellenhorn.

"He, or she, is a wonderful kid and wants to go to school. I'm going to see that that happens."

City Corporation Counsel Frederic Schwarz attacked the expertise of Rosenblatt, who was called as a witness by the school board.

Rosenblatt came under attack when he said he believed AIDS can be transmitted by a mosquito bite — a view discounted by most medical researchers.

The hearing resumes today.

Rosenblatt told the court that "it is medically unsound" to put a child with AIDS into a classroom.

"Carrying a virus which is that fatal . . . should not be in a classroom," he said.

"If the child should have lesions on the body, cut himself in class, experience a nosebleed or in any way pass his body secretions, such as blood, to any person, it could be transmitted just like any other virus," Rosenblatt testified.

"If the child vomits, can there be a danger to other children?" asked Robert Sullivan, the lawyer for the school board.

"I believe it could," Rosenblatt responded.

"Can it be transmitted through saliva?" Sullivan then asked.

"It is possible," said Rosenblatt.

Rosenblatt, an internist at Flushing Hospital in Queens, said he has treated 100 to 150 cases of AIDS at Memorial Sloan-Kettering Hospital in Manhattan, where he served his residency.

Under cross-examination by Schwarz, the city's top lawyer asked Rosenblatt: "Can someone bitten by a mosquito transmit AIDS?"

"Yes." Rosenblatt answered.

Schwarz then faced the judge and said: "The witness does not know what he is talking about."

Outside the courtroom, Sullivan said the point he was trying to make was that "no one knows all about AIDS and no one agrees."

He said Rosenblatt will be followed to the stand by three other medical experts.

Schwarz responded: "We'll take them on one at a time."

He said the city would call its own experts to keep the 7-year-old child in school.

"I'm not sure that this is the best place to resolve what really is a scientific issue," Schwarz told reporters.

NEW YORK POST 9/13/85

Victims battle their disease, struggle to exist

By RANSDELL PIERSON

BECAUSE the city still provides no long-term shelters for AIDS patients, many indigent patients are waging a day-to-day struggle for basic food and housing.

Keith Braddock, 28, lost his job and his apartment last year after being hospitalized seven times with chronic diarrhea caused by a common parasite.

The parasite, cryptosporidium, rarely affects human beings unless their immune systems have failed.

"I had little odd jobs here and there — a clerical job for Cambridge University Press, and for an advertising agency," he told The Post.

"Then I quit last summer because I was too tired. I couldn't get up in the morning anymore."

Soon afterward, his roommate asked him to leave the apartment they shared, and Braddock moved into an S.R.O. on 97th St.

"I went without meals," he added. "A friend helped me for a while. He gave me $5 a day for two months. Then he stopped."

After yet another hospital stay, Braddock returned to his tiny room and found it in a shambles. "Both padlocks were cut off, and everything inside was stolen. It was like a hurricane."

The stress was too much to handle, he said, "so I tried to commit suicide once. I was just tired of being in and out of hospitals — going through a whole bombardment of tests."

Luckily, he said, he heard about the AIDS Resource Center, a nonprofit group that provides counseling and long-term shelter to 21 AIDS patients in four Manhattan group homes.

At the beginning of the month he gives the center half his $385 Social Security check for rent. The rest must go for groceries, medicine, and transportation.

"Before the middle of the month I'm broke," Braddock said. "Then I can't afford to get around. I stay in a lot and watch TV." And he said he still misses many meals.

Despite his financial plight, Braddock realizes things could be much worse.

He mentioned another AIDS patient who "spent six or seven months living in a bathhouse. He kept looking for a place to live, but things never worked out."

Cheryl Acocella of Flushing, Queens, 36, considers herself much more fortunate than other AIDS patients. At least she hasn't had to scramble for shelter, food, and an encouraging smile.

"I live with my mother, so if I get sick she can at least get me to the hospital," she explained.

Although Acocella is ineligible for Social Security benefits, she gets $840 a month in disability payments under her former employer's insurance policy.

Equally important, she retained her Blue Cross benefits after quitting her job last year as a word processor for a midtown advertising firm.

Acocella, who thinks she contracted AIDS by shooting drugs with a dirty needle, said the insurance policy made a big difference last December.

"I had pneumonia, two cardiac arrests, and two collapsed lungs. I was deaf because a fungus had taken over my ears."

"My mother thought I was dead one day, and called the funeral parlor and everything."

Instead, Acocella was rushed to Booth Memorial Hospital in Queens, where she said "the doctors worked very hard and brought me back to life."

Her hospital bill came to $140,000, but now her only remaining serious symptom is a shortness of breath.

Without her mother, her insurance policy, and her disability income she thinks she would be either dead "or in the psychiatric ward at Bellevue."

Her biggest hope now is that researchers "can come up with something to stop me from getting worse off."

NEW YORK POST 9/12/85

TRAGIC AIDS TOTS BORN TO DIE

By BARBARA YUNCKER

LITTLE GERRY is 26 months old, going on never.

He has been in the hospital since he was 6 months old when his drug-addicted mother brought him in desperately sick and abandoned him.

His abandonment is all too typical for such babies. He has responded, at least temporarily, to treatment and is the cuddly darling of the ward.

Though his life expectancy is short he could go home if he had a home to go to. So far no foster care has been found.

Lisa, another favorite at the same hospital, did not have an affected mother. Born very prematurely, she had to have transfusions, (prior to the blood screen for AIDS).

Thriving at 3 months, she was very sick by the time she was 7 months old.

She had a caring mother and was never abandoned, but she went through hell and died at four.

Gerry and Lisa (not their real names) represent the saddest of all the tragic victims of AIDS.

They are part of a group of more than 100 children with AIDS and pre-AIDS who have been or are being treated by a team of specialists at Albert Einstein College of Medicine in The Bronx, one of the leading local centers for care of these pathetic tots.

Dr. Arye Rubinstein, who heads the team, calls the city's official count of 77 children with AIDS far below reality, saying his hospital alone has more than that.

The definition of children's AIDS has recently been broadened to include children with proved cases of a certain type of pneumonia combined with positive blood tests, in addition to children who met older criteria. This explains part of the discrepancy in figures.

There are more than 300 afflicted children in the city, Rubinstein says, counting those with AIDS-related complex, whom he expects to go on to AIDS.

The national count of children under 13 with confirmed AIDS is now 164, according to figures just released by the Centers for Disease Control. Additionally, there are a few hemophiliacs in their teens who are counted as adults.

Death seems to come more swiftly and surely to the youngest victims of AIDS than to stricken adults; 115 of the 164 are dead, a 70 per cent rate compared to the 50 per cent of adult victims dead so far.

Addict mothers who were infected gave AIDS to 71 per cent of the child victims at or before birth. This is a double whammy because many of them, like Gerry, were also born addicted and had to go through withdrawal.

Another 21 per cent had transfusions of blood or blood products for hemophilia, sickle cell anemia or other problems. For the rest, causes are undetermined, in many cases because of inadequate knowledge about the mothers.

The sex mix is more nearly even than in U.S. adults: 58.5 per cent boys and 41.5 per cent girls. In adults, males make up more than 90 per cent of the cases.

AIDS has been striking at newborns at least as far back as 1978. "I treated my first pa-

tient seven years ago, " says Dr. Jane Pitt, pediatric AIDS expert at Columbia-Presbyterian Medical Center. "We didn't know what he had. We knew he was immunodeficient but we didn't know why."

He died at 3, his mother four years later of AIDS. By posthumous analysis it seems clear she was infected without symptoms at the time of his birth.

At Einstein, the AIDS team is still treating at least one 7-year-old who was apparently infected before or at birth although the AIDS diagnosis was made only recently.

They will not discuss his case. The raging school controversy has made pediatricians wary about talking about any of their small patients.

On the thorny school issue, Dr. Pitt is typical of most AIDS experts The Post interviewed.

"I feel that if a child is out of diapers and has normal behavior for its age — doesn't go around biting other children — that child should be in school if well enough to go," she says. "The risk is infinitesimal."

Several other experts agreed, most pointing out that there is no proved case of transmission, except by sex, as a result of living with an infected family member.

And there are also no known cases of transmission to hospital personnel who care for AIDS patients.

"Please tell people we handle these children without gloves or masks or other precautions." says Dr. Andrew Wiznia of the Einstein team. "We play with them normally, hug them. No one has converted to a positive blood test."

Dr. Harold C. Neu, chief of infectious diseases at Columbia-Presbyterian, is a little more cautious. He agrees with the decision to make case-by-case evaluations.

But he adds, "I can understand the concern of parents. Children can be very volatile, fighting, running over and biting or scratching. Such spontaneous behavior does occur. The risk must be very small because we have had no cases in hospitals, even with needle accidents. But I would err on the side of caution.

"I wouldn't want my son at Yale rooming with a high risk kid, perhaps sharing razors. Sure the risk is very small but why take it. When I go to Cambodia I don't use ice cubes; I use bottled water. It's the same principle."

Of the many uncertainties about AIDS, a continuing one is exactly how the baby got it. Was it during birth or was it in the uterus?

Many babies born to AIDS patients or AIDS carriers, perhaps half or more, are not infected which is "surprising," to Dr. Mathilde Krim, head of the AIDS Medical Foundation. "It probably means that infection is not through the placenta but occurs in the birth canal."

Rubinstein says, "We assume it is or can be transplacental,"

Both routes are possible. most experts agree.

Mothers with full-blown AIDS may have even less risk of delivering an infected baby than those who are carriers, Dr. Pitt says.

"Women with full-blown AIDS are most unlikely to get pregnant so such babies would be rare. Besides I believe the infectiousness would probably be less. Virus presence tends to be lower in all-out disease because there are so many fewer T-cells left by then."

She does have one patient born to a woman in the late stages of AIDS. "The baby got an opportunistic infection from the mother — toxoplasmosis — and has neurological damage. But that baby does not have AIDS."

The suggestion has been made that amniocentesis (taking a sample of fluid from the uterus) might detect an infected baby.

"We're working on that," says Rubinstein. But there are lots of problems there too. Any antibodies found would be from the mother because fetuses don't have developed immune systems yet.

Further, he adds, "Even it is negative you cannot say the baby is safe. And even it it is positive you cannot say it is infected."

More than one set of twins has been born with one twin infected and the other not.

Identical twins were born in Brooklyn recently with only one infected.

These cases are evidence for infection during birth rather than before.

Because pediatric AIDS is so dreadful, it seems logical that a pregnant woman with AIDS or carrying the virus would seek an abortion. Women specialists The Post talked with said that they personally would abort but that each woman must be given all available facts, then decide for herself.

In Rubinstein's experience, "If we push the idea of abortion, we find the women don't want it. Since an infected mother does not always transmit the disease, some want their babies so much they are willing to take the chance."

The diagnosis is usually made in the sick child. As the pattern of multiple infections develops, a drug history of the mother is usually found.

The courses of illness of little Gerry and Lisa are typical.

When Gerry was brought in at six months he had severe pneumonia, swollen lymph nodes, severe diarrhea, thrush (a fungus throat infection) and "failure to thrive."

His specific infections were treated and gamma globulin was administered to bolster his immune system. He has had a rocky up and down course, is in remission now.

But no one know how long it will last. Rubinstein says, "There are no children in whom we have altered the trend of the disease. We can slow it down but so far not reverse it."

Lisa, the transfusion victim, was thriving when her happy mother took her home at 3 months. Four months later she was back with pneumonia. In two years she was hospitalized 18 times with one infection after another.

Finally the AIDS diagnosis was made. A few months later she developed an uncommon form of TB and died.

There are no signs of AIDS in Lisa's sister or in her faithful mother who cared for her at home as much as she could.

Basically treatment of all these youngsters is symptomatic. Doctors try to quell each opportunistic infection as it comes along until time runs out.

Other hospitals are not using gamma globulins. Dr. Pitt says "None of the people who promote GG have done a controlled study and I haven't had the opportunity to do one of my own. If I don't know I'd rather not do something more to these very sick kids."

Everyone treating these children is overwhelmed with the individual tragedies. Dr. Pitt has special sympathy for "drug users who have straightened out their lives. Often the baby represents that. And then things fall apart."

"Burnout" is a word that occurs when you talk to any doctor who treats these tragic babies. "You have to be very strong to deal with these families," says Rubinstein. "Sometimes you're treating a whole family dying with AIDS."

Dr. Pitt says, "The bottom line is that is is very destructive. Any child's chronic illness is, of course. But with the AIDS path of destruction from man to woman to child, there is terrible guilt. We have to treat the whole family."

The hardest things, says Wiznia are "watching the deterioration of the innocent recipients of the disease. And going to the funerals."

He always goes to the funerals.

NEW YORK POST 9/12/85

Can women give AIDS to men?

By BARBARA YUNCKER

THE role of women in spreading the dreaded AIDS virus is a matter of considerable medical uncertainty and dispute.

If they CAN give AIDS to men, DO they?

It appears that while women can infect a partner, only rarely do they — at least so far in this country.

AIDS is equally divided between the sexes in Africa and Haiti, and the presumption is that it acts there like other venereal diseases, with each sex able readily to infect the other.

But so far there is very little evidence for that pattern here.

Dr. Mathilde Krim, a distinguished virologist who heads the AIDS Medical Foundation, cites experience with only one case.

"We had one couple. The husband had AIDS and the wife did not. He denied insistently that he was bisexual, had used IV drugs or had even had any other sex partner for many years.

"His wife had AIDS antibodies so the assumption was that he had exposed her. But by chance, a several-years-old sample of her blood was found and it was positive for AIDS.

That blood was older than the presumed incubation period, "So now we have to assume she infected him. That case is unique in my experience. It's rare to have that kind of evidence available."

Dr. Pauline Thomas, a Dept. of Health expert in how diseases spread, says the city knows of only two apparently confirmed local cases of woman-to-man transmission "and CDC may have another seven or eight nationally."

What does this mean? Perhaps even the few are not what they seem, she suggests.

Dr Thomas points out that epidemiologists trying to solve these puzzles, "are relying on people's willingness to talk about taboo things. So, it could mean that those two men were already infected but we didn't get the whole history.

"Or it could mean a few men get it that way but that it's real hard for women to give the virus to men.

"There's some logic to that," she points out. "The woman isn't inserting body fluids into the man, after all."

Equally significant is the fact that prostitutes are not a significant factor in spreading AIDS (although some AIDS specialists think they might become one.)

"We have no known transmission from prostitutes," says Dr. Thomas. "And studies of men in VD clinics show no correlation of AIDS cases with prostitute exposure."

Drs. Gerald Friedland and Robert Klein, infectious diseases specialists at Montefiore Medical Center who are working with heterosexual couples, hold a middle view.

"There is no reason to believe that women are not transmitters," says Klein. "But it is difficult to prove.

"In Haiti and Africa AIDS is equally distributed between the sexes but it is not clear how it is transmitted.

"There are no proved prostitute transmissions."

The question is complicated, Friedland says, "because most of the information we have now has been male to female transmission. It may be that for biological reasons this virus is transmitted more efficiently that way or it may be a historical accident because of those Americans who got it first.

"The largest pool is male so it follows that the logical path has to be from the male.

"I suspect over time we will document more female to male. There is now more AIDS in women so logically there will be more transmission from them," he said.

"However, if you think about prostitutes, they are not logical suspects. They are unlikely to be sex partners of gay men.

"Male IV drug users are unlikely to be all that sexually active, particularly with prostitutes. They spend all their time and energy getting high.

"So the logical routes of infecting the prostitute population would be very slow," Dr. Friedland said.

"My own feeling is that in the future the transmission pattern is going to be like that of most VD — that is, both directions. I think the present pattern is an artifact of who was first infected, combined with the long incubation period."

He agrees it seems biologically less efficient to get the virus from female to male.

NEW YORK POST, THURSDAY, SEPTEMBER 12, 1985

HEARTBREAK KIDS

An agonizing dilemma for our schools

By DAVID NG

THE first generation of AIDS children has been born. The plight of these most innocent of all AIDS victims is cruelly compounded by the inadequacies of treatment and the dim likelihood of a cure.

It was only a brief four years ago that the AIDS virus was first recognized as a killer of epidemic savagery. The first AIDS baby was born seven years ago.

Medical and ethical questions about how to deal with adult victims still remain unanswered.

For AIDS children, the questions are only beginning. The issues they inherit with the disease are as complex as they are emotional.

Should AIDS children be educated? If yes, then how? Do they belong at home, in a school with healthy children, in a hospital or perhaps in a special school?

On one side of the controversy are parents who are worried that their healthy children may be become infected with the dread disease. The anxious parents correctly claim that researchers themselves readily concede much remains unknown about the virus.

On the other side are school and other public officials — bound by law to provide an education to the young regardless of race, religion or health. They cite researchers who conclude there is minimal risk that infected children can pass AIDS on to the healthy.

Nationally there is no discernible consensus as local school officials nervously sniff the wind and contrive varying strategies.

● In Los Angeles, the nations' fifth-largest school system, school officials said children who are not showing signs of AIDS would be allowed to attend regular classes.

● In Swansea, Mass., the school district has allowed a teenage boy who contracted AIDS from hemophilia treatment to attend the local junior high school.

He was believed to be the first youngster in the country known to have the disease to be allowed to attend classses in a public school.

● In Indianapolis, 13-year-old AIDS victim Ryan White attends Western Middle School via a phone hook-up because he was barred from going to classes.

● School officials in New Haven, Conn., and Washington, D.C., have decided to bar students who are even suspected of having AIDS or who have pre-AIDS symptoms.

Here, the Board of Education and Health Dept., relying on the findings of a special panel, this week admitted a second grader to attend regular classes.

Mayor Koch and Schools Chancellor Nathan Quinones have steadfastly defended the panel's decision which has been assailed by angry parents. They launched a boycott of two school districts in Queens, keeping as many as 11,000 children out of school on the first day of the fall term.

The child's name and school has been kept secret.

The panel also ruled that two AIDS children were too ill to enroll in public schools and that a third, whose identity is known to some school officials, had been made public and would jeopardize her privacy and education.

But State Supreme Court Justice Harold Hyman was to hold a hearing today to determine if the second-grader with AIDS poses a risk to healthy children.

It is believed there has been only one incident in New York where a youth was turned away from a school because of AIDS discrimination.

The Institute for the Protection of Gay and Lesbian Youth claimed an 18-year-old gay youth in one of their programs was kicked out of a state-run school.

Joyce Hunter, a social worker for the institute, said as a result the teenager was turned away from other state health and mental health agencies because he was diagnosed as having a pre-AIDS condition.

When Koch and Quinones announced they would form a panel to decide on a case-by-case basis whether an AIDS child should be permitted to go to regular school, they also said young AIDS children would not be permitted in pre-school programs.

But a $400,000 city-funded daycare center for AIDS children — the first in the nation — will open early this winter in the Van Etten wing of the Bronx Muncipal Hospital.

The center, which was approved by the city in June, will care for 20 AIDS children from 6 months to 8 years old from around the city. It will also provide counseling and treament to pregnant women with AIDS.

Admission to the center will be based on need, said Sheila Millen, a spokesman for the Albert Einstein Hospital which will help run the center.

The facility will be staffed with doctors, physical therapists, a psychologist, social worker, dentist and a teacher for the older children.

"It's the first pediatric daycare center of its kind in the nation," said Councilman Lisa, who proposed the idea for the daycare center.

If the daycare center is successful, it may be expanded to enroll as many as 50 youngsters and eventually wind up being a model for future AIDS care centers — providing a spectrum of social and medical services at one site.

Physically, there is no reason why AIDS children cannot learn as well as healthy children. There is no evidence that conclusively proves AIDS, which has been found in nerve tissue, retards the learning process.

"Some people feel in some patients there may be an infection in the brain that could impair an AIDS child's learning ability," said Dr. Polly Thomas, a pediatrics AIDS expert working for the Health Dept.

"Most AIDS children have normal intelligence — as far as we know. But remember, we're talking about a disease that was only discovered three years ago," she added.

All sides in the controversy agree that children with AIDS should be educated, even with a mortality rate that thus far has claimed half of the AIDS afflicted children in the city. In fact, without a cure, all of these victims are doomed to die within five years.

But the history of medical science is a testimony to cures, and it would be tragedy if the body was saved and the mind wasted through neglect.

New YORK POST 9/11/85

SHOULD *YOU* BE TESTED FOR AIDS?

By BARBARA YUNCKER and JOY COOK

AN AIDS test is not necessarily for everyone, even someone who might have been exposed.

There are ambiguities about the test. There are public health problems in trying to give it to huge numbers. And there are complex social and psychological factors in every decision to be tested.

It probably is useful only for a small percentage, even of people at risk.

Three groups who don't need the test:

● Multi-partner gays. The advice is to assume AIDS exposure and take precautions, including using condoms.

● Heterosexual couples who don't stray and don't use drugs intravenously. Some people who got tranfusions earlier than last spring might be an exception.

● Frequent IV drug users who share needles — for the same reason as multi-partner gays.

Those who will want to consider the test include:

● Women who are pregnant or might become so — if they have either used IV drugs themselves or sleep with someone who does or who is bisexual.

● Men and women with past episodes which might have exposed them and who want to protect their present or prospective mates.

● Others with possible exposure who, after counseling and careful consideration, have a deep psychological need to know.

Legally, the test is not available to the general public.

"It is licensed only to screen blood and is available otherwise only for research," says Dr. Rand Stoneburner, director of the city Dept. of Health AIDS program. "It is not diagnostic for AIDS or even for pre-AIDS."

But obviously when a test is available there will be people who need access.

Dr. Mathilde Krim, distinguished virologist and head of the AIDS Medical Foundation, tells of one such case.

"A happily married young woman with two children had a brief affair with a man who turned out to be an addict. They broke up and she has no idea where he is now. Obviously, as a New York IV drug user, he is in a high risk group. Her husband doesn't know about the affair.

"She is terrified that she may be infected. I told her to have the test. It is unlikely that she is positive but she should be tested twice. If it comes out negative, she just gets on with her life.

"If positive, she should not mother another child and her husband will have to be told."

Such an individual case is relatively simple to decide. But Dr. Robert Klein, infectious disease specialist at Montefiore Medical Center, puts the question in a larger context.

"Do you want half a million people walking around knowing they tested positive,particularly since the test is so ambiguous," he asked.

"If you are told you may be communicable, would you alter your life style or just feel guilty?"

No personal decision to test or not to test should be made on lab availability, of course, but the blunt fact is that the capacity to test hundreds of thousands of people does not exist and cannot be developed quickly.

Even if this is true, however, it's not much comfort. There is no way to find out for sure.

More likely you are at least a carrier. Dr. Robert Gallo and his colleagues at the National Cancer Institute looked for virus in the blood of a group of people with confirmed positive tests and found virus in 80 per cent of them.

Virus isolations are not done routinely because of difficulty and expense.

Being a carrier means you put sex partners at risk — especially if you are male. A woman carrier puts future babies at risk.

And all the evidence so far is that this is true for life.

"No one has proved that anyone who was infected ever has become uninfected," says Dr. Klein. "Unlike most other infections, these are not protective antibodies."

In addition to being a carrier, there is apparently a 30 per cent chance that you will develop AIDS-related complex and a 10 per cent chance that you will go on to all-out AIDS.

In New York City, says Stoneburner,"anyone can go to his own physician and ask for the test. The physician would get the research protocol from us. Before taking your blood he is required to read you information making clear what the test can and cannot tell you."

The blood sample, identified only by code, goes to the city lab for testing. There it gets basic screening tests and, if positive, the more rigorous and accurate confirming test.

