Withdrawal/Redaction Sheet
Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
001a. form	re: Correspondence routing slip (Personal) (1 page)	05/01/1997	b(6)
001b. letters	AIDS researcher to Sandra Thurman re: Personal cure for AIDS (22 pages)	04/00/1997	b(6)
001c. letters	AIDS researcher to Sandra Thurman re: Personal cure for AIDS (90 pages)	04/00/1997	b(6)

COLLECTION:
Clinton Presidential Records
National AIDS Policy Office

OA/Box Number: 19394

FOLDER TITLE:
Correspondence - SLT - Incoming - 5/97 [Folder 2] [1]

2018-0764-F
jm2040

RESTRICTION CODES

Presidential Records Act - [44 U.S.C. 2204(a)]

P1 National Security Classified Information [(a)(1) of the PRA]
P2 Relating to the appointment to Federal office [(a)(2) of the PRA]
P3 Release would violate a Federal statute [(a)(3) of the PRA]
P4 Release would disclose trade secrets or confidential commercial or financial information [(a)(4) of the PRA]
P5 Release would disclose confidential advice between the President and his advisors, or between such advisors [a)(5) of the PRA]
P6 Release would constitute a clearly unwarranted invasion of personal privacy [(a)(6) of the PRA]

C. Closed in accordance with restrictions contained in donor's deed of gift.
PRM. Personal record misfile defined in accordance with 44 U.S.C. 2201(3).
RR. Document will be reviewed upon request.

Freedom of Information Act - [5 U.S.C. 552(b)]

b(1) National security classified information [(b)(1) of the FOIA]
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