Only the doctor who took the blood is informed of the results. Confidentiality rests on the doctor-patient relationship and the doctor is required by the research protocol to provide appropriate counseling.

Except for tests which may be done in hospitals according to their own rules, private physicians are the only channel by which a concerned individual in New York City can get tested.

City officials acknowledge that they initially tried to discourage doctors from testing many patients. Stoneburner says this was partly out of concern about the shortage of highly skilled technicians and partly out of doubts about its social value. So far they have received fewer than 2000 blood samples.

Many in the gay community have resisted the idea of testing on grounds of confidentiality and futility. Most AIDS experts don't argue against that because testing doesn't really tell a promiscuous gay anything he doesn't already know.

The city's reluctance has lessened in the past few weeks, however and more easing may follow shortly.

"It's under discussion, but has not yet occurred," said Dr. Charles Rabkin of the city's AIDS task force. "It's likely with new knowledge, that it would become less restrictive."

Outside the city, the rules are slightly less rigid. New York State has set up seven regional sites outside the city where free tests and counseling are available. See box at top of page for phone numbers.

It's a matter of trained technicians even more than it is a matter of money.

If it seems strange to suggest that people should not be tested for something so dire, one needs to think about what you know after taking the test.

Sad to say, you don't know anything for certain.

At best, the tests — which require sophisticated analysis — can only determine the presence of AIDS virus antibodies.

Not everyone exposed will be infected. Not everyone infected will develop AIDS or AIDS-related complex. And not everyone infected will even be a carrier, although there's no reliable way now to test that.

There are a lot of "false positives" on the basic test, often in blood from women who are on birth control pills or who've had several pregnancies.

There are, inevitably, in any scientific task, "false negatives," although they're far less frequent than false positives.

This means infected people could slip through the testing screen and contaminate others unknowingly.

The first rule is not to accept any test results which do not include a confirmation with a second, different test.

The second is to remember it's "not a morning-after test," as Dr. Krim puts it. "It takes weeks or months to develop antibodies." If you find out last week's hot date was a bisexual, don't go for a test right away.

Third, it is wise to be tested twice, particularly if you are worried about a relatively recent exposure.

However, if the test is negative twice and you are not in a high risk group — or sleeping with someone who is — you can rest easy.

If you are positive, the range of possibilities is wide. None is pleasant, but a positive reading does not mean certain doom.

Since it is a reading of antibodies, all it means is that you have been exposed to the virus and have a "take." The virus has invaded in enough force that your body has responded by making antibodies.

It is even possible — although remotely so — that you no longer have virus in your system and are not contagious.

Where to get help

SUBURBAN numbers to call for information on AIDS tests are:

- **Nassau — 516-535-2004.**
- **Suffolk — 516-348-2999**
- **Mid-Hudson — 914-632-4113**

All physicians in the state have also been sent information kits and invited to send in samples.

In New Jersey there are four test sites:

- **St. Michaels Hospital in Newark**
- **Jersey City Medical Center**
- **Middlesex General University Hospital in New Brunswick**
- **Soncit-Baltic Center in Atlantic City.**

The State Health Dept. laboratory does the tests.

NEW YORK POST 9/11/85

False readings mar tests for women

By BARBARA YUNCKER

DESPITE all the talk about "a test for AIDS," technically there is no such animal.

The so-called AIDS test is a reading in the blood for antibodies to the virus, not the virus itself. And even this reading turns up a lot of false positives, particularly in women.

Antibodies are the fingerprints of infection and are specific for each virus. They are the troops the immune system sends out to fight foreign invasions. Unfortunately, with the AIDS virus, the antibodies are mobilized but they do not fight.

The basic antibody test, done on blood samples, is called ELISA, for enzyme-linked immunosorbent assay. Three companies have been licensed by the Food and Drug Administration to market it and others have applied to do so.

The results are read by an optical scan, a relatively simple technique.

There is a high percentage of false positives, particularly among women. An initial reading for women is wrong more than three times out of four.

So no one should be told that he or she has been exposed to AIDS on the basis of an ELISA test alone, all AIDS experts agree.

A different kind of test is required for confirmation. The one in general use, although it is not yet cleared except for research purposes, is called the Western blot.

Much more costly and complex than the ELISA, the Western blot test requires reading of subtle smudges by a highly trained technician. Only a few labs are able to do it.

The reliability of the ELISA screening is a nettlesome problem.

Through last June American National Red Cross blood banks had ELISA-screened 1,595,969 donations. They found 3209 which repeatedly reacted positive. On Western blot tests done on 2552 of these, only 587 were true positives, a false positive rate of 77 per cent.

Much of the skewing comes from misreadings on women. In one Red Cross test the initial ELISA positives were 57 per cent male and 43 per cent female. After Western blot testing, positives in this same group showed 93 per cent male and 7 per cent female, close to the sexual mix of AIDS patients.

Women on birth control pills and those who have had several pregnancies are most likely to turn up with false positives. A biologic reaction to a component in the material of the test kit appears to be involved, but fortunately the same problem does not exist with the Western blot.

The ELISA does measure the amount of antibody which presumably reflects the amount of infection, so highly reactive bloods are far more likely to remain positive on the confirming test.

In fact, in cases where a blood that is highly reactive on ELISA shows up negative on Western blot, a different sophisticated assay should be done, suggests Dr. Johanna Pindyck, vice president of the New York Blood Center. That would eliminate false negative reports for those few people.

The number of false negatives after both ELISA and Western Blot is not known for sure. One quite small study suggests a four per cent rate.

Besides antibody tests, further confirmation can be sought by doing cultures to find virus in the blood of suspected AIDS victims but these are not only very costly but must be done in special protective laboratories. There are few such facilities.

The unreliability of initial ELISAs leads most AIDS experts to oppose violently the news that do-it-yourself ELISA kits may show up in drug stores by Christmas.

For blood banking, the tests are a success. By the end of the decade (when incubation periods expire out for those now infected) there should be no more AIDS in people given blood products for any reason.

But the gain has not been cheap. The annual cost for ELISA screening at the nation's blood banks is estimated at $100 million a year, plus millions more for confirmation tests and counseling.

The procedure at the New York Blood Center is to run three ELISA tests on every blood donation. Any blood which shows the presence of AIDS antibody on a single ELISA test is rejected for human use, even though blood bankers believe they might be wasting good blood.

Even though the blood is rejected for transfusion use, blood banks do test it by Western blot. If it is confirmed positive, the donor is told of the evidence that he has been infected with the AIDS virus and counseling is provided.

Because semen as well as blood can carry the virus, there is concern also for women who are artificially inseminated.

A report from Australia says four women were infected by a single donor who later developed AIDS.

AIDS experts say all semen should be screened as well as all blood. That is done in New York City, but it is not clear that thorough screening is done at all sperm banks in the nation.

NEW YORK POST, WEDNESDAY, SEPTEMBER 11, 1985

THE 'TYPHOID MARY' FACTOR

By JOY COOK

AIDS has sparked a modern-day Typhoid Mary dispute: how to protect the public but preserve individual rights to privacy and freedom.

The highly charged social, legal and ethical debates are underscored by medical uncertainty.

The most-available test to identify exposure to AIDS virus is seriously error-prone, especially for women. Confirming tests require skilled technicians to perform.

That means people using only the basic test could get false positive blood readings — with disastrous results to their lives.

The Pentagon is already screening recruits — and may expand it to all its military personnel.

Proposals abound to use the test for marriage licenses, jobs, insurance and public school admission.

"There's concern about a backlash," said Dr. Stanley Yancovitz, chief of Beth Israel Hospital Center's division of chemical dependency.

"In Colorado, there's a question of obliging doctors to provide names to the board of health.

"Gay men's groups are concerned that they may be denied health and life insurance, refused entrance into the military, denied jobs and housing — all very important things in life — just because of the results of a blood test no one really knows how to interpret yet."

But Dr. Helen Singer Kaplan of the Human Sexuality Program at Cornell Medical Center-New York Hospital, contends women are being victimized by an "excessive zeal" to limit the test's availability.

"Women are correctly worried if they've been exposed, because they can give it to (unborn) children and their sex partners. They're not being neurotic.

"There is a moral responsibility not to pass this (AIDS) along. If they know they have it, and spread it, they'd be a killer," she said.

Problem of protection without loss of freedom

With the test results, people who "have safe blood, can make safe lovers. If exposed, they can limit sex to those already exposed.

"Typhoid Mary didn't have civil rights," Dr. Kaplan contended.

"Quarantining her kept hundreds of innocent people from being exposed. It's the overriding right of the public to be protected."

Dr. Robert Klein, an infectious disease specialist at Montefiore Medical Center and a member of its Ethics Committee, disagreed.

"What are you going to do — identify everyone infected and lock 'em up? You can't do that even if you thought it would protect public health.

"If it were not for the fact that the worst affected are those whom many regard as deviant or lawbreakers, the response would be very different," he said.

"If this occurred in a religious or occupational group, you would have had a completely different societal reaction."

Dr. Mathilde Krim, head of the AIDS Medical Foundation in New York, agreed in part.

"Society discriminates against them, this is why gay men are not anxious to be tested," she said.

"But the test should be available to the public.

"Many people who believe they're at risk, who are going crazy with worry, could have those fears put to rest as unfounded.

"Or they could be told they're contagious and counseled not to infect others."

In New York City, the test is available only to doctors who agree to abide by city research rules and to provide followup counseling. Blood samples submitted by the doctors are tested by the city's Dept. of Health lab; the doctors maintain patient confidentiality.

Until the past two months, access was discouraged, acknowledged Dr. Gerald Rabkin of the department's AIDS task force.That was because the test was designed to screen blood, not to diagnose, he said.said.

Yet the test is more easily available on Long Island, Upstate and in New Jersey.

Several companies are racing to make a drugstore test kit available to the general public by Christmas, if they can win Food and Drug Administration approval.

The Pentagon says an advisory board will make recommendations this week on whether to expand AIDS testing to include all those in military service — possibly making them subject to discharge and loss of benefits.

Under pressure, the Pentagon modified it's screening of recruits. Present procedures provide that recruits' blood samples will be tested twice, then put to the more accurate confirming test as well. If positive then, the prospective recruit would be advised by the admitting doctor to see private medical care and further testing.

Army records, the Pentagon insists, will simply state the recruit was not qualified for admission, There will be no AIDS red flag, according to Pentagon spokesman Lt. Col Pete Wyro

NEW YORK POST 9/10/85

THE THREAT TO WOMEN

THE horror of AIDS has taken on on a new dimension with news that women are falling victim — not gays or recipients of blood transfusions, but ordinary women.

If these women were not safe, it seems the killer has leaped into the heart of the population at large.

With the lives of millions of men, women and children now at stake, what hope is there of stopping the spread of AIDS?

The medical facts are dismaying, but they are not hopeless.

By BARBARA YUNCKER
Award-winning medical and science writer

"For women who know their partners are not bisexual and not drug users, then the risk is virtually nil," said Dr. Mathilde Krim, a noted researcher who heads the AIDS Medical Foundation in New York.

But increasing numbers of women in the U.S. ARE being involved.

Fears that the AIDS virus would leap the barriers from the gay and drug communities stemmed, in part, from evidence that in Central Africa, the apparent birthplace of the AIDS virus, women are affected equally with men.

Many of the U.S. women hit by AIDS have infected the children they bear and these, along with hemophiliacs and transfusion recipients, are the most tragic and innocent victims of all.

But their tragedies do not foretell universal catastrophe.

Many people who are exposed do not get AIDS or even harbor the virus. It may be that women are luckier in this regard than men. And some women may be totally safe.

Nationally, the 841 women victims account for less than 7 per cent of all AIDS victims. The 411 in New York are a slightly higher percentage — between 9 and 10.

More than half of those women are IV drug users,and others had had transfusions.

But 114 women in the nation, 60 in New York — 14 per cent — are heterosexual women who got the disease from mates who were either bisexual or IV drug users, minus a few who were transfusion victims.

They are the ones whose plight set off panic.

What are the medical facts about women and AIDS?

First let's dismiss two myths:

● Prostitutes are not a significant factor in spreading AIDS, if they have done so at all.

● Lesbians are not at risk. "There are no lesbians who have AIDS who are not IV drug users," says Dr. Pauline Thomas of the city Dept. of Health. "There is nothing about the lesbian life style that tends to expose them to AIDS."

The disease in women follows the same devastating course that it does in men: Swollen lymph glands, unexplained fevers,weight loss and fatigue as preludes to devastating, often lethal, opportunistic infections.

One difference: There appear to be fewer cases of an odd, rare cancer known as Kaposi's sarcoma in women than men, except perhaps for women IV drug users. Gay white men are likeliest to get Kaposi's.

The major, little-known but most comforting fact about women and AIDS is this:

Exposure does not automatically mean infection. Even infection does not necessarily mean disease.

Again the risks are significant but they are not universal.

"It's easier to get hepatitis, syphillis, and gonorrhea than the AIDS virus,." says Dr. Judith Cohel of the University of California at San-Francisco and head of the Assn. for Women's AIDS Research and Education (AWARE).

Dr. Joyce Wallace, of St.Vincent's Medical Center here, who was one of the first to report AIDS cases and who has been studying AIDS and women since 1982, noted:

"Women who contracted AIDS or AIDS virus, got it from steady sex partners, not from Saturday night stands.

"And not all steady partners of bisexual men or drug users get it either," said Dr. Wallace.

This is underscored in research by a team of infectious disease specialists at Montefiore Medical Center. They are working with heterosexual couples in which the man or both partners had AIDS.

Asked if a single sexual exposure could transmit the virus, Dr. Gerald Friedland said:

"I don't think anyone has that information for sure, but it seems unlikely.

"However, on the opposite end, most of our couples have been together for years so the amount of exposure has been extensive. Even in these couples a substantial majority of the women remain uninfected," he said.

Why is this so? No one knows. But it is a simple fact of biology that not everyone exposed to an infection gets it.

Dr. Joan Pitt, pediatric AIDS specialist at Columbia-Presbyterian Medical Center says "Probably most of us are naturally immune."

Dr. Cohen agrees and suggests that the AIDS exposure rate "is not as dramatic among women as men, because most men with the disease have poor health histories.

"They haven't been very good to their immune systems, have had a lot of sexually-transmitted diseases, a lot of drugs, and that affects how well they can meet the virus.

"Women are healthier, generally, so when they meet the virus, the odds are better that they can fight it off."

Nobody knows yet what the percentage is of women or men in a general population who will be infected after sexual exposure to the virus.

Of those who do get infected, current figures indicate about 10 per cent will get full-blown AIDS.

Perhaps twice as many more will get a slightly less devastating condition known as AIDS-related-complex, (ARC) which does not involve full destruction of the immune system, but which can itself lead to fatal infections.

One set of women who may be at risk (and this might be the main peril for a lesbian) are those who've had artificial insemination.

All AIDS experts say sperm donations as well as blood should be screened for antibodies but it is not clear whether this is a general

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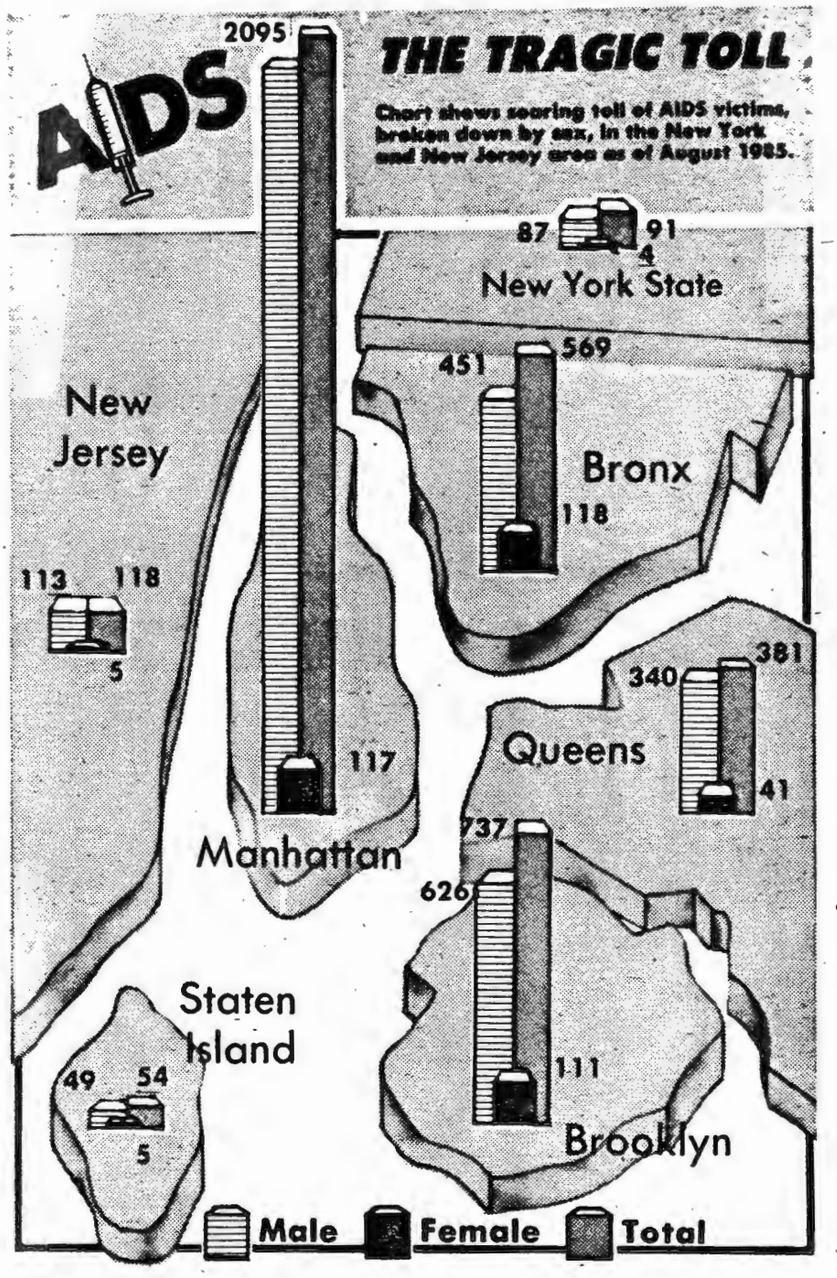


How you can reduce the risk

THERE'S no absolute guarantee against the risk of AIDS exposure, but knowing your partner's sex history makes it safer.

Anyone who's had multiple sex partners in the past five years or who has sex with someone in a high-risk group (bisexual, intravenous drug user) should take these precautions:

- Don't exchange body fluids — semen or blood.
- Use condoms, preferably latex, and barrier spermicides, for both vaginal and anal intercourse. Remember they're not 100% safe and can break. Semen can enter the bloodstream through tiny rips in blood vessels during intercourse.
- Avoid oral sex if you have sores or cuts in your mouth. The verdict isn't in on whether swallowing semen is risky.
- Avoid oral-vaginal contact with high-risk women.
- Cuddling, hugging, massage and mutual masturbation are no risk. There's no evidence that kissing transmits AIDS virus, but experts can't rule out absolutely deep French-kissing as a threat.
- Don't worry about doorknobs, toilet seats, glasses and silverware. AIDS is a venereal disease. There's no case of AIDS spread from casual contact.
- Know your sex partner. Candid discussions could spare lives.

NEW YORK POST 9/10/85

From Africa to the streets of N.Y.

By BARBARA YUNCKER

The source of this new scourge is still something of a medical mystery. But the path of its devastation in the body is clear.

The geographical source is almost certainly Central Africa. Tests on old human blood samples prove that it was there as early as 1972.

How did it emerge then?

- It could have been around all the time in humans and mutated to a virulent form.
- A species of green monkeys in central Africa harbors a similar virus. It may have mutated enough to jump to humans who were bitten.

But Africa may not be the only reservoir of the deadly virus. Dr. David J. Volsky, University of Nebraska Medical Center virologist, has recently tested batches of blood samples from tropical areas of South America.

He found up to 12 per cent reactivity to AIDS or AIDS-type antibodies in remote Amazonian tribes.

That is as high a rate as in the African area believed to be the AIDS spawning ground.

These Indians are far too isolated to have had contact with high risk areas.

How does AIDS kill?

It does not do so directly. Instead it targets and destroys cells which protect us from from infection.

With other infections, the invading virus or bacteria activate a series of events in the immune system. A class of white blood cells called T-helper lymphocytes activates another set of white cells to produce antibodies.

The AIDS virus attacks the helper T-cells directly, interfering with their capacity to recognize other invaders. An invasion by AIDS does cause the immune system to create antibodies. But unlike antibodies to other viruses, they do not fight off the AIDS invaders.

In any event each virus particle which invades a helper T-cell can turn it cell into a virus factory. This releases millions of new virus to invade other T cells until the body's immunity is overcome.

THE SCIENCE OF SEXISM!

A sexist double-standard underlies some AIDS studies, a California woman scientist contends.

"This attitude of anti-sex, anti-feminist is not just the Moral Majority and Rev. (Jerry) Falwell, either.

"It's in the scientific community as well," said Dr. Judith Cohen, an AIDS researcher at the University of California at San Francisco.

"At a recent symposium one of my male colleagues cited his statistics, listing males with four or more sex partners as 'sexually active.'

"Then he listed women with the same number of sex partners, four or more, as "promiscious."

NEW YORK POST 9/10/85

The head count

AN estimated 11,256 pupils were kept home by their parents to protest the admission of a child with AIDS to regular classes.

The figures were provided by districts 27 and 29 in separate telephone interviews with The Post, about two hours after school had ended for the day.

A District 27 spokesman estimated that 5994 students were absent for the first day of school.

He said he based the figures on an estimated 14,000 students — out of a total district enrollment of 19,994 — who did show up for classes.

District 29 said nearly-finished figures showed 5262 students failed to show, explaining that 15,108 students out of 20,370 expected were present for roll call.

The Board of Education disputed the total and said only 9000 pupils, most of them elementary school children, were absent from the schools in the two Queens districts.

No immediate reason was given for the discrepancy.

NEW YORK POST 9/10/85

Judge orders hearing over sick 2d-grader

By JACK PERITZ & CHARLES LACHMAN

A QUEENS judge yesterday ordered a full-scale hearing to determine whether the admission of a second-grader with AIDS poses a risk to other school children.

State Supreme Court Justice Harold Hyman told lawyers for the city and Queens school boards 27 and 29 to be ready on Thursday with their medical experts on AIDS.

At the same time, Hyman denied the school board's request for a temporary restraining order that could have pulled the unidentified child from school immediately.

The school boards are seeking a permanent injunction barring the 7-year-old child from attending a city school.

The city opposes the injunction, arguing there is no danger the child will spread AIDS to others.

Hyman said the medical testimony will be "the crux of the hearing."

He said success for either side "depends on the facts."

Harry Lipsig, the well-known Manhattan lawyer, represented the school boards.

The city was represented by corporation counsel Frederick A.O. Schwarz Jr., making a rare courtroom appearance. His presence signaled the importance of the hearing for the Koch Administration.

Schwarz took pains to protect the child's idientity.

The child was born with AIDS because its mother was an intravenous drug user. Symptoms of the disease are now in remission.

Schwarz told the judge: "Experts say the child is well."

He said the child had attended kindergarten and first grade "without problems."

"The child has the virus, as do 400,000 people in New York City," Schwarz said.

To protect the identity of the AIDS victim, Hyman ordered that the child and the child's parents be excluded from attending Thursday's hearing.

The emotionally charged issue was reflected in an angry exchange between the 75-year-old judge and Schwarz.

"Are you going to tell me this court does not have the power to do something to possibly prevent communication of disease?" Judge Hyman demanded.

"Don't raise your voice to me," snapped Schwarz, the city's top lawyer. "And don't point your finger at me."

Seated in the Jamaica courtroom were city Health Commissioner Dr. David Sencer, who was prepared to testify for the city, and two members of school board 27, Samuel Granirer and George Russo.

Lipsig said later in his office: "There's an atmosphere of hysteria and fear that this decision [to let the AIDS child attend school] has provoked in the parents.

"We're not interested in the identity of the child, which we will call Child X. We want to rather know all about [the child] without subjecting it to any further embarrassment or pain."

He said the lawsuit "seeks to allay the fears of parents by bringing out the medical viewpoints, the reason this city feels it's safe to foist this child on the the city school children."

Granirer said he would consider sending his two boycotting children back to school once the court hearing is over.

DYING AIDS VICTIM

NEW YORK POST
9/9/85

A MAN dying of AIDS was sent away from Memorial/Sloan-Kettering Hospital and wandered aimlessly for 24 hours before police had him admitted to a hospital in Queens.

The AIDS victim, named as James Ford, is in Queens General Hospital in poor condition.

The drama unfolded Sunday night after Port Authority police arrested the man for causing a disturbance on a bus to Kennedy Airport.

By PETER FEARON and JACK PERITZ

He was wearing green hospital garb and paper slippers, and had open sores on his body.

Ford told police he had been turned away from Sloan-Kettering Hospital on Saturday.

Cops said Ford told them he had been given the smock, slippers and $15 — but Sloan-Kettering would not confirm this.

Three Port Authority cops — Lt. Donald Brown and Officers William Howley and Louis Marcial — took him to Queens General.

Sloan-Kettering spokesman Bill Glitz told the Post that Ford "was treated as an outpatient" on Saturday and was released.

He refused to discuss Ford's condition or why he was not admitted to the famed East Side facility.

"We saw him as an outpatient Saturday. That's all we can tell you. He was given the treatment deemed appropriate as an outpatient," Glitz said.

But a Columbia-Presbyterian Hospital administrator, Gerard Dahill, confirmed last night that Ford had been treated there Saturday and formally transferred to Sloan-Kettering later in the day.

Doctors at Columbia-Presbyterian believed that Sloan-Kettering had admitted him.

"He was treated in the emergency room. He told us he had been treated regularly at Sloan-Kettering," Dahill said.

"We checked with Sloan-Kettering and arranged for him to be transferred by private ambulance.

"They had his history. They had treated him regularly. They knew him. They agreed to take him.

"He would have been admitted here if he had not told us he wanted to go to Sloan-Kettering.

"I don't know what took place after he went down to Sloan-Kettering. If he was admitted to Queens General, it is logical to assume he was a case for admission."

Queens General night administrator Lowell Fein said that Ford had been admitted Sunday night because his medical condition demanded it.

"He is in poor condition. It is logical to assume he needed to be admitted to a hospital because of his medical condition," Fein said.

Lt. Brown said that Dr. Philip Livingstone of Sloan-Kettering confirmed to him that Ford had AIDS.

"He said the guy was in the final stages of AIDS. I would swear to that in court."

Lt. Brown and other cops who had contact with Ford were angry and worried last night.

"He had open sores all over his body, and was allowed to leave the hospital.

"I touched him."

After he left Sloan-Kettering, Ford apparently wandered aimlessly until he caught the JFK Express subway on Sunday night.

It was on the shuttle bus from Howard Beach to Kennedy that he became irrational and began causing a disturbance, cops said.

AIDS

NEW YORK POST, TUESDAY, SEPTEMBER 10, 1985

DREAMS OF LOVE TURNED TO FEAR BY KILLER IN OUR MIDST

By JOY COOK

AIDS and the fear of AIDS is altering the lifestyles of New York women.

The disease that now endangers millions of lives has turned the sexual revolution upside down, replacing sexual freedom with mutual monogamy and even celibacy.

Dreams of love are turning to to anxiety. Fashion and fear share the cover of glamor magazines.

Rock singers disdain "part-time love" to the applause of sex therapists and clergymen.

Bisexual men and intravenous drug users pose the greatest AIDS risk — and women worry over how candid their lovers — whether longterm or casual — will be.

"So many men I know swing both ways. My friends are definitely not as free and open as they used to be," said Diana, as she boarded a crosstown Manhattan bus.

"How can you possibly ask if someone's bisexual? The male psyche is so sensitive, you can ask anything you want about another woman, but it's very delicate to ask about another man," said the 24-year-old woman, adding she was "glad" to be in a long-term relationship.

"Most people do want to have stable relationships. This AIDS fear is driving many people back to more conservative sexual relationships, and I welcome that," said Dr. Ruth Westheimer, well-known radio and TV sex counselor.

But Dr. Judith Cohen cautions:

"It's not who YOU sleep with, but who THEY sleep with that's your concern."

Dr. Cohen, who heads the University of California at San Francisco's Association for Women's AIDS Research and Education (AWARE) program, explains:

"Monogamy isn't the answer — because you still need to know the sexual history of that partner, who he's been sleeping with."

Herpes, Yuppies, and religious revivalism started the trend away from casual sex.

"Herpes was nothing — AIDS is a killer," said Jeri, a divorcee and mother of two college age sons.

Many experts, however, are concerned over the AIDS backlash.

"The plague mentality is wrong. The emphasis is anti-gay, anti-woman, anti-sex. We need sex-positive solutions," cautioned Dr. Maggi Rubenstein, marriage and family counselor with the Institute for Advanced Study of Human Sexuality in San Francisco and co-chair of the National Mobilization Against AIDS.

Sexual etiquette for singles, swinging and otherwise, is changing.

"Take a sex history, hand out condoms. Say I'm into safe sex," urged Dr. Rubenstein.

"Sexual experimentation is more widespread today than in the 1940s when the Kinsey report found that half the American men had a same-sex experience to orgasm as an adult," she noted.

Condoms, advertised by air above New York's beaches for the first time this summer, are getting a fashionable boost as AIDS protection as well as birth control, although there are no guarantees.

Drug use is out of the ghetto: at least 200,000 intravenous cocaine users, many business and professional men and women, are believed to be sharing needles. Their sex partners may not even know.

"Women are panicked, obsessed with terror. They're not sleeping at night. Some are afraid to have any sex at all," said Dr. Cohen, who heads one of the nation's first studies of women and AIDS.

"Others are obsessed because they had a single fling years ago or because their hubby may have slept with a prostitute years ago. They cannot get it out of their minds. But those fears are unnecessary," she said.

But Dr. Helen Singer Kaplan, head of the Human Sexuality program at Cornell Medical Center-New York Hospital, applauds the change.

"Women in New York are correctly worried about going to bed with a man. This is true self-protective fear. There's a healthy effect.

"It's a wonderful thing for women to stop, think twice, and check out a potential partner before sex," she said.

Dr.Mathilde Krim, director of the AIDS Medical Foundation in New York, counters:

"Concern is justified, but not the hysteria. Advice to stop having sex is a bit excessive.

"For heterosexual women, every new sex partner is a new risk potentially.

"My advice would be to be extremely circumspect before jumping into bed with someone. Avoid casual sex," she said.

AIDS intrudes on dreams, turning them nightmarish.

"I dreamed I had rabies, foaming at the mouth. I ran from house to house, but all

my family shut me out," said Terry, office manager for a midtown law firm.

"I'm sure it was AIDS. Rabies was just the closest thing my mind could cope with. I'll never forget that feeling of panic and loneliness."

Monnie Callan, a Montefiore Medical Center social worker who has counseled more than 200 AIDS patients and their families in The Bronx, reports:

"There is a tremendous stigma for the partners of AIDS victims, even though they may have been moralistic and monogamous themselves."

AIDS fears know no economic or social barrier.

"A woman doctor came to me as a patient with tremendous anxiety and grief. She had a sexual history of only two men in her lifetime — one a romance of a couple of months, the other her husband," recounted Dr. Stanley Yancovitz, chief of Beth Israel Hospital's Division of Chemical Dependency and an infectious disease specialist.

The doctor discovered her first lover was "bisexual and had a promiscuous history, including someone who developed Kaposi's sarcoma (an AIDS-type cancer). She came to me when she noticed she had swollen lymph glands."

That doctor, to her great relief, tested AIDS antibody negative, Yancovitz said.

Getting credentials is hard, as Jerri noted.

"Men come across totally straight, but may be bisexual."

A professional woman, now in a steady relationship with a man, Jerri said her worries were "not about him, although that's a sensitive question.

"I worry about a couple of beaus I had before — and who they were sleeping with.

"A woman friend who just broke up with her beau is terrified to date.

"Some friends are becoming celibate," she said.

Dr. Sally Peterson, an East Side clinical psychologist, said many of her women patients, unmarried career professionals ages 23 to 40,"have shifted their lifestyles to mor traditional, monogamous relationships that are less risky — even though that's not what their desires are."

"Where they may have felt quite comfortable about asking their partners if they had herpes, and felt they would be candid, with AIDS, they feel they cannot take the risk," she said.

Dr. Sharon Nathan, a clinical psychologist and associate director of the Cornell-New York Hospital Human Sexuality Program, said AIDS fear may just be giving (women) an objective explanation to stop casual sex. They were finding there wasn't much in it for them — that Mother was right all along, it wasn't bringing them intimacy and commitment."

Audrey, a young waitress, said her long-time boyfriend and she "decided not to to break up, largely because we didn't want the risk of dating others and getting something. It's not worth it. We'll work things out."

The trend is clear. Mademoiselle's September issue is running fall fashions alongside a comprehensive article on AIDS and women.

Cosmopolitan, the bible of the single woman for years, and Glamour, both had cover stories on guilt-free ways to say "No" to casual sex.

Yet while the venereal disease rate for gay men plummeted dramatically, 11 per cent this year in the wake of the AIDS crisis, women's VD rate has gone up by the same 11 per cent.

"I wouldn't say they're curtailing sexual activity," said John Miles, director of the city's Bureau of VD Control.

NEW YORK POST 9/10/85

11,000 pupils out in protest

By CYNTHIA FAGEN, SAM ROSENSOHN and DAVID NG

PARENTS kept more than 11,000 Queens children out of school yesterday as the fall term began amid the emotionally-charged AIDS controversy.

The parents were angry over the admission of a second-grader with AIDS to regular classes somewhere in the city.

The boycott is believed to be the largest against the city school system since October 1975, when 20,000 high school students protested a teacher shortage.

"I would give up my life, my home for my kids so why would I take the risk of putting my child in school with an AIDS kid," said Joseph Bass, who kept his 8-year-old daughter Bridgette home.

"God forbid if she should contract AIDS!

"Why expose her? Why take that chance?" Bass said after a day of picketing PS 63 in School District 27 with his daughter and wife, Della.

Partial attendance figures for Districts 27 and 29 showed 11,256 students were absent, said officials of those districts.

Eight-year-old Bridgette Bass of PS 63 in Queens enjoys day off with parents.

The Board of Education disputed the figures, saying only 9000 students were reported absent.

The boycott was sparked by a Board of Ed and Health Dept. decision to allow a second-grader suffering from AIDS to attend regular classes.

The identity of the child and his or her school were kept secret.

City Schools Chancellor Nathan Quinones said the parents who kept their children out of school were "torn apart by fear that is extreme."

"They have to acknowledge that they're punishing their own children.

"They're punishing them because they're depriving them of an education," Quinones said after visiting PS 26 in Flushing, Queens, which was not boycotted.

Quinones, who was joined by Mayor Koch, said the unidentified child with AIDS had been in the school system for three years without passing the killer disease to a teacher or another child.

"What are we talking about? One child out of

946,000 and this child has been in schools for three years without any problems," said Quinones.

The chancellor said he hoped to get the boycott ended by educating parents about AIDS.

He insisted that medical evidence shows the virus cannot be contracted through casual contact.

After visiting the schools, Koch said:

"What are you going to do? Take a child who the doctors have said is not a threat to other children and just cast him in the river?

"No. That's not just. That's not fair. And therefore, we will not do it."

Board of Ed spokesman Joseph Mancini pointed out that 11,000 students represented less than 1 percent of the city's 946,000 pupils, and that only two of 32 school districts were involved in the boycott.

The District 27 school board went to state Supreme Court in Queens to challenge the decision to let an AIDS child receive instruction in the nation's largest public school system.

They also planned to demand in court to be told the child's identity.

Many boycotting parents staged demonstrations outside schools in the two districts.

Partial attendance figures for District 29, where the school board unanimously voted for a boycott, indicated the protest was effective.

At the end of the school day, a district spokesman said the latest figures showed 15,108 students showed up for classes out of an enrollment of 20,370.

In District 27, where parents called for the boycott, nearly-complete attendance records showed an estimated 14,000 students arrived for school compared with the district's enrollment of 19,994 students.

In the district's intermediate and junior highs, attendance was at 6257 out of an enrollment of 7353.

At PS 63 at 90-15 Sutter Av. in Ozone Park, only 156 pupils out of an enrollment of more than 1000 showed up, said a District 27 spokesman.

The principal of PS 90 in Richmond Hill, Kenneth Grover, said only half of about 700 enrolled kids were in class.

"I can sympathize with their [protesting parents'] view," Grover said after the final school bell rang.

"I spoke with a number of parents during the day who hoped it was a one-day protest and that they would get back to the business of education soon."

At PS 60 in Woodhaven, principal Andrew Gatto said that between 40 and 50 percent of the children were absent.

Parents — some with children — picketed outside both schools.

"Enter at your own risk," warned a sign waved by one of 250 parents outside PS 60.

At PS 63, where parents said only 10 percent of the students showed up, demonstrators wheeled a coffin with a child posing as an AIDS victim inside.

Some parents angrily insisted on knowing the identity of the child with AIDS — which authorities have not disclosed — and which of the city's 623 elementary schools the child is attending.

Outside PS 90, PTA president Carolyn Taylor explained:

"The medical authorities have contradicted themselves so many times on this issue.

"There is concern over open wounds and as long as that concern exists, why subject our kids to it?

"They [the Board of Ed] have no right to take away our rights. We have a right to decide what we want.

"I totally support the decision not to send my kids to school."

One mother who sent her twin boys to attend the first day of school at PS 90 disagreed with the protest.

"I feel it's pure panic," said Marie Mikulka.

"I don't want my kids thinking they can't talk to another kid just because they have a disease.

"I believe they can't catch the disease and I think it's terrible to teach children to be panic-stricken."

Regarding the second-grader with AIDS, Board 27 president Samuel Granirer said it is "incomprehensible that a district charged with educating this child does not know who the kid is."

Granirer, who has four children in city schools, insisted the information is needed to ensure the child's health and safety.

He said a second suit may also be filed in federal court.

On Saturday, the city's Special Review Committee ruled that one child with AIDS will be admitted to an unidentified school.

Three others were barred.

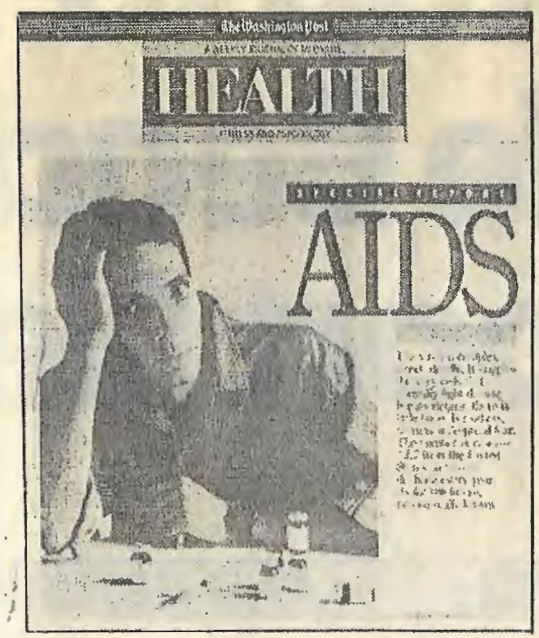
The committee said the child to be admitted has completed nursery school, kindergarten and first grade since he was diagnosed as having AIDS.

"The child had chicken pox and recovered," said Dr. David Sencer, the city's health commissioner.

"The child has remained well and done well and will be allowed to continue in school.

"The child has siblings, and the illness has never been passed on."

Two other children were to be tutored privately, and have never attended public school.



Half of AIDS' known victims are dying; the other half are dead. In a special report, the Health section examines this alarming epidemic whose death toll is doubling every year. (Inside Food.)

AIDS: A Menace Beyond 'Risk Groups'

Research Raises New Fears About Disease's Scope and Virulence

By Boyce Rensberger and Cristine Russell
Washington Post Staff Writers

AIDS, the dreaded new disease of the 1980s, has breached the confines of the few risk groups most often associated with it—male homosexuals, drug abusers, and those infected by contaminated blood or blood products.

Of the more than 12,000 U.S. cases to date, there are now nearly a thousand victims in the United States alone who fit none of the chief risk groups.

New research suggests that AIDS may be transmitted in more ways than originally thought, and that it may infect more tissues in the body than previously realized. Moreover, earlier assumptions that only about 10 percent of those exposed to the AIDS virus would contract the fatal disease are now being questioned. Some researchers now worry about an AIDS time bomb—that after many years, a substantially higher portion of those exposed could become ill.

However, there is some good news from the laboratories where AIDS is being studied. Researchers are testing on monkeys a prototype vaccine for which they have high hopes; if ultimately successful in humans, it could prevent future infections of AIDS virus, though it will do no good for the hundreds of thousands—perhaps millions—already infected.

One thing is clear, researchers say: AIDS is not just a disease of male homosexuals. It is simply a sexually transmitted disease—the only one that is almost invariably fatal.

AIDS was first identified among American homosexual men, whose sexual activities encouraged rapid spread. For them, one New York physician said, it is already a "catastrophe" that will decimate their numbers. But they were never the only victims.

Now it is clear that in other countries, chiefly in Africa, it is a heterosexual disease; about half the victims are women. In several African nations it appears to be spreading rapidly, as it is here, although precise figures are not known. Contact with prostitutes is a common factor in many African cases.

In the United States—as in Europe—the number of cases of AIDS is doubling every year. Government experts expect this rate of growth to continue, which would mean about 17,000 new American cases in 1986, bringing the total here to about 35,000 by the end of next year.

But those suffering from AIDS itself are only the tip of an iceberg. For every victim, there are 5 to 10 more people

See AIDS, A14, Col. 1

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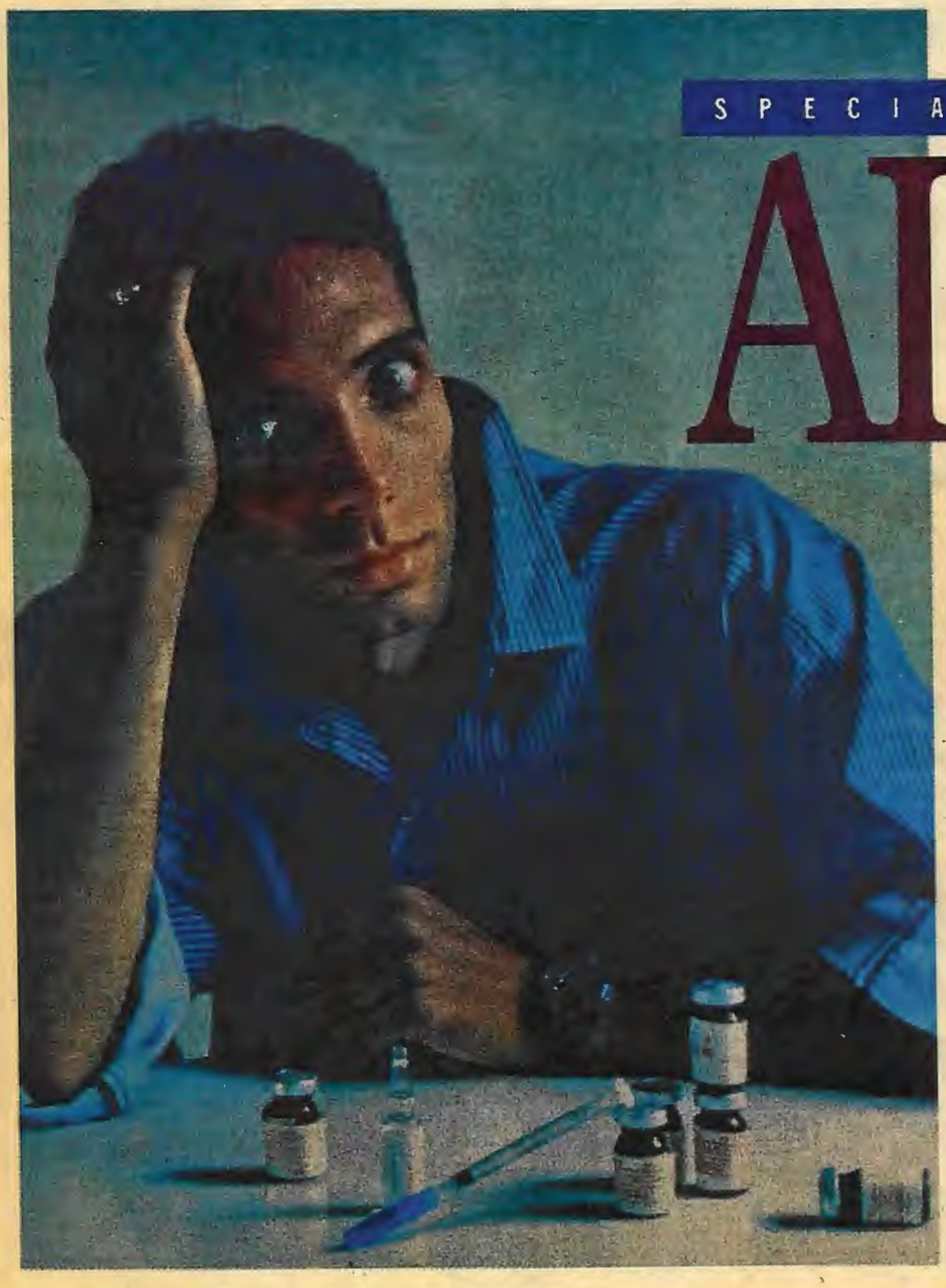
The Washington Post

WEDNESDAY, SEPTEMBER 4, 1985

A WEEKLY JOURNAL OF MEDICINE,

HEALTH

FITNESS AND PSYCHOLOGY



S P E C I A L R E P O R T

AIDS

The virus is complex, direct, deadly. It cripples the very cells that normally fight disease. For its victims, there is little hope. For others, there is widespread fear. The number of cases—12,736 in the United States so far—is doubling every year. As for the future, no one really knows.

AIDS patient Kerry Shapiro.

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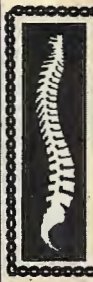

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A DOCTOR'S OPINION
Is it the Pain of Arthritis?

Regardless of age, no one is immune to aches, pains and stiffness. These feelings of discomfort are very important. They are telling us that something is wrong with a certain part of our body and that attention must be given to that area. If the pain is located in the joints, arthritis could be the cause.

There are over one hundred types of arthritis and each type has its own set of symptoms and corresponding treatments. The four most common are Rheumatoid Arthritis, Ankylosing Spondylitis, Gout, and Osteoarthritis. It is estimated that 16 million people in the U.S. have Osteoarthritis seriously enough to cause painful problems. In fact, if we live long enough, every one of us will sooner or later develop this type of arthritis to some degree.

Depending upon the type of arthritis, the onset may be gradual or immediate. It initially is characterized by pain after exercise, stiffness after resting. As it progresses joint movement becomes more limited and swelling increases. The associated pain of arthritis may become so great and the joints so limited in movement that a person may become immobilized.

"It is important that a person with aches in their limbs, back or neck immediately seek proper diagnosis and treatment by a physician," says. Dr. A.M. Ozbey. "The practical approach to treating arthritis is to control the secondary effects of arthritis. By increasing the peripheral blood flow and applying medication directly to the affected area, the pain and inflammation can be reduced. This allows the patient to function in their daily activities."

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SEPTEMBER 4, 1985 VOLUME 1/NUMBER 35

SPECIAL REPORT

AIDS

Half of AIDS' known victims are dying; the other half are dead. And as the death toll rises, AIDS has become another word for fear. A special report begins on page 6.

COVER PHOTO © LYNN JOHNSON—BLACK STAR

The senior Post editor responsible for the Health section is Assistant Managing Editor Ben Cason. His phone number is 334-6410; the Health section phone number is 334-5031. For advertising information, please call (202) 334-7135 or contact the nearest office of Sawyer-Ferguson-Walker Co.

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Letters

A 'Safer' Cigarette?

■ How sad to see that the government is wasting $5.3 million, which could be applied to cancer research, in an attempt to develop a "safer" cigarette [Public Health, Aug. 7].

What's next? A taxpayer-funded study on suicide, so that more people can do it safely?

Lois M. Akin
Fairfax

'Molecules of Emotion'

■ The "Molecules of Emotion" article [Cover Story, Aug. 21], discussing the startling idea that our bodies and our brains are connected, is yet another example of the "So what's new?" or the dense-brain syndrome at work in medicine and research.

Marcia Angell of The New England Journal of Medicine disputes the role of emotion in cancer, while Candace Pert of the National Institutes of Health thinks she has to prove a brain-body connection with laboratory experiments.

About the connection, Sir William Osler (1849-1919) pointed out long ago, and it wasn't news even then: "The care of tuberculosis depends more on what the patient has in his head than what he has in his chest."

As for Angell and Pert, as another sage from the past, Louis Armstrong, once said when talking about jazz: "If you have to ask, you never get to know."

Loretta Hirsh
Washington

■ Candace Pert states: "This is 1985. We're materialists, right? We don't believe in God, right? We believe in chemistry. And we all have emotions, and what are they made of? Neuropeptides."

My, my. It certainly is grand to have someone like Ms. Pert around, someone who understands Everything.

Now that she has Everything all figured out for us, we can finally retire all of our scientists, herself included, and put them to work at honest labor for a change.

Something in the janitorial field might be nice.

Thomas Delevett
Landover

Nothing Natural About It

■ I have always been bothered by promoters of so-called "natural" birth control stating, as did Jean Gaes [Second Opinion, Aug. 21], that it is a method "which has no side effects." Marriages are often harmed (and sometimes seriously) when lovemaking is needed to provide support during times of crisis, to celebrate joy in a couple's life, or simply to provide sexual release, and the intimacy of intercourse must be avoided because "it's the wrong time of the month."

I am aware there are other means of making love besides intercourse, but many times this ultimate lovemaking is needed for complete emotional sharing.

Finally, I do not like the use of "natural" to describe this contraceptive method. It is *un*natural for a married couple not to make love when they want or need to. This method should be called the "abstinence method."

David Roberts
Olney

Well, Yes and No

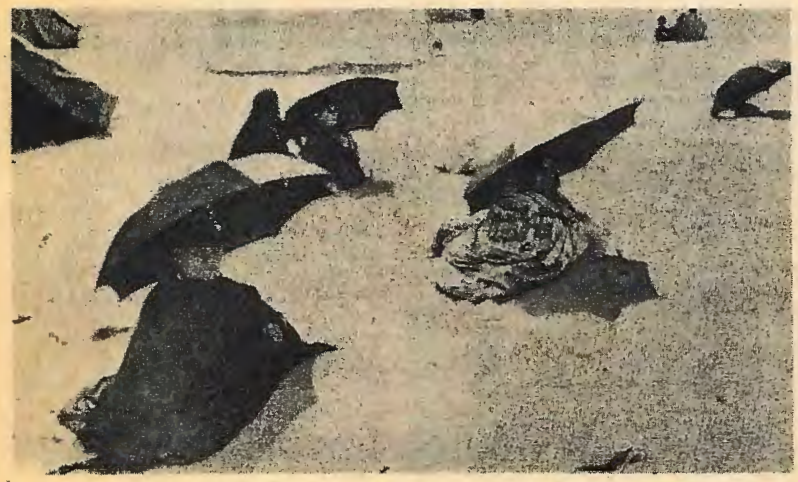
■ May I offer the following as commentary on the current state of the medical arts?

My brother, who lives in the New York area, and I have each recently had coronary bypass surgery. As part of the follow-up procedure, the blood thinner dipyridamole was prescribed for each of us. However, the instructions for taking the little white pills differ. For me, the instructions read: "Take one with meals." For him: "Take one at least one hour prior to meals or at least three hours following meals."

Peter Henle
Arlington

Letters intended for publication must be signed and include the writer's home address and home and business telephone numbers. Letters may be edited. Although we are unable to acknowledge all letters, we appreciate the time and value the viewpoints of those who write. Send letters to Health Section, The Washington Post, 1150 15th St. NW, Washington, D.C. 20071.

News and Notes About Health



Deep Heat

Their lower bodies buried in the hot sand, clients of Khamis Abdel Motagally sit outside their tents at his Sahara Desert Rheumatism Camp near Nazlet El-Simman, Egypt. They've come to the desert in search of relief for stiff and inflamed joints and muscles. Motagally runs the only known desert clinic specializing in the ancient, though still-unproven, treatment for rheumatism.

ASSOCIATED PRESS

By Don Colburn
Washington Post Staff Writer

Rise in Cancer Among Blacks Attributed to Life Habits

Black male Americans, who in the late 1940s had a lower overall cancer rate than white males, now have a far higher rate than white males, white females or black females.

The increase is due partly to psychological and behavioral factors—including consumption of alcohol, cigarette smoking, fatty diets, emotional stress and exposure to carcinogens on the job—concludes a study by two researchers at Pennsylvania State University.

The study, by psychologists Howard R. Hall and Xyna Bell, was reported in The Journal of Black Psychology. It cites these points:

- A higher percentage of black males (46 percent) than white males (38 percent) smokes cigarettes, the leading cause of lung cancer.
- African populations, whose diets tend to be high in fiber and low in fat, have extremely low rates of colon cancer. But American blacks who have adopted high-fat, low-fiber diets are experiencing higher colon cancer rates.
- Blacks are more likely than whites to be exposed to cancer-causing substances on the job, because a higher proportion of blacks works in the lowest-paying, most dangerous occupations where such exposure is greatest.

Baby-Walkers Lead to 20,000 Emergencies a Year

Forty percent of children using baby-walkers are involved in some sort of injury-causing mishap, from finger pinching to tipovers to falls downstairs, warns the Canadian Pediatric Society.

The walkers are responsible for about 20,000 hospital emergency room visits a year in the United States, says the pediatric society in a new report. The total number of injuries is much higher, because most walker accidents are not severe enough to require medical treatment.

The walkers are used by more than 80 percent of households with babies, the society estimates.

"Walkers are, at best, a misnomer and, at worst, a potential cause of injury or even mortality in infants," the report concludes.

Although the American Academy of Pediatrics has not yet issued a formal policy statement on the use of walkers, the chairman of its committee on accident and poison prevention, Dr. Joseph Greenshier, discouraged their use in an article earlier this year.

Obstetricians' Views on Abortion Unchanged in 14 Years

The nation's obstetricians and gynecologists have not significantly changed their attitudes toward abortion in the past 14 years, and few oppose abortion under all circumstances, a new national survey suggests.

Eighty-four percent of the 1,300 ob/gyn specialists surveyed said abortion should be performed under some circumstances, while 13 percent said they would never perform an abortion (3 percent did not respond). The survey, conducted last spring by Needham Porter Novelli and Associates for the American College of Obstetricians and Gynecologists, is the first major survey of ob/gyn attitudes and practices in 14 years.

In the 1971 survey, 83 percent said abortion should be permitted at a patient's request or upon a doctor's recommendation, while 17 percent disagreed.

Among the 13 percent who refuse to do abortions under any circumstances, more than half said they refer patients who want an elective abortion to other doctors.

Of those who said abortions should be performed under some circumstances, more than 90 percent cited the woman's physical health, rape or incest, or fetal abnormalities as legitimate reasons for elective abortion in the first three months of pregnancy. Other acceptable reasons included: the woman's mental health (cited by 84 percent), the woman's personal choice (75 percent) and socioeconomic difficulties (71 percent).

Beyond the first trimester, the most frequently cited acceptable reason for an abortion was the woman's physical health (75 percent), rape or incest (68 percent), the woman's mental health (56 percent), socioeconomic difficulties (36 percent) and the woman's personal choice (36 percent).

Singers' Lungs Show No Innate Advantage

Singers and people who play wind instruments don't have more innate lung capacity than anyone else, a New York study shows.

But different kinds of musicians have very different health habits, according to the study in the current edition of Chest, the journal of the American College of Chest Physicians.

The study compared one group, consisting of 34 singers and 48 wind instrumentalists, with a group of 31 who played string or percussion instruments.

While there was no discernible difference in lung capacity, those who played wind instuments weighed significantly more than the others, write Dr. Beth Schorr-Lesnick and several colleagues.

Singers, on the other hand, rarely smoked and usually exercised regularly.

Wind players complained most of stress and nervous disorders; string and drum players complained of muscle aches.

Psychologist Questions Use of Biofeedback

Clinical psychologists who use biofeedback on patients need "a stronger dose of experimental science and its interpretation," says a psychologist at the Scripps Clinic and Research Foundation in La Jolla, Calif.

"Too many clinicians continue to believe what they want to believe about the specific clinical efficacy of biofeedback in the face of experimental evidence to the contrary, or in the absence of supporting experimental evidence even after more than 15 years of effort," says Alan H. Roberts, director of behavioral medicine at Scripps.

The history of biofeedback therapy, Roberts writes in American Psychologist, the magazine of the American Psychological Association, reveals "practically no meaningful relationship between research findings . . . and the clinical practice of biofeedback."

Despite its growing popularity in the past 15 years, he says, there is "absolutely no convincing evidence that biofeedback is an essential or specific technique for the treatment of any condition."

Roberts, who quit the Biofeedback Research Society when it changed its name to the Biofeedback Society of America, says the movement of clinical psychology "from the tough-minded toward the tender-minded" in the past decade "has led to a kind of muddleheadedness, or uncriticalness, that does not serve either our profession or our clients well."

Roberts calls on graduate schools to put more emphasis on training clinical psychologists to understand and interpret scientific data.

On the Pulse

Hair grease is a fire hazard, warns a Johns Hopkins lung specialist. Hair dressed with petrolatum and other soft paraffins, says Dr. Rebecca Bascom, is easily ignited by a lit cigarette or an open fire and "catches fire quickly, like a torch" . . . Every year, about 60 alcoholics die from drinking antifreeze, Emergency Medicine reports. Antifreeze has a sweet taste and produces the euphoric effect of alcohol, but is deadly . . . Healthy feet send "power messages" to the brain, a Wisconsin shoe executive claims in a press release. "Too many professionals today are walking around in shoes that don't fit properly," he says. "No wonder we are seeing some rash resolutions coming out of government and out of the mouths of some executives" . . . ■

Washington Post staff writer Paul Berg contributed to this column.

SPECIAL REPORT

AIDS

ILLUSTRATION BY BOB DANIA FOR THE WASHINGTON POST

No one has ever recovered from AIDS.

Since acquired immune deficiency syndrome was first recognized in 1981, the grim totals have risen at an accelerating rate and now are doubling every year. The latest U.S. toll: 12,736 known cases, 6,376 known deaths. In the District: 207 cases, 103 deaths.

For those who have it, for those who have been exposed to it and for those at risk of getting it, AIDS has become another four-letter word for fear.

More than 1 million Americans may have been exposed to the AIDS virus; about one in 10 of those will come down with AIDS. A person carrying the AIDS virus carries it for life, and most who are infected do not know it yet.

What sets AIDS apart from other epidemics is not sheer numbers—influenza will kill many more Americans this year. But as the numbers have grown, their pattern has remained alarmingly constant: Half of AIDS' known victims are dying, the other half are dead.

AIDS is not a single disease but a lethal condition of risk. The AIDS virus attacks and disables the body's immune system, the very cells that normally protect against infections. A patient with AIDS is vulnerable to a long list of "opportunistic" infections that the immune system normally would fight off harmlessly. Median survival is about one year.

The AIDS virus has been found in blood, semen, saliva and tears, but there is no evidence it can be transmitted by casual contact such as shaking hands, coughing or being in the same room. As infectious diseases go, AIDS is relatively hard to contract. It is spread almost exclusively by exchange of bodily fluids through sexual relations or sharing of intravenous needles.

Ninety percent of the reported cases of AIDS fall into two groups: gay or bisexual men and intravenous drug users. This has colored public reaction to the disease from the start, heightening the fear and, critics say, delaying mobilization of a public health effort against AIDS.

It also has led some to call AIDS "the plague of the 20th century" and compare AIDS victims to lepers. Besides the physical and mental ravages of their illness, patients with AIDS often face poverty—medical costs alone average $114,000 per case—and the isolation and stigma of being treated as outcasts.

Anyone with AIDS has experienced or heard the horror stories—of patients disowned by their families, fired from jobs, shunned by friends, denied care in hospitals.

"We're going to look back at this in five years," says Caitlin Ryan, program director of the AIDS Education Fund at Whitman-Walker Clinic in the District, "and we're going to be shocked at what did and did not happen."

In 1983, Health and Human Services Secretary Margaret Heckler called AIDS the Public Health Service's "number one priority," but the Reagan administration repeatedly cut that agency's budget requests until recently, when it asked Congress to boost appropriations for AIDS research in fiscal 1986.

AIDS is an enormously complex illness about which much remains unknown, including its origin. The best guess is that it's a mutant virus that originated in central Africa in the green monkey and spread to humans, who carried it to the Caribbean and North America in the late 1970s.

It came to light nearly five years ago, when doctors in New York, San Francisco and Los Angeles began seeing surprising clusters of cases of two rare diseases—Kaposi's sarcoma and pneumocystis carinii pneumonia—in previously healthy young gay men. Kaposi's is a cancer found almost exclusively in elderly males of Mediterranean descent, and pneumocystis is usually found only in people with suppressed immune systems, such as cancer or transplant patients.

On the basis of such reports, the Centers for Disease Control announced in mid-1981 the existence of a new disease, and the AIDS epidemic was under way. Two years later, scientists identified the virus responsible—dubbed HTLV-3—and have since developed a test indicating exposure to it. That test is used to screen blood donations.

But still there is no cure. An AIDS vaccine, scientists say, remains a long shot. The best hope is to prevent the spread of the disease by screening blood transfusions, discouraging intravenous drug abuse and encouraging safe sex practices among high-risk groups.

"We would be short-sighted," wrote Dr. Edward Brandt Jr., former assistant secretary for health, in the foreword to a new textbook on AIDS, "if we did not heed a key lesson of this epidemic—namely, that science alone is not enough." ■

SPECIAL REPORT

Poll Shows Widespread Awareness, Misguided Fears About Disease

By Victor Cohn
Washington Post Staff Writer

Almost everyone now fears that AIDS might strike them, not just people in especially vulnerable groups, a new Washington Post survey shows.

Seven in 10 people in the Washington area now think AIDS threatens "the general public," not just homosexuals or other members of high-risk groups. In a nationwide poll two years ago, only one in three thought AIDS would become a public threat.

Nearly one person in four here says he or she has done something to try to avoid exposure to this still spreading disease, and virtually everyone is aware of it.

Seven persons in 10 reject—and only one in 10 accepts—the notion "that AIDS is God's punishment" of homosexuals. But many told interviewers they are avoiding homosexuals.

Many said they have changed their sex habits to avoid casual partners, "sleeping around" or prostitutes.

One person in three thinks it is unsafe to associate with someone who has AIDS, even if there is no physical contact, and many more are not sure whether it's safe.

An alarmed elementary school teacher went even further. She said she "would not wipe a student's tears, now that AIDS virus has been found in tears."

A District man said AIDS has "made me a lot more picky about who I mess with."

These are among the results of the Washington Post survey, which shows that the public here has become overwhelmingly convinced that AIDS is a serious public health menace that can personally affect them. The findings are reported by Washington Post survey director Barry Sussman and polling assistant Ken John, who directed a telephone survey of a random sample of 1,057 adults in the metropolitan area.

The results impress those who measure public awareness of problems of all kinds. Ninety-seven percent of those surveyed knew about AIDS. The number who know about any issue—medical, political or economic—is usually much less. A few years ago only 44 percent of the public knew that the Democrats controlled the House of Representatives, and 58 percent that the Republicans controlled the Senate.

The results also might surprise anyone who has read the repeated statements of doctors and scientists that AIDS can only rarely, if ever, be transmitted except by direct and intimate exposure to blood, semen or other body fluids of AIDS victims or carriers. The almost one in four who answered "yes" when asked, "Is there anything you yourself are doing to avoid exposing yourself to AIDS?" showed that many fearful persons are more skeptical.

Many are taking almost certainly useless measures—avoiding restaurants, for example, because they "might" have gay employes.

And the number of area residents—13 percent—who say they work at a job that might expose them to AIDS is probably much greater than the uncertain number whose work actually might put them at any risk.

When the seven in 10 who think AIDS is already a public health threat are joined by those who think it will become one "in the next few years," the total so convinced becomes eight in 10.

Four percent said they personally know an AIDS victim. This translates to more than 80,000 persons in the Washington area.

Fifty-three percent said the government is spending "too little" on AIDS research, only 2 percent said it is spending too much, and 16 percent said it is spending about the right amount. Under pressure from critics, the Reagan administration is now asking Congress to vote $126.3 million for AIDS studies, up from the $85.6 million the president requested last January.

AIDS virus was recently found in tears of an affected person. But simply wiping away a person's tears is not likely to transmit AIDS. All the evidence to date indicates that the main threat comes from sexual or other intimate contact with victims or carriers or contaminated blood—by sexual acts, use of a contaminated needle or a transfusion of affected blood.

Many persons nonetheless said they are shunning all contact with homosexuals. "I am not hanging out with gays," one man said. Others said: "I won't go near a homosexual," "I'm staying away from gay hangouts," "In a social situation with a gay population, I do not drink from the same glass or smoke their cigarettes when a cigarette is passed," "I am not kissing my gay hairdresser."

Many reported more prudent sexual behavior. From men: "I'm doing less hugging and kissing," "I'm staying away from casual relationships," "I'm limiting my one-night stands," "I'm going out with girls only," "I'm not going out with bisexual chicks."

Also: "I no longer use prostitutes," "I've cut down on going to massage parlors," "I'm being faithful to my wife and hoping she is doing the same."

And from women: "I'm not sleeping around," "I don't date anyone who is bisexual," "I don't mess around with anyone except my boyfriend, and hopefully he's not messing around with anyone with AIDS."

Other women said: "I'm a good girl and stay in at night," "I'm not having sex. You can't stop socializing, but you can avoid having sexual intercourse." And some men reported: "No sex with anybody," "I don't mess with nobody!"

Some said they are praying. Several said they have stopped giving blood—though there is no danger of catching AIDS by doing so—and some said they are wary of transfusions, although blood is now being checked for evidence of the AIDS virus.

Many sought to avoid the virus by "staying away from dirty bathrooms," "public bathrooms," "water fountains" or "hot tubs and swimming pools," though, again, there has been no evidence of transmission via these sources. A physician said: "I don't use public telephones at Dupont Circle."

Nurses and other health workers reported being especially careful about using gloves, gowns and masks and other precautions when treating AIDS patients. But some nonmedical workers reported being almost as concerned—without good reason, doctors would say—just because they are in contact with "the public."

"I research problem accounts and exchange pens and paper with the public," said one worried woman.

Not everyone reported such extreme fears. One man said he does "nothing more than good personal hygiene—you can't just avoid people because you never know who's a carrier or who has it until they're very ill." ■

Many persons said they are shunning all contact with homosexuals. "I am not hanging out with gays," one man said. Others said: "I won't go near a homosexual," "In a social situation with a gay population, I do not drink from the same glass," "I am not kissing my gay hairdresser."

WASHINGTON POST POLL

Poll Results: 97% in Area Have Heard of AIDS

Q. First, have you heard or read anything about the disease called AIDS, which stands for acquired immune deficiency syndrome?

Yes	97%
No	3%

Q. Are you yourself acquainted with anyone who has had AIDS?

Yes	4%
No	96%

Q. So far, instances of AIDS have turned up mostly among homosexuals, and some people say AIDS is a punishment God has given homosexuals for the way they live. Others say that not all people with AIDS are homosexual and that there is no reason to think of AIDS as punishment from God. Which of those views is closest to your own?

AIDS is a punishment	11%
AIDS is not a punishment	70%
No opinion	19%

Q. Do you think that AIDS is spreading so that it is now a threat to the general public in the United States, or not? If no or no opinion: Do you think AIDS is likely to become a threat to the general public in the next few years, or not?

	A THREAT NOW	A THREAT NOW OR IN FUTURE
Yes	70%	81%
No	19%	10%
No Opinion	11%	9%

Q. Do you think the government is spending too much money on AIDS research now, not enough or about the right amount?

Too much	2%
Not enough	53%
About the right amount	16%
No Opinion	29%

Q. Do you work in an occupation or at a volunteer job that you think is more likely than other kinds of work to expose you to AIDS?

Yes	13%
No	84%
No opinion	3%

Q. Assuming there is no physical contact, do you think it is safe or unsafe to associate with someone who has AIDS?

Safe	44%
Unsafe	34%
No opinion	22%

Q. Is there anything you yourself are doing to avoid exposing yourself to AIDS?

Yes	23%
No	74%
No opinion	3%

The Washington Post public opinion poll on AIDS was conducted by telephone in the Washington area from Aug. 22 to 25. A total of 1,057 persons, selected at random, were interviewed.

All those surveyed were residents of the District of Columbia, Montgomery County, Prince George's County, Charles County, Arlington, Alexandria, Fairfax County, Fairfax City, Falls Church, Prince William County or Loudoun County.

The sample was adjusted slightly to conform to Census Bureau figures for the overall population in regard to age, education and sex.

Theoretically, in 19 of 20 cases a poll of 1,057 persons is subject to a margin of error of about 3 percentage points. Practical difficulties in sampling may introduce other errors, so it cannot be stated with certainty that the poll's findings are within that range.

SPECIAL REPORT

'I Just Started Crying'

People With AIDS Struggle to Live in the Shadow of Death

© LYNN JOHNSON—BLACK STAR

Kerry Shapiro

"People mean well, and they try to keep your spirits up. They tell you you're going to get well and they're going to find a cure. You really know the truth."

— Kerry Shapiro

By Don Colburn
Washington Post Staff Writer

For months, Kerry Shapiro had been feeling tired—neither well nor sick, "just this constant mild fatigue."

His only outward symptom was a swollen lymph node on his neck below his left ear. No weight loss, no night sweats, no diarrhea, no fever, no blotches on the skin. His doctor attributed the tiredness to depression and prescribed antidepressants, which didn't help.

Then, a year ago last April, Shapiro had the lymph node removed. Four days later the surgeon called him at home to tell him he had a rare malignancy called Kaposi's sarcoma. He was sent to the National Institutes of Health for more tests.

While checking in, he noticed what had been written in the blank under diagnosis:

"AIDS."

"I just started crying. It was the first time it had been said or I had seen it. No one had ever said to me, 'You have AIDS.'

"Deep down I knew, but I had been trying to fool myself into thinking it was something different."

At age 25, after months of chronic fatigue, uncertainty and hoping-against-dread, Kerry Shapiro finally knew he was dying of AIDS.

Today, he lives alone in a pin-neat efficiency apartment off Connecticut Avenue, clinging to what remains of his independence and privacy even as his strength dwindles and the realization grows that he cannot take care of himself much longer.

"Every day I feel worse and worse, and my energy level goes down," he says. "For me to get up and get showered and dressed and maybe go out and run one small errand uses just about all my energy. If I go out to dinner, that wipes me out."

Unlike many patients with Kaposi's sarcoma, Shapiro has almost no lesions on his skin. But he has had internal lesions that burn in the back of his throat and upset his stomach after most meals.

One of Shapiro's kitchen cabinets is a miniature pharmacy, filled with antibiotics, painkillers, sleeping pills, ulcer drugs and other medications. He gives himself daily injections of interferon, a promising but still-unproven treatment.

He weighs about 100 pounds, down from 128 before he got sick. Last spring, following radiation treatments to shrink the lesions in his throat, he went nearly two weeks without eating a full meal and fell to 86 pounds.

Shapiro, who quit his job as an optician more than a year ago, spends more and more of his day at home, resting or sleeping, watching TV or talking with friends on the phone. He says he can feel his attention span getting shorter, his mind becoming less keen.

And watching friends die, it gets harder and harder to keep up hope.

"People mean well, and they try to keep your spirits up," he says. "They tell you you're going to get well and they're going to find a cure. You just sort of let it go in one ear and out the other.

"You really know the truth."

AIDS, he says, "leaves no part of a person's life untouched—physical, psychological, emotional. And it's not a quick disease, either. You see people linger and suffer. These are people, for the most part, who are young and previously healthy.

"It's very saddening. It's very maddening."

One of Shapiro's friends is Sunnye Sherman, 34, who was diagnosed as having AIDS nearly two years ago. She is something of an anomaly among people with AIDS—a woman, one who never, before she got sick, took intravenous drugs.

Sherman is all but certain she contracted the disease several years ago during a relationship with a bisexual man. She has many close friends in the gay community and has dated many bisexual men.

"When I first came down with AIDS," she says, "people thought I must be a lesbian, because it's [perceived as] a homosexual disease. Actually, lesbians are the safest group of all from catching AIDS."

When Sherman, a legal secretary, revealed her illness at the law firm where she worked, she says the first reaction was: "Don't come back, and don't tell anybody why."

She had always been overweight. In her twenties, she weighed up to 210 pounds. She loved to cook, party and go out dancing, but was self-conscious because of her weight.

"I couldn't take the social pressures of a straight bar," she says. "But when I went with a gay man to a gay bar, I had no problems. There was no role-playing. I could be myself."

Today, her weight hovers just above 100 pounds, no matter how hard she tries to force down fattening foods.

"When you're fat, your dream is to be able to eat anything you want and not put on weight," she says, softening the irony with a laugh. "Now that dream has come true."

A person with AIDS, says Caitlin Ryan, program director for the AIDS Education Fund at the Whitman-Walker Clinic, "is someone who's losing bit by bit."

Their natural immune systems ravaged by a mysterious virus, AIDS patients such as Shapiro and Sherman are prey to a host of common and exotic infections. They learn the relativity of health and measure days in tiny steps.

When she's feeling well, Sherman sets goals for herself, such as "Today I'm going to take a walk down to the trash room," or "Today I'm going to go pick up the mail."

A good day is "being able to get up and fix my meals and walk around the house without huffing and puffing and having dizzy spells." A bad day is when she lacks the strength to get out of bed and her stomach is so cramped she cannot bring herself to eat.

A trip to the bathroom can be exhausting. Stairs are out of the question. It's a struggle to fix French toast.

"First you take out what you're going to fix, and then you sit down to rest. Then you put the French toast in the microwave, and then you sit down to rest. Then you take it out and walk back to the living room and eat it, and then you lie down and rest.

"Everything's done in little stages."

"The key rule in this disease," agrees Kerry Shapiro, "is one day at a time."

SPECIAL REPORT

"I can't plan ahead. The bottom could fall out the next day."

Sherman is one of the few AIDS patients known to have survived three bouts with pneumocystis carinii, a rare pneumonia. Another bacterial infection, present in dust and carried by pigeons, robs her of appetite and energy.

"We're all exposed to it," she says. "Your immune system can fight it off. Mine can't."

A powerful drug called amikacin sulfate held the infection in check last year, but had to be discontinued because of a frightening side effect: Sherman started to go deaf.

The infection returned, however, Sherman began losing weight again, and last week she and her doctors faced an agonizing choice. If they resumed using the drug, she would lose her hearing altogether. If they didn't, she would risk death from weight loss.

Last Wednesday, she began taking the drug again.

Sherman talks about such high-stakes dilemmas with disarming equanimity, even humor. She continually uses the word "lucky" to describe herself. Lucky to have her mother, Ina, nearby. Lucky in her friends, her case manager, her doctors and nurses at NIH. Lucky to have lived this long—22 months—since her diagnosis.

"Sunnye is a trouper," says Kerry Shapiro.

One of the things that keep her going is the challenge of educating the public about her disease. As much as any other patient, she has gone public with AIDS. She has been a formal or informal counselor to dozens of Washington-area AIDS patients. She has appeared on network television and on the cover of Life magazine. Fan mail arrives from across the country; a couple in their sixties in Alaska keeps sending her picture postcards and, for reasons she still can't fathom, sticks of Doublemint gum.

"People call me and say, 'Is this Sunnye Sherman, the star?' I say, 'No, this is Sunnye Sherman.' "

"Sunnye has been a rock for most of the people she knows," says Jack Sanders, a volunteer from the Whitman-Walker Clinic who has become perhaps her closest friend and confidant. "If they were in trouble, Sunnye was there. She's been lucky in being able to turn that around for herself, through all the grief and terror and sadness she has known."

As Sherman's case manager, Sanders checks up on her almost daily by telephone or in person. If she's feeling well, he may take her out to a movie or for a drive. If not, he may drop by to fix a meal or share a pizza or watch "Ryan's Hope" or "All My Children" or just talk. He has almost never seen her cry, but sometimes she gets quiet and he can tell she is depressed and they lie together on the bed, arms around each other, saying little or nothing, just holding and being held.

"There's not a whole lot of people from my support group I talk to anymore," Sherman says. "Most of them are dead."

Several months ago, Sherman and Jack Mitchell, a member of her original support group, volunteered to speak to a group of visiting nurses. The two talked firsthand about the pain, isolation and fear of AIDS.

"You feel like pieces of your life are being taken away," Mitchell, 37, told the nurses. "You reach the point where you don't have any control any longer over any aspect of your life."

BY DAYNA SMITH—THE WASHINGTON POST

Sunnye Sherman

In a barely audible voice, Mitchell described how he had been fired from his job as a hairdresser, how he had lost his credit and been forced to file for bankruptcy, how he had not had an intimate sexual relationship since his diagnosis, how his only brother also was dying of AIDS, how he had tried to take his own life, how he feared for his parents, who were losing the only children they had.

"We worry more about the people we're leaving behind," Sherman says.

Three weeks ago last Saturday, Sherman went to Wolf Trap to hear Mozart's opera "The Magic Flute." She had bought five front-row box-seat tickets months before, hoping she'd be well enough to go. She invited four guests: her mother, her case manager, Jack, and his lover, Bruce, and Kerry Shapiro. They wheeled her wheelchair from the parking lot to the dinner tent for a gourmet picnic, and then to the amphitheater, where they parked the wheelchair and escorted her down the steps to her seat, Jack on one arm and Bruce on the other.

It was a rare, wonderful evening out, a reminder of glamor and life before AIDS.

But Sunnye Sherman knows the odds. Of the dozens of people with AIDS she has met, only two others have survived as long as she has.

"My mother always says, 'You're going to be the first to get well from AIDS,' " she says. "But I've got to be realistic and look at the statistics—I was diagnosed almost two years ago—and be grateful I've lived that long." ■

BY BILL SNEAD—THE WASHINGTON POST

"First you take out what you're going to fix, and then you sit down to rest. Then you put the French toast in the microwave, and then you sit down to rest. Then you take it out and walk back to the living room and eat it, and then you lie down and rest. Everything's done in little stages."

— Sunnye Sherman

SPECIAL REPORT

Discrimination Born of Fear

ILLUSTRATION BY STEVE MENDELSON—THE WASHINGTON POST

"We have had cases where dying people were denied permission to have visitors in the hospital."

— Timothy Sweeney, Lambda Legal Defense Fund

By Michael Specter
Washington Post Staff Writer

In Virginia a man with AIDS is told to apply for food stamps through the mail. Nobody in the welfare office wants to sit down and talk with him. Television crews in New York and Washington refuse to film AIDS victims, and an Indiana judge had charges dropped against an alleged bicycle thief rather than expose the court and sheriff's personnel to a man with AIDS.

Such tales of fear and discrimination are common throughout the country as the AIDS epidemic grows and the hysteria and misconceptions that accompany the disease become more apparent.

"We have had cases where dying people were denied permission to have visitors in the hospital," says Timothy Sweeney, executive director of the Lambda Legal Defense Fund, a New York civil liberties organization that has published a legal guide to help people battle AIDS-related discrimination. "The housing and employment discrimination has already been clear," he says, citing firings of AIDS victims and denial of housing to members of AIDS risk groups.

As the number of reported AIDS cases mounts, numerous institutions—including insurance companies, health organizations, funeral homes and police departments—are considering new policies because of the disease.

The insurance industry has become particularly concerned about AIDS, primarily because most of its victims are young men—who generally have a low mortality rate and are traditionally counted on to make few insurance claims—and because the disease is ruinously expensive to treat. While costs vary widely from city to city, the Centers for Disease Control estimates that AIDS treatment costs range from $40,000 to $140,000 per patient. Sixty percent of all life insurance policies are purchased by men in the 20- to 46-year-old range, according to the American Council of Life Insurance.

"The industry is trying to figure out what to do right now," says Robert Bier, a spokesman for ACLI. "Obviously, the disease has some frightening implications for us."

With billions of dollars at stake, life insurers and health carriers are looking at imposing higher premiums on single men, and in some cases are considering requiring potential clients to have their blood screened for the presence of antibodies to the virus that causes AIDS.

"But if we used the blood test we could run right into some antidiscrimination laws," he says. "If the trends continue, insurers will feel a lot of pressure to change their practices." The major change would be to deny insurance coverage to those most at risk, which—some activists fear—may include single males with a history of veneral disease.

Only two states, Wisconsin and California, have specific laws that would prevent insurance companies from imposing the test. But gay leaders and civil liberties activists worry that companies in other states will require prospective applicants to submit to the test.

"What do you do, test every single male in a metropolitan area for the antibody?" asks a legislative aide to the House Energy and Commerce subcommittee on health and the environment. "Are you going to deny insurance based on a positive test?"

Recently, the medical director of Midland Mutual Life Insurance Co. in Ohio wrote to the state health department suggesting that "known or suspected homosexual males" should be denied health and life insurance.

"We are very troubled by the trends," said Lou Fabro of Nationwide Insurance Co. "But we are not sure what can be done right now. You certainly don't go around asking people who apply for insurance what their sexual preference is."

Gay rights activists point to a New York state law that prohibits insurance companies from asking women whether or not their mother ever used DES, a synthetic estrogen that was commonly used in the 1950s in the mistaken belief that it prevented miscarriages. The drug now has been associated with increased rates of cancer among women.

In effect, the New York law is a social policy that prevents companies from discriminating against women for physical defects that they may have as a result of DES, and may set a precedent for the illegality of discriminating against homosexuals as a result of AIDS.

The disease also has created new markets and new needs.

"We have sold thousands of protective kits," said Harold Haabestad, president of Hydrol Chemicals, which offers protective apparel for employes of funeral homes, hospitals and other institutions where AIDS is a continuing concern.

The kit consists of a rubber safety mask, gloves and a bonded rubber safety apron to wear over clothes. There also are special disposable glasses with side shields and a hood. The kit costs $15.95.

"It is not only for AIDS, but that is clearly why most people are buying the kit," said Haabestad, who noted that sales are rising almost in proportion to the increase in cases.

In many cities instances of discrimination—both against victims of the disease and against people who are at the highest risk—have been countered with attempts by elected officials to protect civil rights. The Los Angeles City Council has adopted a resolution banning discrimination against AIDS victims. Some other cities are considering similar rules.

But so far, fear has had the upper hand. Most AIDS victims do not have strong political clout. So when they are evicted from their apartments or fired from their jobs, they often have nowhere to turn. Legal remedies are costly and lengthy. Many who sue are dead before their cases go to court.

"It's a constant battle," said Richard Dunne, executive director of Gay Men's Health Crisis, one of the nation's leading organizations devoted to counseling and treating AIDS victims. "Even for the healthiest person, job discrimination or unfair housing policies can be very tough to fight. Insurance is very complex.

"For someone who is deathly ill, these problems sometimes seem unsurmountable. And unfortunately, they often are." ■

SPECIAL REPORT

To Know You've Been Exposed

Experts Differ on Whether People at Risk Should Take Antibody Test

By Paul Berg
Washington Post Staff Writer

Like an estimated 1.2 million other Americans, Bill, a healthy 34-year-old federal government analyst, has been exposed to the virus that causes AIDS. Unlike most of them, he knows it.

A blood test that Bill took in July revealed the presence of antibodies to HTLV-3, the AIDS virus. Designed to screen the nation's blood supply, the test also is widely available to determine whether people in high-risk groups—particularly sexually active gay men—have encountered the virus.

A negative test result is strong evidence that one has not been exposed and therefore will not get AIDS.

The meaning of a positive result is less clear. Scientists estimate that at most one out of 10 people exposed to the virus will get AIDS within five years. They don't know which ones, they don't know when and they don't know why.

People who test positive are left mainly with doubts.

"One looks at one's values," says Bill, who may be an AIDS carrier but has no symptoms. "Life is very transient. I could be sitting in an aircraft with 30 minutes to write notes to loved ones before we crash.

"Or I may have something lurking inside me which five years from now may manifest itself."

Such doubts have led to a variety of reactions:

- In the District, personal ads have begun to appear in The Washington Blade, the city's gay newspaper, describing the advertiser to prospective dates as "HTLV-3 negative."
- In San Francisco, most gay men who at first said they would take the blood test have, on second thought, decided not to, according to one survey. "As the test became a reality," says researcher Stephen F. Morin of the University of California at San Francisco, "the psychological conflicts became more real."
- In Paris, two gay men reportedly committed suicide in June after learning their blood tested positive for the virus. Doctors treating AIDS patients acknowledge the reports but decline to discuss specifics, citing patient confidentiality.

Fears such as these—and the psychological trauma associated with them—have prompted Washington's Whitman-Walker Clinic and some other gay-oriented health services to advise people not to take the test.

"For the most part, the gay population is not taking the test," says Jason Whiddon, head of Whitman-Walker's HTLV-3 antibody testing program. "I think a lot of them just don't want to know, and we're not discouraging them from not knowing."

But since recent publicity about AIDS, including the news that actor Rock Hudson has the disease, the clinic's Wednesday night screening sessions have been filled to their 50-person capacity.

Whiddon says that regardless of how the test comes out, people should take the same steps to prevent the spread of AIDS. "The results are of intellectual interest at best," he says. "No matter what the results, anyone at high risk should be practicing safe sex."

"Safe sex" means avoiding the exchange of body fluids—especially semen and blood, and to a lesser extent saliva—which are implicated in the transmission of AIDS. Safe sex practices also help prevent contact with other viruses that scientists believe may join forces with the AIDS virus and trigger the severe disease.

But some other experts don't believe people should avoid the blood test.

"Lack of information really doesn't help anybody," says Thomas Coates, a psychologist at the University of California at San Francisco. He has counseled about 20 people who carry the virus.

"People have the responsibility to know, because it has implications for how they take care of themselves," says Coates, who is involved in a major study of gay men in San Francisco.

Knowing one carries the virus, Coates says, can be the jolt needed to modify sexual habits and to protect the immune system by generally taking better care of oneself.

"When someone finds out they're antibody positive," Coates says, "what it does is personalize the epidemic and make them feel very vulnerable."

He says that after a patient learns he has been exposed, he usually reacts with a short period of emotional crisis, then enters a two- to three-month period of celibacy, followed by a slow, careful reentry into sexual relationships.

Such awareness is viewed by some as the best way to stop the spread of AIDS.

"This is the real way one is going to control it—to be aware who's at risk" of transmitting the virus, says Richard Decker, manager of AIDS research at Abbott Laboratories in North Chicago, the leading manufacturer of the antibody test. "Some people can accept facts and live with them. Other people can be so concerned by the information that they have it, it will destroy their life."

Once people know whether they are carriers, he says, "what they do about it—well, we can't offer any advice."

People who go to Whitman-Walker in Adams-Morgan to take the free test first must attend a session explaining what the test means and how it works.

It can take from two to six months to develop antibodies after exposure to the virus, experts say. If someone tests negative, "he may have been exposed and just hasn't developed the antibodies yet," Whiddon says. An estimated 2 to 3 percent may never develop antibodies, and it is unknown whether those people will get AIDS.

If the blood tests positive or questionable, the sample is checked again.

By this time, results are usually clearly negative or clearly positive, Whiddon says. But if doubt remains, the test is sent to Abbott for a more sophisticated and expensive test.

People must come into the clinic to receive their results from a trained counselor.

"A lot of people cry," Whiddon says.

Those who test positive sometimes ask whether the results were a "strong" positive or a "weak" positive. Scientists speculate that if AIDS is like some other viral diseases, such as hepatitis B, those with a strong positive may be the ones most likely to get AIDS, while those with a weak positive may be able to fight it off, says Abbott Laboratories' Decker. "But we don't know when it's going to change" from weak to strong, he says.

Nor do scientists know why some people get no symptoms, others develop AIDS-related complex (ARC), a set of symptoms including fatigue and weight loss, and others die of AIDS.

Of those people who test positive, an estimated 20 to 25 percent will develop ARC, which sometimes, but not always, leads to AIDS.

BY HARRY HAMBURG—THE WASHINGTON POST

Jason Whiddon, head of the Whitman-Walker Clinic's AIDS antibody testing program, talks with other clinic staff members.

Scientists don't know how people who have been exposed to the virus can avoid getting AIDS, a reason cited by men in the San Francisco study for not taking the test.

Some researchers hope to answer that question.

"We're looking at how the test or other pieces of information might change people's attitudes and behaviors, preventing it from going to ARC or AIDS," says psychologist Lydia Temoshok of the University of California at San Francisco.

Temoshok and other researchers, funded by the National Institute of Mental Health, studied AIDS patients—and some people who had the virus but no symptoms—in London and Paris, comparing their coping abilities with those of San Francisco patients.

In London, members of a support group called The Body Positive believed taking the blood test "was critical to helping them change their behavior." Changes have included practicing safe sex, forming "closer relationships based on other than physical attraction," and in general trying to maintain good health.

"Other infections or stress may push you along the course," Temoshok says.

But she also concedes that knowing one carries the virus can itself be a source of stress.

Bill, the government analyst, knew two people who died of AIDS. For him, the stress is worst part.

When he went to Whitman-Walker, he was confident he had not been exposed and was seeking reassurance; he had been following safe-sex guidelines for two years.

"I walked into the test session with an 'Oh no, not me' attitude," he says. "Now I just try to put it in its proper place. I am very rigid about safe-sex rules. I try to eat a more balanced diet. I don't stay out until 3 in the morning."

But despite the changes in his own life style, he says the "fear and paranoia" from his positive result leads him to advise others against the test. "I see no need for the test to be taken by the average gay person," he says.

And there's also the question of the future and how to think about it.

When he took the blood test in July, Bill says, "I was debating taking out an IRA for this year. Part of me was saying enjoy the money now—don't wait for 65."

A few weeks later, he went to a bank and bought the IRA. ■

> ***"For the most part, the gay population is not taking the test. I think a lot of them just don't want to know, and we're not discouraging them from not knowing."***
>
> — Jason Whiddon, Whitman-Walker Clinic

SPECIAL REPORT

Like No Other Human Disease

The AIDS Virus Attacks the Body's Defenses

The African green monkey: Source of the virus?

The Symptoms Of AIDS

Here are the symptoms of AIDS, according to the Whitman-Walker Clinic. The clinic advises people with these symptoms to see their doctor or call Whitman-Walker, 332-AIDS, for advice:

- *Swollen glands* (lymph nodes) in several places, such as under the ears, on the neck and in the armpits and groin, that have been present for more than a month.
- *Purplish/dark red lumps* that have recently appeared or are getting bigger. They may be anywhere on the body.
- *Weight loss*: more than 10 pounds in two months.
- *Feeling tired every day and loss of appetite* for more than one month.
- *Fevers* (more than 100 degrees) or night sweats lasting several days to several weeks.
- *A dry cough* lasting for more than two weeks, sometimes accompanied by shortness of breath and fevers, not due to smoking.
- *Diarrhea* lasting for more than two weeks.
- *Coordination problems* and weakness in the arm and leg on one side of the body.
- *A herpes sore* lasting for more than one month.
- *Thrush*, a thick whitish coating inside the mouth (not just the tongue), lasting for weeks.

By Larry Thompson
Washington Post Staff Writer

As the sexual revolution of the 1960s was setting the stage for more enlightened public attitudes toward homosexuality, a strangely mutated virus may have crossed the species barrier from monkey to man in central Africa.

Two decades later, these events were linked by a mysterious disease that has been called everything from "the gay plague" to "the predominant public health issue of our time."

Known as acquired immune deficiency syndrome, or AIDS, it is caused by a virus called human T-cell lymphotropic virus, or HTLV-3. It first showed up in homosexual men in Los Angeles and New York in 1981. Since then it has infected between 600,000 and 1.2 million Americans and killed more than 6,000.

"We don't know its [absolute] origin, but it probably came into man very recently," says Dr. Robert Gallo, director of the National Cancer Institute (NCI) laboratory that isolated HTLV-3 in the spring of 1984 and showed that it causes AIDS.

"HTLV-3 probably entered man 20 years ago," says Gallo, although a close cousin could have existed in monkeys for 20,000 to 50,000 years.

How the virus jumped from monkey to man remains unknown, although other viruses, such as jungle yellow fever virus, have crossed the species line before. One hypothesis suggests that African green monkeys, which live in close proximity to humans, transmitted the virus by biting people.

There also are some clues to how the virus moved from Africa to America.

During the mid-1970s, there was a cultural exchange of some 10,000 people between Haiti and Zaire, both French-speaking countries, says NCI associate director Dr. Peter J. Fischinger. The virus may have crossed the Atlantic in that exchange and then moved from Haiti to New York after the island became a popular vacation spot for gay men.

But AIDS has yet to move strongly beyond the homosexual community in the West, in part because "this virus is not easy to transmit," Fischinger says. It has about the same infectiousness as hepatitis B, and is much less infectious than viruses that cause chicken pox and flu.

But comparisons end there. HTLV-3 is like no other human disease virus.

It's a retrovirus, a type of virus that stores its genetic information in a chemical called ribonucleic acid, or RNA. Almost every other organism—from virus to bacteria, fungi, plants, insects, fishes, birds and mammals—stores its genetic information in deoxyribonucleic acid, or DNA.

That subtle difference is somewhat like recording a symphony on a vinyl record or a cassette tape. The same music can be recorded, but the way it is recorded and stored determines how it must be processed before it can be used.

The first evidence of the existence of a family of human retroviruses came out of Gallo's lab in 1978, while he was searching for viruses that cause cancer. These stripped-down bits of biological material exist somewhere below the level of organisms usually considered to be alive.

All viruses are essentially mindless replication machines geared to produce new viruses endlessly. To understand how they work, think of the floppy disks used in home computers. By itself, a disk is useless. It must be slipped into a computer before the information it contains can come alive. Once inside the computer, a disk can use the computer's machinery to replicate the programs it contains. These copies of its programs can be used in other computers and, in a sense, infect their memory banks with its information.

Viruses work somewhat the same way. By themselves, they are useless bits of genetic information without the ability to reproduce. They have to get inside a living cell before they can come alive and make copies of their genetic programs, which exist simply to make more viruses.

To enter a cell, the specially shaped protein coat of a virus must match receptors—portals of entry—on the cell surface. If a virus's protein coat fails to fit the cell's receptor—as a key fits a lock—no infection occurs.

The proteins that wrap HTLV-3 have a special affinity for helper T-cells, a master control cell in the body's immune system, its defense against foreign invaders. HTLV-3 also has been found in brain cells and other white blood cells.

To take command of the DNA-based T-cell, however, the RNA-based retrovirus must use a special enzyme called reverse transcriptase to translate its genetic information into the more standard DNA.

Once the HTLV-3 genes have been converted into chunks of DNA, they can become randomly integrated into the human DNA already in the cell. It's like randomly dropping 20 pages on making tacos into the middle of the maintenance manual for the B1 bomber.

"Retroviruses have the capability to become part of you," says NCI's Fischinger.

Once inserted, the HTLV-3 can lie dormant for weeks before it causes disease. Or it can lie quietly for a year or two or even 10 or 20 or 40. No one knows.

It is these periods of latency and occasional activation that may explain why there is such a long lag time between exposure to the virus and development of the disease. Typically, the latency period is two to five years.

To activate the HTLV-3 genes, a leading theory holds, the infected T-cells must begin to divide—which they typically do when preparing to create more T-cells to fight some other infection. As the T-cells divide, the HTLV-3 genes become activated and begin making large numbers of new viruses. This destroys the T-cell and floods the blood with new viruses that go on to infect other T-cells.

"With HTLV-3, to do damage, the virus has to replicate and go from one cell to another," says Dr. Samuel Broder, NCI's deputy clinical director. "At each step, it has to go through the monotonous business of converting itself from RNA to DNA, and then to replicate [and produce new viruses], it has to go from DNA back into RNA."

The HTLV-3 viruses continue to replicate and destroy T-cells until few remain and the host's immune system fails.

At this point, the victim has AIDS.

The power of the AIDS virus is that it attacks the cells it should fear most: The white blood cells known as helper T-cells.

The helper T-cell "is a regulatory cell, a command cell of the immune system," says NCI's Broder. T-cells play a pivotal role in mounting an attack by the body's defenses against an invader.

"If you wanted to destroy the immune system with a minimum of work, you would design HTLV-3," Broder says. "If you damage the regulatory capacity [of the T-cells], other cells [in the immune system] become lost."

To stop the destructive virus, Broder and others are searching for drugs that can interrupt HTLV-3's life cycle. Several of the drugs now under study seem to block the reverse transcriptase enzyme.

Since this enzyme is a viral enzyme with no human counterpart, it may be possible to selectively poison reverse transcriptase—which would block the infection of new T-cells by preventing the conversion of the virus's genetic information from RNA to DNA. Previously infected T-cells would die and be removed naturally from the body.

At this point, there is no cure for AIDS. And no matter what therapies are used, says Broder, "I don't think it will be possible to treat HTLV-3 with short-term interventions. The virus may find a reservoir [in some cells through genetic integration]. It is hard to know when the virus may wake up and start replicating. It is going to be hard to absolutely clear this virus so it will never come back."

A number of other researchers are trying to develop a vaccine to prevent the initial HTLV-3 infection.

Vaccines work by alerting the immune system to telltale characteristics of a virus, specifically, the unique shape of proteins on the surface known as antigens. "A safe vaccine would be an antigen preparation," Fischinger says. "No one will feel comfortable inoculating with an infectious retrovirus."

But the HTLV-3 mutates at a rapid rate, in part, says Gallo, because "reverse transcriptase is an error-prone enzyme." These errors in translation modify the viral gene as it becomes integrated into the human genes, and these modifications change the viral proteins specified by these mutated genes.

The highest amount of variation seems to occur in the very proteins that would be targeted by a vaccine, which are called envelope proteins, Gallo says. Just as flu vaccines have to be updated every year because the strains of flu mutate so much that an old vaccine will no longer protect an individual receiving it, the same may happen with an AIDS virus.

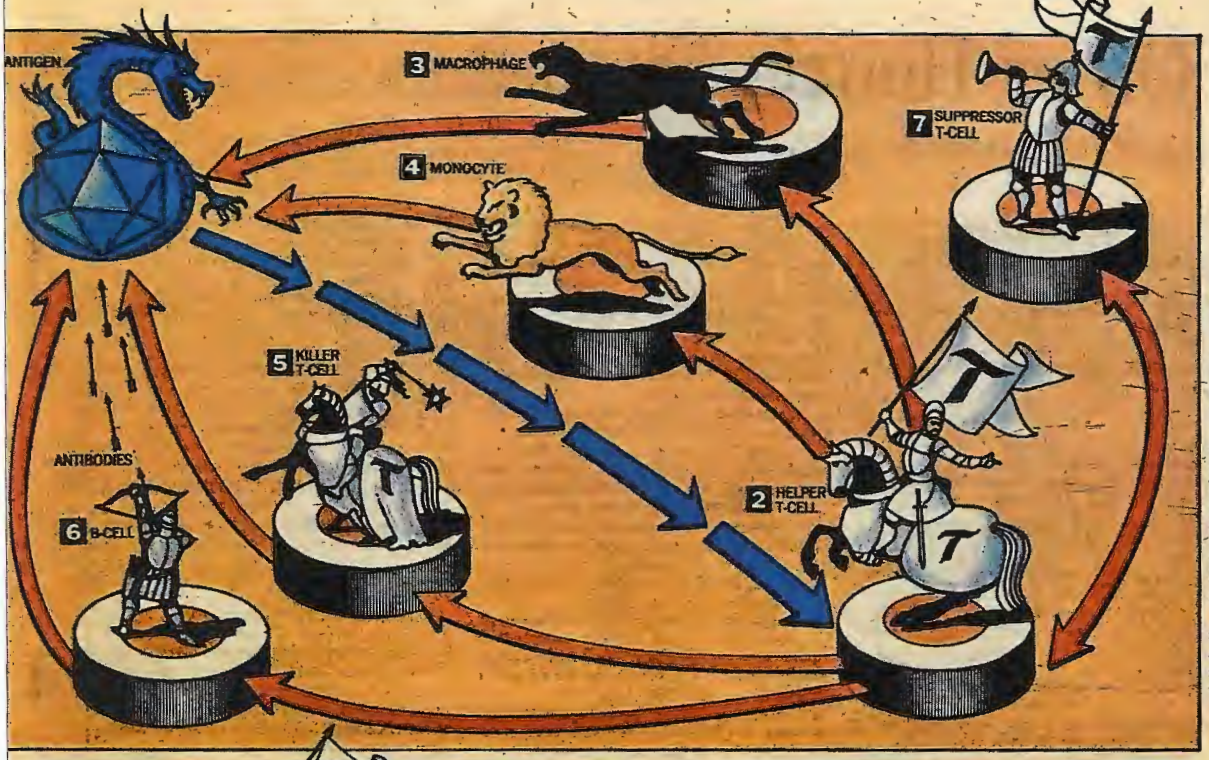
Some estimates suggest that the mutation rate for AIDS viruses is 100 to 1,000 times higher than for influenza. Several dozen different strains of HTLV-3 already have been identified.

NCI's Fischinger, who oversees vaccine development, says the mutation of envelope proteins is making vaccine production more difficult. But scientists are looking for a portion of the envelope protein that does not change. If such a stable portion can be found, then it could be used to create a vaccine that would be effective against all strains of the virus.

"We now have vaccine preparations which have gone into monkeys, and we are getting responses," says Fischinger. "We are getting antibodies. Now we have to challenge [the monkeys] with the virus to see if their antibodies will be protective."

In the end, it all comes back to the monkeys. ■

SPECIAL REPORT

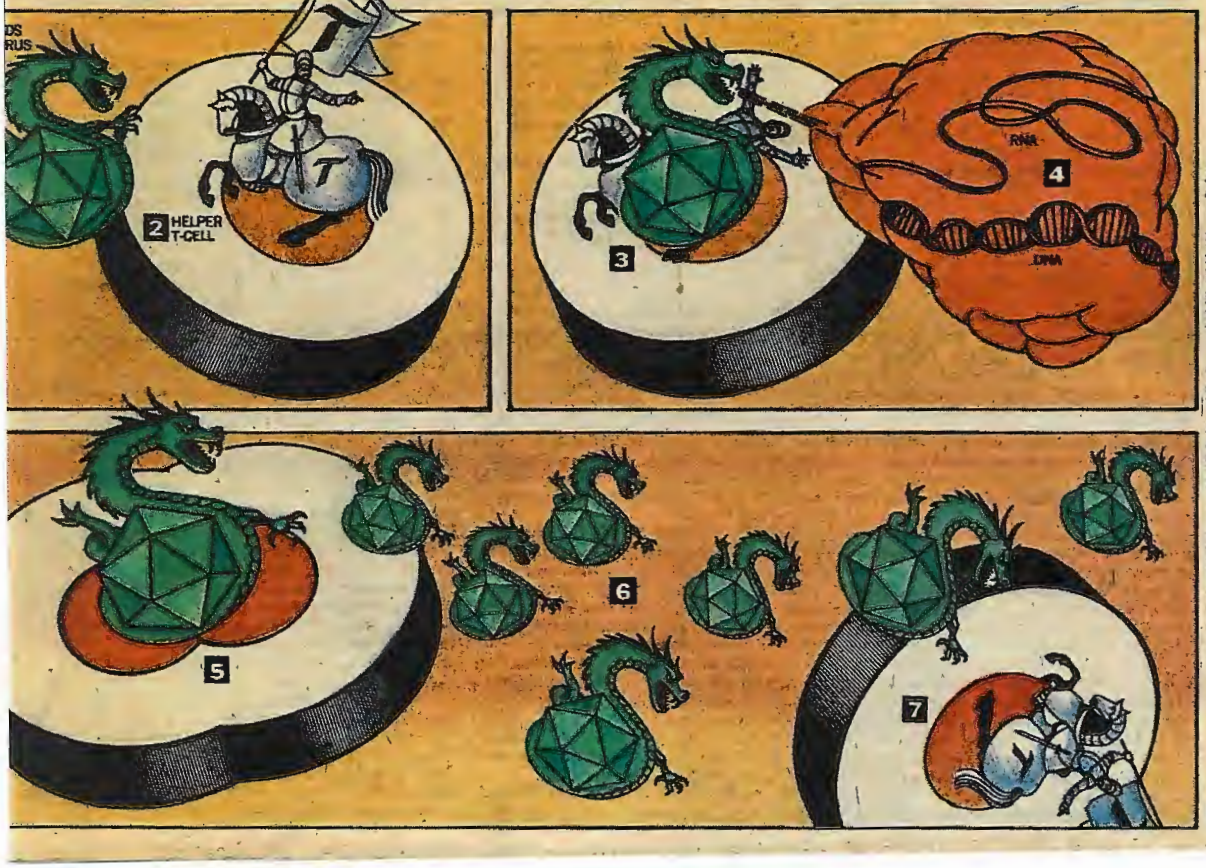


The Body Attacks AIDS

In the war between invading AIDS viruses (1) and the body, the helper T-cell (2) is both the commander of the defense forces and the virus's main target.

The helper T-cell marshals the lions and tigers of the immune system (macrophages, 3, monocytes, 4) to devour the virus directly. The helper T-cell also sends its own troops, a type of T-cell called a killer T-cell (5), and points out the target to legions of archers (B-cells, 6), who fling their antibody barbs against the invader.

In most cases, once the immune system has defeated a virus, a suppressor T-cell (7) calls off the attack. With AIDS, it is unclear whether this stage is ever reached.



AIDS Invades The Body

Despite the strength of the body's forces, the AIDS virus can still break through sometimes. Special protein on its surface (1) allows the virus to grab hold of the helper T-cell (2) and penetrate it.

Once inside (3), the virus commandeers the helper T-cell but does not kill it immediately. Instead, the virus deposits its own genetic information in the cell and converts it into a form that can be integrated into the T-cell's own genes (4).

At some point, the infected T-cell begins to produce new AIDS viruses. This may happen when the helper T-cell begins to divide in response to some second infection or other stimulus (5). At that point, the viral genes take over and subvert the cell into making thousands of copies of the virus, killing the cell in the process. These viruses spread (6) and begin attacking other T-cells (7).

ILLUSTRATION BY JOHNSTONE QUINAN—THE WASHINGTON POST

SPECIAL REPORT

Drugs Show Promise, Little Success

Doctors Try to Fight the Virus, Rebuild the Immune System

BY DAYNA SMITH—THE WASHINGTON POST

Dr. Anthony Fauci examines saliva from an AIDS victim.

By Sally Squires
Washington Post Staff Writer

Beating AIDS will probably require a "two-pronged" approach, says Dr. Anthony Fauci, director of the National Institute of Allergy and Infectious Diseases, one of the federal agencies involved in the research.

First there must be a "direct attack on the AIDS virus itself," says Fauci, "which has to be combined with . . . reconstitution of the immune response."

While no effective treatment yet exists for AIDS, a host of promising new remedies are under investigation and could within the next few years make a major difference for people with the disease.

Treatment, cure and prevention of AIDS all center on fightiog the HTLV-3 virus on its own turf—the immune system's chief defensive player, the white blood cells known as T-cells. HTLV-3 enters the body's T-cells—like an invader who infiltrates an opponent's weapons plant—and then produces an enzyme called reverse transcriptase.

Since "reverse transcriptase is a critical element of the initial stage of infection," says Dr. Clifford Lane, assistant clinical director of NIAID, "the area where most of the work has focused is in trying to develop drugs to inhibit the enzyme." By blocking reverse transcriptase, researchers believe they could protect new cells from infection.

"That doesn't necessarily help someone if all their cells are infected," Lane notes, "but just being able to do that would obviously go a long way toward helping people with early stages of the illness."

Experimental drugs that seem to have some inhibiting effect on the enzyme include HPA-23 (under investigation at the Institut Pasteur in France), Suramin (a drug similar to HPA-23 but supposedly with fewer toxic side effects now under study at the National Institutes of Health), and Foscarnet (a Swedish drug being investigated in Europe and at Massachusetts General Hospital in Boston and at NIH).

"Because of the intense interest in AIDS," Lane says, "there are innumerable drugs being developed now." Sometimes these advances happen so quickly that word of them spills out of the traditional scientific channels of communication and into the lay press.

Lane recently learned about one new European-made drug from The Wall Street Journal. The drug, made by Praxis, has not yet been named.

"There were no drugs available that I was aware of which inhibited attachment of the virus to the cell," Lane says. But after reading about this new drug that appeared to do just that, Lane called the European-based company and is now engaged in negotiations to test the drug.

Other promising treatments include:

■ *Interleukin 2*, a protein made naturally in the body by white blood cells, which helps boost the immune system. "There are some very tantalizing pieces of data coming from the studies [involving IL-2]," says NIAID's Lane. "Nothing to indicate that IL-2 by itself will be of value, but we certainly think that it has much hope as a potential combination agent [with other drugs]."

■ *Gamma Interferon*, like interleukin 2, a substance normally produced by T-cells. Once the T-cells are infected with HTLV-3, they can no longer send these chemical signals. The theory is to take up the slack by administering these drugs from outside the body. While gamma interferon had "no beneficial clinical effects," reports NIAID's Lane, it did help boost some immune function—just enough to suggest that "it could play some role in the future as part of a combination [drug] treatment regimen."

■ *Ribavirin*, a drug that has been somewhat successful in treating respiratory syncytial virus, a deadly disease of children. In the test tube, ribavirin has been able to inhibit the growth of HTLV-3. Whether it will be successful in the body is not yet known.

■ *Bone marrow transplants*. Researchers at the National Institutes of Health are working with three sets of identical twins in which one of the twins has AIDS and the other is healthy. The idea is to transfer uninfected bone marrow from the healthy twin to the twin with AIDS. Because their immune systems are essentially genetically identical, chances are good that the bone marrow won't be rejected by the twin recipient.

■ *Combination treatments*, which might combine several drug treatments, or perhaps a drug with a bone marrow transplant.

"We have evidence that IL-2 may be a good immuno-enhancing agent," explains Lane. "We have evidence that bone marrow transplantation and lymphocytes may be a significant immuno-enhancing agent. We have evidence that Suramin may be an antiviral drug. These are the things that we are now looking toward combining."

Another idea is to create a kind of "super activated" T-cell that could be given to AIDS patients to boost their immune systems. T-cells would be removed from the blood or bone marrow, incubated in a test tube with IL-2 to give them a boost, and then injected into the AIDS patients.

The hitch is that if the T-cells are taken from AIDS patients, the IL-2 could also help promote growth of the HTLV-3 virus that's hidden inside the cell. But if the T-cells are taken from a healthy and immunologically compatible donor—again, probably a twin—the procedure might buy some time for the AIDS patient. Later, with modifications, it may be tried on people who are not twins.

One key to future treatment may lie in the theory that "cofactor" diseases play a role in creating the ideal conditions for developing AIDS. In Zaire, where AIDS affects men and women in equal numbers, there is a high incidence of hepatitis, Epstein-Barr virus (the virus that causes mononucleosis) and CMV (or cytomegalovirus) infections among the general population. A similar high incidence of these three infections is also seen, says NIAID's Fauci, among the gay population in the United States. If these cofactor infections are not present, scientists hypothesize, the AIDS virus may not be able to take hold.

Ultimately, however, the quest is for a vaccine that could eradicate AIDS.

"The good news," says NIAID director Fauci, "is that we do have the virus in a highly purified cloned form, so that we can take different segments of the virus and experiment, for example, with an animal and immunize it."

But the bad news, he says, is that researchers are still stumped about just what protects the body against the virus. That knowledge may be a crucial step in obtaining an effective vaccine. Also, HTLV-3 seems able to mutate, or change, just enough to make it more difficult for a vaccine to be effective.

"The question that keeps getting asked," says NIAID's Fauci, "is when are we going to have a vaccine? Not only do we not know *when* we are going to have a vaccine that's effective, but we don't know *if* we're going to have a vaccine that's effective because we still do not know what the protective mechanisms against the virus will be." ■

SPECIAL REPORT

How the Virus Spreads

Certain Sex Practices Carry Greatest Risk

By Sandy Rovner
Washington Post Staff Writer

A sheriff in California warns his deputies to "consider AIDS" before giving cardio-pulmonary resuscitation without plastic devices to prevent mouth-to-mouth contact between rescue technicians and their patients.

Elsewhere:

- Dentists are urged to wear gloves and heat-sterilize all equipment.
- Eye doctors get similar instructions.
- School officials ban a 13-year-old hemophiliac AIDS victim from classes.
- Actresses are reportedly hesitant about kissing their gay leading men.
- Residents of Belle Glade, Fla.—which has the nation's highest AIDS rate—worry that mosquitoes may be transmitting the disease there.
- Several Australian women show AIDS-like symptoms after artificial insemination with semen from the same donor.

The virus for AIDS has been isolated in virtually all body fluids, even saliva and tears, and fears of contracting the relentless killer are having an increasingly chilling effect, not only within the gay community, but in an ever-widening circle of society.

There is no cure, no vaccine, and although scientific progress in identifying the causative agent is a signal triumph, there is not a great deal science can offer to allay public fears.

"The trouble is," says Dr. Harold Jaffe, the deputy director of the AIDS task force at the federal Centers for Disease Control in Atlanta, "people are looking for absolute guarantees. They want you to say that it is absolutely impossible for the disease to be spread this way or that way, and they're not happy with an answer that says, 'We've never seen that,' or even, 'It is extremely unlikely.'

"For AIDS, people want assurances that it is impossible to give them."

In this country, three out of four AIDS victims are homosexual and bisexual men. It appears closely linked to the particular gay life style that involves multiple partners and oral and anal sexual contact.

But it also is spread by contaminated needles, shared casually among abusers of intravenous drugs, and—until recent screening tests virtually eliminated the possibility—by transfusions of contaminated blood and use of blood products. It can be transmitted by an infected mother to an unborn child.

In Africa, where the mysterious retrovirus may have originated, it is spread by heterosexual contact, but also by blood transfusions and contaminated needles. Most cases involving AIDS transmission from a woman to a man have occurred in Africa, says the CDC's Jaffe, where it appears that using prostitutes poses a risk. "The evidence for this kind of transmission in the United States is not as strong," he says, "but it is true that there is a small number of men [with AIDS] who say their only risk factor was contact with a woman drug user. It is also true that some men we can't classify into any of the other risk groups say that they have had prostitute contact.

"It may be we haven't seen very much of this [female-to-male transmission] because the number of infected women in the [U.S.] population is probably fairly small. Secondly, it may be biologically less efficient to transmit the disease from women, but I think we have to assume it occurs."

Some pathologists who are studying AIDS at the National Institutes of Health believe that some homosexual practices have inadvertantly given the virus a particularly efficient route of transmission.

They have found—and have published—evidence that the particular type of immune system cell that is vulnerable to the AIDS virus is clustered close to the rectum. According to their still controversial theory, these cells run along the entire intestinal tract to protect the body from invasion from what one researcher called "the sewer we have running through our bodies."

AIDS is not transmitted by casual contact with victims, experts say. Not even the pathologists who performed the first autopsies on AIDS victims have shown any evidence of AIDS themselves. In fact, Jaffe notes that in the entire world, there is only one case—out of hundreds of accidents—in which a British health care worker, accidentally exposed by being jabbed with a contaminated needle, has been infected.

Gay health groups are urging homosexuals and bisexuals to refrain from the kinds of activities—barely known to many members of so-called straight society—that seem to facilitate AIDS transmission.

In "safe sex" fliers and brochures, some of them subtle, some clinically graphic, gay and bisexual men are urged to forgo sexual activities in which damage is done to the rectal area or in which there is oral/anal contact. The British medical journal The Lancet has warned that the "anal receptive" partner is at greater risk than the "anal assertive."

Gays are also urged to give up the practice of "cruising" and the casual sexual encounters it implies. The use of condoms is strongly encouraged.

Heterosexuals are also urged to confine sexual relations to a single partner well known to them. Women should avoid unsafe sexual practices with bisexual men. AIDS does not appear to be a threat among lesbians.

"I think it's going to turn out that there are certain routes of transmission more efficient than others," says Jaffe, "but you have to assume that any sort of sexual contact that would involve exposure to semen or to blood [including menstrual blood] is potentially dangerous."

The CDC's AIDS task force is taking these steps, Jaffe says, to clarify the AIDS transmission routes:

- *Dispatching a team to investigate the high AIDS rate in Belle Glade, Fla.* "Mosquito transmission, as has been suggested there," says Jaffe, "is a complicated question. If you talk about mosquito transmission, you're talking about two possibilities. One is that the virus could actually replicate within a mosquito the way malaria has part of its life cycle in the mosquito. We think that is extremely unlikely. The AIDS virus is extremely selective about the kind of cell in which it will replicate.

"But could the mosquito be just a mechanical means of getting blood from one person to another? It could be, but our feeling is that it very likely is not. Health care workers with contaminated needle-sticks get more blood than a mosquito could transmit, for example. But, I don't think you can say it's impossible."

- *Interviewing all AIDS patients to determine their risk factors.*
- *Studying families of drug addicts with AIDS.*
- *Studying families of patients with transfusion AIDS* to help determine the risk to sexual partners and to other family members.
- *Funding local health department blood tests of prostitutes.*
- *Funding VD clinic and blood bank studies* to find what proportion of people with virus antibodies have no apparent risks.

So far, says Jaffe, "the only people in families with infected members who seem to get infected themselves are the sexual partners of the patients or infant children born to infected mothers. We don't find infection of older children in the household or in other adults.

"Again, that would be a setting where you would expect that there would be very close contact. So given that, it is hard to imagine that much less intimate contact, the kind that would take place at work, school or church, would transmit the disease." ■

> *"The trouble is people are looking for absolute guarantees. They're not happy with an answer that says, 'It is extremely unlikely.' "*
>
> — Dr. Harold Jaffe, Centers for Disease Control

Advice From the Experts: Limit Partners, Be Clean, Use Condoms

Avoiding AIDS infection does not require major life style changes for most people. But experts do suggest these steps to minimize your chance of getting AIDS:

- Limit sexual relations to one partner well known to you.
- Avoid high-risk contact with anyone you do now know well. High-risk contact may include heavy kissing in which large amounts of saliva are exchanged. It is unlikely that the virus can be spread by sharing food, but it is probably unwise to eat from the plate of a diagnosed AIDS victim, although even here the chance of contagion is considered remote.
- Except under a physician's care, don't use needles to self-administer drugs. If you must use intravenous drugs, never share needles with anyone.
- Avoid all sexual or intimate contact with any intravenous drug abuser.
- If your job—dentist, nurse or undertaker, for example—requires you to be in contact with other people's bodily fluids, including tears and saliva, wearing protective gear such as gloves and facemasks is prudent. Most important is meticulous hygiene, including heat sterilization of instruments.
- Homosexuals are advised to contact gay health clinics for guidelines on "safe sex." In particular, violent sexual relations seems to facilitate the spread of the AIDS virus, as does oral or anal sex.
- Heterosexuals are urged to take special precautions with bisexual partners. Precautions include use of condoms and avoidance of oral or anal sex with bisexual partners.
- Condoms are recommended by gay health groups as a protection against AIDS transmission. If lubricants are used, they should be water-based rather than oil-based and should come in tubes or bottles. Condoms can be ruined by the oil-based creams, and open cans of grease are fertile breeding ground for bacteria and other germs.

The AIDS virus eschews cleanliness and is vulnerable to germicidal agents. Particular attention to personal hygiene, especially after sexual relations, is encouraged.

Most experts emphasize that natural expressions of affection should not be withheld from any AIDS victims for fear of contracting the disease. It almost certainly cannot be spread by hugging or cuddling or sitting next to child victims in schools, playing with them, holding hands. The loss of love is perhaps as cruel an aspect of this illness as its deadliness.

— Sandy Rovner

SPECIAL REPORT

The Littlest Victims

Children With AIDS Face Grim Treatments to Delay the Inevitable

Matthew Kozup at 2 years of age.

"We're really going through this alone, because our families have never accepted it . . . I shoo away the neighbor kids who get close."

— Sue Kozup

By Margaret Engel
Washington Post Staff Writer

Some have been abandoned by parents unable to cope with their disease. Others have been rejected by friends, schools, even Bible classes.

And like their adult counterparts, for children and infants with AIDS, there is no cure.

Most undergo a grim treatment that is medicine's best hope of delaying the breakdown of their immune systems. Each month they receive three-hour intravenous injections of gamma globulin, a sterile solution that contains thousands of pooled antibodies, to fortify their blood.

It is an effort to win against overwhelming odds: the majority of children born with AIDS die within three years.

"This only delays the infections," Dr. Ayre Rubenstein, an immunologist at Albert Einstein Medical College of Medicine in New York, says of the gamma globulin treatments. "It isn't a barrier for the cancers that come."

Some 600 people under 18 in the United States have AIDS or AIDS-related complex (ARC), a condition that sometimes leads to AIDS, Rubenstein says. As of Aug. 26, federal health monitors count only 183 cases of AIDS in children, since the government tallies only those whose disease has advanced to a life-threatening stage. New cases are being uncovered at such a rapid rate that the government expects the number of children infected to double in the next year.

As of Aug. 20, when there were 155 children with AIDS, the majority—109—were born with AIDS because their mothers acquired the disease, most often through use of intraveneous drugs or having had a sexual partner who carried the virus. In one case an infant was born with AIDS because his father, a hemophiliac, unknowingly acquired AIDS through contaminated clotting factor and passed the disease to his wife. The federal Centers for Disease Control also reports one case in Australia in which an infant apparently acquired the virus through breast milk.

Another 23 infants, most of them born prematurely, were infected with AIDS through blood transfusions that were later found to contain contaminated blood. A test that allows blood to be screened for the presence of antibodies to AIDS became available in March, but the disease can lie dormant for up to five years.

"We expect to find cases until 1990," says Dr. James Oleske, a Newark pediatrician with four dozen young AIDS patients. Martha Rogers, a pediatric AIDS expert at CDC, notes: "There's a lot of infected blood already transfused, and we have to wait for incubation periods now." Some pediatricians suggest that patients who have had blood transfusions in the past few years have their blood tested for AIDS antibodies.

At least six local children have gotten AIDS from contaminated blood, the Washington Region of the American Red Cross Blood Services acknowledges. They include Jason Oliver, of Warrenton, who died in February 1984 at 15 months of age, and Matthew Kozup, of Herndon, who has been sick and hospitalized much of his 2½ years of life. Neither the Red Cross nor the local hospitals where the infants were infected will discuss the cases or the current health of the other infants.

At least three Baltimore-area infants have contracted AIDS, including a 1-year-old girl who died in June.

The other children whose cases are counted by the federal government include 15 who developed the disease despite no known risk and eight hemophiliacs, who received contaminated clotting factor.

Children with this frightening disease face unique problems, Stephen and Sue Kozup have discovered. The Fairfax County Board of Education denied their son admission to a special education program for fear he would transmit the illness to others. Health experts are recommending that children with AIDS be isolated until they and their peers are old enough to know not to share food or other saliva-coated items.

The Kozups are trying, so far without success, to get the county to pay for physical and speech therapy that he would have received in the special ed program. Matthew now is at home "eating like a horse, but he doesn't absorb it," his mother says.

Immunologist Rubenstein has studied 60 families of children with AIDS and has found no cases where the disease was transmitted—despite kissing, sharing of utensils and food, and touching the child's body wastes. Still, parents are urged to take precautions. The Kozups buy disposable rubber gloves by the box and must discipline their 3½-year-old daughter if she tries to play with any of Matthew's toys.

"It's very hard because you can't hug and kiss your child as much as you want to," said Sue Kozup, who often sings to Matthew. "He gets distant, in his own little world."

Because so many people overreact to the fears of AIDS, many parents and foster parents of children with AIDS keep the illness a secret. While secrecy may spare the children unwarranted rejection, the lack of isolation exposes the children to childhood diseases like chicken pox that present a danger to them, doctors say.

The CDC issued a set of guidelines last week on how schools should handle children with AIDS. It notes that casual contact among schoolchildren appears to pose no risk of transmission, but says there are few studies of contact among younger children and handicapped children who may lack control of their body secretions.

It recommends that the decision about placement be made by a team made up of the child's doctor, parents, director of the school or care center, and public health staff. The federal agency also recommends that adoption and foster-care agencies begin screening children who are at risk of infection before they are placed, but stated that mandatory screening as a condition of entry to school is not warranted.

Several states, including New Jersey, Florida and Connecticut, have written their own guidelines. They state that most children with AIDS can be kept in regular classrooms, as long as they are toilet-trained, don't bite others or have no open sores. They ask that the child's teacher, principal and school nurse be notified of the child's condition. One New York City school district has barred students with AIDS and those suspected of having the disease.

Rogers, of the CDC, says parents should remind all children not to share food, drinks or chewing gum as a basic precaution against the transmission of all infectious diseases.

But little the experts can do or advise helps families cope with the emotional and financial drains that a child with AIDS presents.

"We're really going through this alone, because our families have never accepted it," said Sue Kozup. "Our neighbors have been fine because Matthew isn't down on the ground playing with the other kids." Their son, who also has cerebral palsy, spends most of his time in an infant seat. "I shoo away the neighbor kids who get close."

In June, several members of a local Lutheran church threatened to quit if the Kozups' daughter, who is healthy, was allowed to attend a week-long Bible school. "You talk about Christianity and expect people to be loving and open-hearted," said Sue Kozup. "That kind of hurt."

After a special meeting where Steve Kozup and their son's doctor explained there is no risk of acquiring AIDS from the girl, she was allowed to attend. But on the fourth day, the Kozups were asked not to send her for the last day because the girl was upset.

The biggest step forward for the Kozups is a bittersweet achievement. After months of trying to convince the federal government that their son should be counted as an AIDS victim, the CDC agreed its definition of AIDS left out many children, whose symptoms vary from those of adults.

"He now meets the new criteria," says Sue Kozup, who said her son had to undergo a lung biopsy to prove he suffers from interstitial pneumonia. That ailment, plus a high reading on the AIDS antibody blood test, is now proof a child has AIDS, according to the federal definition.

"It's weird to be happy that your child is now an official AIDS victim," she said. "But it's so important because there are a lot of little Matthews out there, sick but not really counted.

"The rest of the world needs to know just how big a problem this is." ■

SPECIAL REPORT

The Blood Supply: A Test That Works

By Cristine Russell
Washington Post Staff Writer

Amid the cloud of bad news about the AIDS epidemic shines a major advance: a test to protect the nation's blood supply from transmission of the virus that causes the deadly disease.

"The blood test is extremely good for detecting infection by this virus. So the problem of blood-transfusion AIDS, for the most part, is over," says the National Cancer Institute's Dr. Robert Gallo, the American scientist who discovered the AIDS virus, known as HTLV-3, and helped design the new test.

"The blood supply is safer now than it ever has been before," asserts American Red Cross associate vice president Dr. S. Gerald Sandler, who has been monitoring the test since it received federal approval last March. "We believe this test is very, very effective and virtually every unit of infected blood is being eliminated."

Their sentiments are shared by experts who were initially worried that the new test was being implemented prematurely, but have since been impressed not only by its accuracy but also by the speed with which it moved into universal screening of blood donations around the country.

The blood test is not a test for AIDS. Instead, it measures the presence of antibodies to the AIDS virus, an immune system response indicating that an individual has been exposed at some point in the past to the virus and may be currently infectious.

But because no laboratory test is 100 percent foolproof, blood banks and government health officials continue to urge that individuals in groups at highest risk of getting AIDS—including homosexual and bisexual men, intravenous drug abusers, hemophiliacs, and sexual partners of people in those groups—continue to refrain from donating blood. Individuals who wish to find out if they are AIDS-antibody positive are urged instead to go to "alternative testing sites" provided by local health departments, clinics and private physicians.

The combination of donor screening and blood testing responds to a growing national concern that contamination of the blood supply by the AIDS virus posed a risk to the more than 3 million people transfused with 12 million units of blood in the United States each year. The uncertainty created both a physical and emotional threat to the well-being of those receiving blood, particularly in areas such as New York and California, where AIDS cases were highest.

Nearly 200 people—almost 2 percent of the more than 12,000 adult cases of AIDS reported in the United States since 1981—have contracted AIDS following tranfusions with blood or blood products. In addition, 80 hemophiliacs, who receive special blood factors to help their blood clot, account for just under 1 percent of the cases.

Among the approximately 180 American children reported to have AIDS, 15 percent have been linked to blood tranfusions and 5 percent to hemophilia.

But despite current blood screening and a new heat treatment for blood products used by hemophiliacs, more AIDS cases from blood transfusions are likely to occur over the next few years in people who received transfusions before the test became widely available. Unlike many viral diseases, AIDS has a long incubation period. Appearance of the disease is delayed an average of more than two years, and sometimes longer than five years, after initial infection.

Experts with the federal Centers for Disease Control believe that within five years after exposure to the virus, from 5 to 10 percent of those infected will come down with the severe form of AIDS, in which the body's immune system is destroyed and vulnerable to a range of life-threatening infections. They estimate that another 25 percent may become ill with lesser symptoms, including fatigue, fever and weight loss, that are associated with a loosely defined illness known as AIDS-related complex, or ARC. Others who are carrying the virus may have no symptoms but may nonetheless be infectious.

This "paradoxical circumstance should not cause the public to misunderstand the success of the blood test," says the Red Cross' Sandler. While the federal government has not made it mandatory, blood bank and government officials believe that the test is now used routinely on all blood products. Major blood banking groups set a July 1 implementation deadline for their members, but most major collection centers appeared to be using it well before that.

Known as ELISA or EIA, short for enzyme-linked immunosorbent assay, the test picks up signals—in this case antibody readings—that a person has been exposed to the AIDS virus. Like a radio, the test picks up a range of signals. For blood screening purposes, the AIDS antibody test is tuned to be extremely sensitive, picking up even the weakest signals, so any blood that is potentially tainted can be discarded.

To maximize the test's accuracy, the American Red Cross, the American Association of Blood Banks and the Council of Community Blood Centers have recommended that the ELISA test be repeated if the first result is positive. If the positive reading is confirmed, then the potentially contaminated blood is discarded.

There is still a small chance that contaminated blood could slip through, since studies at Gallo's NCI lab have suggested that some individuals may be slow to produce antibodies after they are infected with the virus.

While the blood test seems to provide a high degree of security for blood recipients, it also has raised difficult new issues regarding donors whose blood tests positive. The major blood banking organizations have agreed that donors should be notified, but because the AIDS antibody test is set to be highly sensitive, there is concern about false alarms.

To minimize this possibility, particularly until more information is gathered about the test, the national blood banking groups have recommended notification only of those individuals whose repeat positive tests have also been confirmed by a second testing method, most commonly a test known as the Western blot.

If the additional test method is negative, such individuals would not be notified, but their names would be kept on a confidential deferral list for special testing if they should donate again, according to the national guidelines.

By July 1, the American Red Cross, which collects half of the nation's blood supply and most of the blood in the metropolitan area, required its regional centers, except where prohibited by state law, to notify donors found positive by the two separate testing methods. By registered mail or personal phone call, these individuals are counseled about the meaning of the test and told to seek medical follow-up.

COURTESY OF ABBOTT LABORATORIES

Testing kit for antibodies to the AIDS virus.

"The blood supply is safer now than it ever has been before. We believe this test is very, very effective."
—Dr. Gerald Sandler, American Red Cross

Using this dual system, the Red Cross experience with the first 1 million tests found that about 20 out of each 10,000 units of donated blood were discarded based on repeatedly reactive ELISA testing. But requiring a second confirmatory test reduces the number of donors who would be notified that they were potential virus carriers to about four per 10,000 units. The Centers for Disease Control reports slightly higher figures.

Over the first year, the Red Cross estimates that at least 1,500 of its donors, most of them males, will be notified of positive results. At least as many might be notified by other blood banks, most of which are following the same policy, said the American Association of Blood Banks' executive director Gilbert M. Clark. But some facilities have chosen to notify based only on repeated ELISA testing, he said.

Sandler and others say that, so far, the majority of donors who test positive turn out to have had sexual or intimate contact that put them at risk of getting AIDS, but apparently these donors did not view themselves as belonging to a high-risk group.

While the original guidelines suggested that sexually active homosexuals or bisexuals with multiple partners posed the highest risk, the blood bank groups are now redrafting their informational statement to be more explicit.

"We need to be certain that any male who has had sex with another male within the past five years clearly understands that he has a risk of transmitting the infection," says Sandler. "The key to a safe blood supply is the elimination of persons who have reason to believe that they are harboring HTLV-3 infection or any other potentially transmissible disease." ■

SPECIAL REPORT

The AIDS Ward at NIH: One Nurse's Compassion

By Sally Squires
Washington Post Staff Writer

When Christine Grady started work as a clinical nurse specialist at the National Institutes of Health two years ago, the AIDS virus was still a mystery and the disease itself was just being recognized as a major public health foe.

Today, researchers have identified HTLV-3 as the AIDS villain. But such advances come too late for most of the AIDS patients Grady has nursed. All but one or two of the 20 patients she met when she arrived have died—a harsh reminder of the grim statistics of AIDS.

Many might find nursing AIDS patients too depressing. But for the 33-year-old Grady, the job was a natural progression in a varied career that has spanned 12 years.

During that time, she has ministered to patients with infectious diseases in Central and South America, treated cancer patients in Boston and worked in a hospice in northern California.

"So it's not a new phenomenon for me," she says, "to see people very sick and dying."

Yet this soft-spoken woman admits that experience can't always ease the pain of watching so many patients die.

"But on the other hand," Grady says, "I think that some of the most important things I've learned about life have been from people who are close to death. I continue to feel that way with these AIDS patients."

Grady's work puts her at potential risk for the disease, although to date there are no known cases of health care personnel contracting AIDS from on-the-job exposure.

But Grady does believe that "proper precautions" must be taken when treating AIDS patients. "Whenever I teach nurses, I try to emphasize how important that is. I can tell you that the AIDS patients are the first ones to remind you [about precautions]. They are as freaked out by someone who does something without gloves as they are by someone who puts on armor. They are very careful about protecting others around them."

Every six months, Grady is one of 400 health care personnel at NIH who are tested for antibodies to the AIDS virus. No one who wasn't already in a risk group for AIDS has turned out to be positive for the antibody, a fact she thinks should ease the fears of many people in the general population.

"Here are 400 people who have direct contact and many of whom have been stuck by needles and things like that [from AIDS patients], and nobody is antibody positive," Grady says.

Grady works at the NIH clinic where many AIDS patients come for confirmation of their diagnosis and—if they meet the right criteria—for admission to an experimental treatment program.

"Some of the most important things I've learned about life have been from people who are close to death."

— Christine Grady

She is responsible for easing their way into the NIH system.

"With the AIDS patients, especially on the first visit, I try to spend time with them mainly to calm them down," she says. "I try to tell them that they'll meet a lot of people who will ask them a lot of questions. That they'll get blood drawn and they'll be poked. And I try to tell them to ask as many questions as they can think of. And finally, I tell them not to worry, that there are people who will help them through the process."

About 300 AIDS patients have been treated so far at NIH, and Grady—who holds a nursing degree from Georgetown University and a master's in nursing from Boston College—has treated about half of them.

Her work continues on the hospital ward where AIDS patients are treated. Since strong bonds develop over the course of this illness, Grady also is likely to be at their bedside during the final moments of their lives.

Meeting patients early in their treatment gives health care personnel like Grady the opportunity to know them while they're still fairly healthy and functioning normally. Caring for people who are "very, very sick and dying" is much easier, she says, "when you know them and have an appreciation for who they are."

Being close to patients also means sharing their triumphs. She cites one AIDS patient who was diagnosed with the disease two years ago—on his birthday—and is beating the odds by continuing to feel well.

"He still has Kaposi's lesions [one of the opportunistic diseases that often kill AIDS patients], but there aren't any new lesions, and he hasn't been infected with another organism," Grady says. "He's doing very well. He still works full-time and he plays softball.

"This is a very gratifying case."

Then there are the personal tragedies AIDS patients often face in addition to their disease, such as being abandoned by friends and relatives. "It's terrible to have a terrible disease, but what's worse is having your friends and your family turn away from you."

Some AIDS patients are so afraid of the reaction they may get if they divulge their illness that they hide it from family and friends, Grady says. "That's total devastation, because you go through something that's difficult to go through totally alone."

When the emotional pulls of her work become too strong, Grady says she remembers the words of a dying woman she treated in a hospice. The woman told her that the change that comes over many people in their final days of life is like the brilliant transformation that occurs during autumn.

"The leaves are their most beautiful just before they drop from the trees," Grady explains. "In some ways, that's what happens to a lot of people. They become unbelievably strong and beautiful." ■

For More Information About AIDS

Local Organizations

■ *Whitman-Walker Clinic Inc.* The primary nongovernment support agency on AIDS issues in the metropolitan area. Its services include an AIDS Education Fund that provides support services for persons with AIDS and their loved ones, clinical evaluation services for those with AIDS symptoms, and community education and risk reduction programs. An information line is open Monday through Friday, 11 a.m. to 10 p.m., weekends 7 p.m. to 10 p.m.. Call 332-AIDS, or write AIDS Education Fund, 2335 18th St. NW, Washington, D.C. 20009.

■ *National Lesbian and Gay Health Foundation.* A resource clearinghouse for information on AIDS, the foundation publishes a "Source Book on Lesbian and Gay Health Care" for $10, provides referral services and is developing a National Association for People with AIDS, a pilot project where people with AIDS can talk to one another. Call 797-3708, or write National Lesbian and Gay Health Foundation, P.O. Box 65472, Washington, D.C. 20035.

■ *St. Francis Center.* Provides counseling services for people with AIDS and their loved ones. Fees are on a sliding scale. Call 234-5613, or write St. Francis Center, 3800 Macomb St. NW, Washington, D.C. 20016.

National Organizations

■ *National Institute of Allergy and Infectious Diseases, Office of Research Reporting and Public Response.* Information specialists answer general questions about AIDS, Monday through Friday, 8:30 a.m. to 5 p.m. at 496-5717. For a free fact sheet on AIDS write AIDS, Building 31, Room 7A32, Bethesda, Md. 20892.

■ *Centers for Disease Control.* Offers a 24-hour tape-recorded message about AIDS, including symptoms. Call 1-800-342-AIDS. A hotline, operated by U.S. Public Health Service employes, is open Monday through Friday, 9 a.m. to 7 p.m. Call 1-800-447-AIDS.

■ *United States Conference of Mayors.* Publishes a "Directory of AIDS-Related Services" throughout the country, available only to health care organizations that deal with AIDS. Call 293-7330, or write U.S. Conference of Mayors, 1620 I St. NW, Fourth floor, Washington, D.C. 20006.

■ *National Gay Task Force.* Crisis line number for people with AIDS or for more information about AIDS is open Monday through Friday, 3 p.m. to 9 p.m.. Call 1-800-221-7044. The task force also offers information packets: A general AIDS information packet, $3; a packet for health care professionals, $7.50; a packet for people with AIDS, $1. Write: National Gay Task Force, 80 Fifth Ave., New York, N.Y. 10011.

■ *National Hemophilia Foundation.* Offers resource information on AIDS and has a referral service. Write: National Hemophilia Foundation, Soho Building, 110 Greene St., Room 406, New York, N.Y. 10012; (212) 219-8180. Washington Chapter: P.O. Box 5304, Arlington, Va. 22205; 534-3453.

■ *Lambda Legal Defense and Education Fund.* Litigates cases involving AIDS-related discrimination, negotiates with government officials over AIDS legal issues, and publishes an AIDS legal guide for $15. Call (212) 944-9488, or write 132 W. 43rd St., Fifth floor, New York, N.Y. 10036.

■ *STD (Sexually Transmitted Diseases) Network.* Computer network providing resource information on AIDS as well as other STDs, safe-sex guides, symptoms and vulnerability surveys. To access system, call 765-6290, and enter STDS as "System ID." For problems with access call: 660-9770.

Regional Organizations

■ *The Johns Hopkins Hospital, Division of Infectious Diseases.* Answers general questions about AIDS. Call (301) 955-3150.

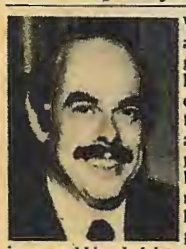
■ *Health Education Resource Organization (HERO).* Baltimore-based organization that offers AIDS information, safe sex guides and counseling services. Hotline Monday through Friday, 9 a.m. to 9 p.m., Saturday noon to 5 p.m., (301) 945-AIDS, or write HERO, 101 W. Read St., Suite 819, Baltimore, Md. 21201.

■ *Richmond AIDS Information Network.* Provides counseling services, support groups, financial and legal referral services, and general information on AIDS. Call Monday through Friday, 10 a.m. to 10 p.m., (804) 358-6343, or write Richmond AIDS Information Network, Fan Free Clinic, 1721 Hanover Ave., Richmond, Va. 23220.

— Wendy Melillo

Fighting an Epidemic In the Absence of Leadership

By Henry A. Waxman



We are losing the war against AIDS. The Reagan administration's lack of leadership and commitment against this horrible disease is allowing us to lose. The president can't even bring himself to say the name of the enemy. He has yet to make any public statement on the issue, and his administration acts as if the whole problem will magically disappear.

Today there have been almost 13,000 cases of AIDS in the United States. There are 20 new ones each day. The total doubles every 10 months.

At this rate, by the next presidential election, more Americans will have died of AIDS than died in Vietnam.

This disease is defeating us. We are losing not just because the enemy is new and unknown and deadly, but also because of politics—the politics of the budget and the politics of sex.

The most easily identified problem is money. The administration has cut research budgets by millions of dollars, while the nation's treatment costs have already run into the billions. Respected government health officials have come to the Congress, defending the administration line that everything that needs to be done is being done. But at the same time, these officials are writing desperate memos to budget officers, warning of urgent needs and catastrophic possibilities.

The Public Health Service has done astonishing work under these circumstances. Committed public health and research personnel continue to work overtime at AIDS control. But overtime cannot substitute for technical staff. Extra hours are not the same as extra labs or extra clinical trials of drugs.

Another problem for the administration is those who get AIDS. This is the administration whose White House director of communications, Patrick Buchanan, once argued in print that AIDS is nature's revenge on gay men. One cannot help but wonder if the administration's approach to the epidemic comes from such open disdain for the victims. Surely the administration would not have reacted in the same way if the first victims of the disease had been identified as members of the Chamber of Commerce.

It is surprising that the president could remain silent as 6,000 Americans died, that he could fail to acknowledge the epidemic's existence. Perhaps his staff felt he had to, since many of his New Right supporters have raised money by campaigning against homosexuals.

Can he remain silent during the rest of the year, as the death toll rises to 10,000? Or next year, when it will reach 20,000 and more and more of the victims are children or non-gay adults?

As an administration uncomfortable with most of the people who have AIDS, an aggressive program of AIDS education has been even more politically unappealing. The AIDS virus is elusive and difficult to stop. Cures for AIDS infections are unknown. A vaccine is still years away, if ever possible. The only current hope that the epidemic can be slowed is education of those at risk—education about exposure, about body fluids, about sex. Such educational campaigns can succeed: In cities in which the gay community has worked intensively to educate and warn its members, gay venereal disease rates are sharply down.

But this is the administration that does not even condone telling heterosexuals about birth control. It will be difficult for it to tell everyone—both gay and straight—about condoms and safe sex. For years now, the Department of Health and Human Services has left such educational efforts to others, fearing that it would appear to be condoning homosexual acts or promiscuous behavior. The VD studies suggest that if the administration had been able to overcome its squeamishness about sex and put expertise and resources into education, many of the epidemic's victims might have been saved.

It is surprising that the president could remain silent as 6,000 Americans died. Perhaps his staff felt he had to, since many of his New Right supporters have raised money by campaigning against homosexuals.

Such political difficulties as these must be overcome. We cannot afford to be priggish when lives are at stake. We cannot afford to cut corners in studying an epidemic.

It is clear, however, that the urgency of the situation has not moved the White House. Even when it reluctantly requested increases in AIDS funding, it did so only when the Congress threatened to subpoena the administration's own scientists' proposals. Even when researchers can name the scientific work that should proceed, the administration budget-makers send them back to whittle at the dollars to support it.

What will it take for us to deal with AIDS not as a political disease but as a public health catastrophe? What will it take for the administration to respond to the epidemic with the concern, compassion and immediacy that it deserves?

Perhaps if the president were to say the word. ■

Henry A. Waxman, a Democratic member of Congress from California, is chairman of the House Energy and Commerce subcommittee on health and the environment.

Second Opinion is a forum for those who wish to express a point of view on a health-related topic. Send articles to Second Opinion, Health Section, The Washington Post, 1150 15th St. NW, Washington, D.C. 20071.

Calendar

Food Tours

BY JOHN DUDSEPH—AMERICAN HEART ASSOCIATION

Safeway assistant manager Ola Jones takes food tour.

"Diet is the primary factor in reducing high cholesterol levels, and education of the public will help," says Jean L. Johnson of the American Heart Association.

The education process can begin this Sunday at the Hechinger Mall Safeway, Benning and Bladensburg roads NE, where shoppers can take recorded, museum-style tours to teach them how to shop for healthy foods. Heart symbols are placed throughout the store, and customers stop at each heart to hear recorded messages about the foods in that aisle.

A recent Food and Drug Administration poll prompted the heart assocation to establish an annual food festival to focus national attention on the importance of eating foods low in cholesterol and fat. The festival will take place Sept. 8 through 14.

"The optimum for adults under the age of 30 is to have a blood cholesterol level of 180 milligrams, and 200 milligrams for people 30 and older," says Johnson. "Cholesterol intake should be limited to no more than 300 milligrams per day."

The tour is helpful because it points out some common food myths. "People always say they don't eat pork because it has too much fat," says Johnson, "but pork loin [a lean pork chop] has less than some cuts of beef." Pork loin has 16 percent fat, compared with 33 percent for a steak or rib roast.

"Fruit yogurt is not as low in calories as some people think," Johnson continues. "We suggest buying plain yogurt and mixing it with fresh fruit."

Tours will begin Sept. 8 from 11 a.m. to 7 p.m. Other food festival programs will be at some Giant food stores in the suburbs. For more information, call: 337-6400.

— Wendy Melillo

CLASSES

Arthritis Sept. 5, 1 to 3:30 p.m. Arthritis Foundation sponsors a six-week "Arthritis Self-Help" course for military personnel, their dependents, and those eligible for military health care. Rheumatology Clinic, National Naval Medical Center, Bethesda. Free. To register, call Fran Fortuna: 295-4512.

Diabetes Sept. 5, 6:30 p.m. American Diabetes Association sponsors a diabetes management class. 1819 H St. NW, Suite 1200. Free. Registration: 331-8303.

Attendant Care Training Sept. 7, 9 a.m. to 4:15 p.m. Easter Seal Society sponsors a personal care attendant class for those interested in learning how to care for disabled persons. Kilby Center, 6400 Laurel-Bowie Rd., Bowie. Free. Registration: 933-3805.

Hospice Training Sept. 7, 9 a.m. to 4 p.m. Hospice of Northern Virginia sponsors a series of patient care training classes to qualify volunteers to work with hospice patients and families. Dining Room, 4715 N. 15th St., Arlington. Registration: 525-7979.

CPR Sept. 9, 7 to 10 p.m. Suburban Hospital sponsors a class in cardiopulmonary resuscitation. 8600 Old Georgetown Rd., Bethesda. $20. 972-4869.

Cesarean Delivery Sept. 9, 6:30 p.m. Shady Grove Adventist Hospital sponsors a class to prepare expectant parents for a cesarean delivery. Second floor conference room, 9901 Medical Center Dr., Rockville. $10 per couple. Registration: 279-6529.

First Aid Sept. 9, 7 to 10 p.m. Montgomery County Chapter of the American Red Cross sponsors a "Standard First Aid and Personal Safety" course. Students must be 13 or older. Free. 2020 East West Hwy., Silver Spring. Preregistration: 588-2515.

SUPPORT GROUPS & MEETINGS

Hearing Loss Sept. 4, 7:30 p.m. Self Help for Hard of Hearing People sponsors a support group. Wheaton Regional Library, 11701 Georgia Ave., Wheaton. Free. 649-1695.

Polio Sept. 5, 7 to 9 p.m. Post-Polio National sponsors a support group and discussion. Third floor conference room, Fairfax City Public Library, 3915 Chain Bridge Rd., Fairfax. Free. 273-8171.

Ostomy Sept. 8, 2 p.m. Northern Virginia Chapter of the United Ostomy Association sponsors a meeting. Fairfax Hospital Cafeteria, 3300 Gallows Rd., Falls Church. 938-5550.

Infant Death Sept. 9, 8 p.m. Shady Grove Adventist Hospital sponsors a support group for those pregnant after experiencing the loss of a child by miscarriage, infant death or stillbirth. Cafeteria Conference Room, 9901 Medical Center Dr., Rockville. Free. 279-6529.

Psoriasis Sept. 9, 7:30 p.m. Northern Virginia Psoriasis Support Group holds a meeting. Mason District Police Station, 6507 Columbia Pk., Annandale. 455-7245.

Herpes Sept. 10, 7:30 p.m. National Hospital for Orthopaedics and Rehabilitation sponsors a herpes support group. Staff Development Room, 2455 Army Navy Dr., Arlington. 553-2473.

Liver Disease Sept. 11, 7 p.m. Washington Area Liver Group sponsors a support group for people with liver disease. Chevy Chase Library, Connecticut Avenue and North Hampton Street NW. 946-4818.

WORKSHOPS & SEMINARS

Athletes Sept. 4, 7:30 p.m. Potomac Hospital sponsors a seminar, "The Executive Athlete," for people who think they are too busy to exercise. 2300 Opitz Blvd., Woodbridge. Free. 670-1326 or 670-1310.

Age and Exercise Sept. 5, 7 p.m. Arlington Hospital sponsors a seminar, "Exercise as You Grow Older." 1701 N. George Mason Dr., Arlington. Free. 558-6700 or 558-6890.

Widowed Sept. 5, 5:30 to 7:30 p.m. Mount Vernon Center for Community Mental Health sponsors a six-week seminar for men and women who have been widowed. 8119 Holland Rd., Alexandria. $45. Call Helen Fitzgerald or Lee Wick: 360-6910.

Foot Problems Sept. 11, 8 p.m. Montgomery General Hospital sponsors a seminar, "Common Foot Problems and Their Treatment." Second floor, 18101 Prince Philip Dr., Olney. Free. 774-7800, ext. 2320.

Runners Sept. 11, 7:30 p.m. National Hospital for Orthopaedics and Rehabilitation sponsors a seminar, "Introduction to Running." Conference Room, 2455 Army Navy Dr., Arlington. $4. Registration: 553-2460.

LECTURES & DISCUSSIONS

Chest Pain Sept. 4, 7:30 p.m. American Heart Association Northern Virginia Council and Mount Vernon Hospital sponsor "Chest Pain: When to Call for Help," part of the 10-month series "Heart to Heart" for heart patients and their families. Suite 225, 4231 Markham St., Annandale. Free. 941-8500.

Diabetes Sept. 5, 8 p.m. Northern Virginia Diabetes Group sponsors a lecture, "The Diabetic Eye." Mason District Police Station, 6507 Columbia Pike, Annandale. 451-4143.

Addiction Sept. 9, 7:30 to 9:30 p.m. Virginia Coalition for Women, Alcohol and Drugs sponsors a discussion, "Successful Strategies for Reaching Women Alcohol and Drug Abusers." Woodburn Center for Mental Health, 3340 Woodburn Rd., Annandale. Free. 751-0670.

Depression Sept. 10, 8 to 9 p.m. Psychiatric Institute of Montgomery County sponsors a lecture "The Many Faces of Adolescent Depression," part of series of lectures on depression. Sheraton Potomac Hotel, I-270 and Shady Grove Road, Rockville. Free. 251-4676.

To have a listing considered for the Calendar, please send information 10 days before publication date to Wendy Melillo, Health Calendar, The Washington Post, 1150 15th St. NW, Washington, D.C. 20071. Material must include date and time of the event, description, address, phone number for publication and price information. Also send photos if appropriate; photos will be returned if an addressed return envelope is included.

AIDS and the Blood Supply, Lithium, Sore Elbows

By Dr. Jay Siwek
Special to The Washington Post

Q. *Is it reasonable to assume that if my spouse and I remain monogamous and do not use intravenous drugs, we will be safe from AIDS? We know about autologous blood transfusions, but could we donate blood for our children if they ever needed it? We're concerned because of the number of units of blood that test positive for the AIDS virus.*

A. It is reasonable to assume you'd be safe from AIDS, mainly because AIDS seems to be transmitted only by intimate contact with an infected person or transfusion of infected blood products. AIDS isn't transmitted by casual contact with AIDS victims. As for intravenous drugs, you don't get AIDS from the drugs themselves—it's sharing needles with someone who carries AIDS that can give you the infection.

You mention autologous blood transfusion—donating blood for yourself in preparation for an upcoming operation. This may be one way to assure that blood you receive is free of AIDS, but it's unnecessary, because blood supplies are already being carefully screened. For unexpected operations, autologous transfusion is impossible.

As for your children, you could donate blood for them only if it matched in several ways. This takes more than just having the same blood type, such as A, B, O or AB. In fact, the American Association of Blood Banks, the American Red Cross and the Council of Community Blood Centers have jointly advised against self-selection of blood donors. There is no evidence that blood from donors chosen by patients is safer than blood from volunteer donors.

Although individual cases have been widely publicized, it's rare to get AIDS from a blood transfusion. Only about 2 percent of AIDS victims (about 200 cases) seem to have gotten their disease from a transfusion, and this was before screening for AIDS virus was available. To put things in perspective, about 3 million people receive blood transfusions each year.

In addition, the new test that screens donated blood for the AIDS virus isn't able to distinguish between blood that can transmit the infection and blood that merely indicates an exposure to the AIDS virus in the past. This question isn't yet answered. We may be discarding infection-free blood unnecessarily and frightening donors, who may mistakenly believe they have a smoldering case of AIDS. But it's best to be safe and not use any blood that shows exposure to the AIDS virus.

Q. *My doctor just started treating me with Eskalith for manic depression. Although he didn't mention this, I read in a medical book that taking this drug for several years can cause abnormal tongue movements and other uncontrollable body movements and that no cure for these effects is yet known. For this reason, I am afraid to take the drug. Your comments, please.*

A. Eskalith is the brand name for lithium, generally the most effective drug for manic depression. Like many strong remedies for serious health problems, lithium is not without potential adverse effects. I expect that your doctor will want to carefully check your response to it. Your doctor can also measure the amount of lithium in your blood to keep it in a safe range and reduce the chances of serious side effects.

Lithium can cause the following adverse reactions in your nervous system: tremor; muscle twitching; abnormal movements of your tongue, face muscles or arms and legs; slurred speech; and confusion. These usually occur when you have too much lithium in your body, and disappear when the dose is decreased. They tend to develop gradually, so you'll usually have a warning that you're having a bad reaction.

The type of permanent reaction you refer to that doesn't have a cure is called tardive dyskinesia (meaning abnormal movements occurring late in one's course of treatment). This tragic drug complication, fortunately rare, mostly happens in elderly people and those institutionalized because of mental problems. Lithium causes tardive dyskinesia very rarely, if at all. Instead, tardive dyskinesia is mainly caused by antipsychotic medications such as Thorazine, Stelazine, Mellaril and Haldol. Two basic principles of medical treatment apply to their use: 1) the benefit of treatment should outweigh the potential harm, and 2) the patient should understand the pros and cons of therapy.

Q. *I get a pain in my elbow whenever I lean on it. It lingers for a while afterwards, then goes away by itself. What could this be?*

A. You may have a type of bursitis that occurs in people who spend a lot of time leaning on their elbows—while studying or doing office work work, for instance.

Bursitis means inflammation of a bursa (from the Latin world for purse), a small fluid-filled pouch that acts as a shock absorber. Bursas are located at points of pressure or friction in the body.

Irritation from overuse or minor trauma causes inflammation, pain, tenderness and sometimes swelling. For severe bursitis, you may need strong anti-inflammatory drugs or an injection of cortisone. Moderate cases usually respond to ice and aspirin. For milder cases, all you probably need to do is avoid the activity that brought it on.

I'll mention another possible cause of your symptoms, and that's pressure on the ulnar nerve, which runs down your arm, through a groove behind your elbow, and into your hand. When you hit your "funny bone" in your elbow, sending a shock-like tingling up and down your arm, you're actually hitting your ulnar nerve. The tip-off here is that the pain feels like a tingling that often extends into your little finger, which gets its sensation from this nerve. This problem generally goes away by itself when you stop putting pressure on the nerve.

Jay Siwek is a family physician from Georgetown University.

Send questions to Consultation, Health Section, The Washington Post, 1150 15th St. NW, Washington, D.C. 20071. Questions cannot be answered individually.

How Does My Body Fight Germs?

ILLUSTRATION BY LOEL BARR
FOR THE WASHINGTON POST

Scientists are working on ways to fight a disease called AIDS, which damages the body's ability to fight germs.

By Catherine O'Neill
Special to The Washington Post

Have you ever tried to talk your mother into letting you do something by being really nice to her? Maybe she said, "Don't try that on me. I'm *immune* to your charm."

Being immune to something means being able to resist it, or fight it. Your body comes equipped with an immune system to help you fight off germs and disease. It is a very complicated and delicate system—and most of the time it works very well.

You aren't aware of it, but your body is constantly on the alert to protect you from getting sick. Most of the diseases human beings can catch are carried by tiny germs. Germs are also called *micro-organisms.* Micro means tiny.

Micro-organisms are so small they can only be seen through a microscope. Some kinds of micro-organisms are called *bacteria.* They cause infections and sicknesses like tonsillitis.

Another type of micro-organism called a *virus* can cause sicknesses like colds, the flu and polio.

A virus is a strange thing. Outside the body, it doesn't do much. But if viruses get inside and attach themselves to your cells, more of them begin to grow. This process can make you sick.

Luckily, doctors have found ways to prevent us from catching many of the worst illnesses viruses can cause. For example, when your grandmother was a little girl, polio was a very serious disease that made many people very sick. Then a *vaccine* was invented which prevents people from getting polio.

Vaccines are used to prevent illnesses. They teach the immune system how to fight certain viruses. Do you remember eating special sugar cubes your doctor gave you? Those cubes contained a vaccine to help you fight the polio germ. Today, people who take the polio vaccine don't have to worry that the virus will infect them.

When micro-organisms get into the body, the immune system goes into action. Special white cells in your blood rush to defend you against invading germs.

Your immune system depends on different kinds of white blood cells. One kind is a fighting cell called a *lymphocyte.* Lymphocytes are always on the lookout for invading germs. When they find one, they make substances called *antibodies* to destroy the poison made by the germ. Antibodies attach themselves to the germ and start to fight.

Sometimes antibodies just grab onto the invader, and that's enough to make it harmless. At other times, special cells called *macrophages* are called in to take over the clean-up job. These cells come along and gobble the invaders up. They recognize the unwelcome micro-organisms because of the antibodies coating them.

Because each germ makes a different kind of poison, lymphocytes must produce a different kind of antibody to fight each one. And the antibodies can be used over and over again.

Let's say you catch chicken pox. While you're itching, your body is fighting a battle against the chicken pox virus. Once you get well, the antibodies your immune system made to fight the illness stay inside you. If another chicken pox virus should get inside you later on, the old antibodies would rush to it and overpower it before it got a chance to make you sick. This ability to resist an invading germ is called immunity.

Sometimes the immune system can break down. Recently, you've probably heard about a disease called AIDS.

AIDS stands for "acquired immune deficiency syndrome." The immune systems of AIDS victims become deficient, or weak, and stop fighting off disease.

AIDS makes people sick by attacking a kind of lymphocyte called a T-cell. For some reason which doctors don't understand yet, lymphoctyes cannot fight the AIDS virus. Instead, the AIDS virus attacks the lymphocytes, takes over the cells and begins reproducing. This interrupts the immune system, and it breaks down.

It's extremely rare, though, for children to catch AIDS.

Researchers around the world are working hard to find a way to fight the disease. The United States government is spending millions of dollars to do medical research about AIDS, and everyone is hoping for a breakthrough soon.

Tips for Parents

According to a new Washington Post poll, 97 percent of people in the area know what AIDS is. So don't be surprised if your children come to you with anxieties and questions. If they do, says Dr. Colleen Conley, a psychiatrist at Children's Hospital, give simple, straightforward answers.

"With a disease like AIDS, it's hard to make a blanket recommendation about how to handle kids' fears or questions," says Conley. "In general, I'd acknowledge their concern, be reassuring, and tell them that only certain people get it, and that almost none of those are children." For most school-age children, that should be enough. But if you children continue to probe, Conley says, use your own judgment about what to tell them. "Most parents," she says, "will sense how much information their children can handle." ■

Catherine O'Neill is an editor of National Geographic World, a magazine for children 8 and up.

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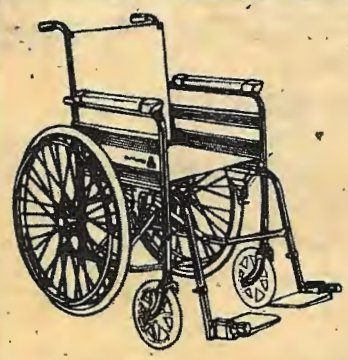

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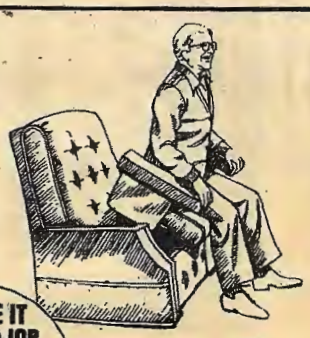

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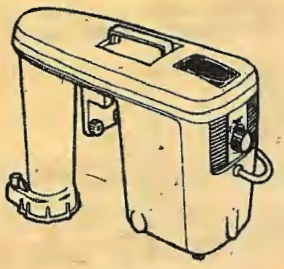

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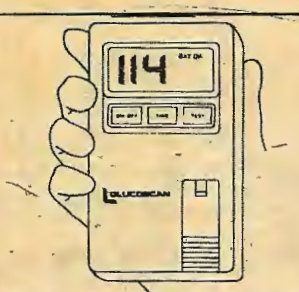

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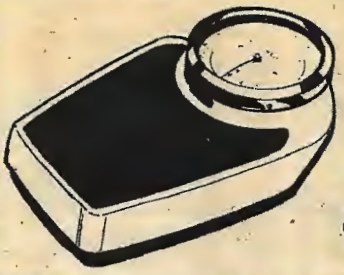

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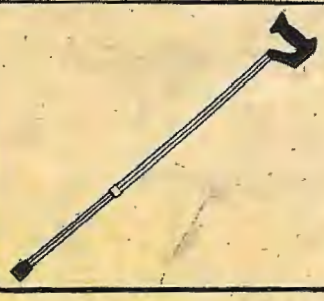

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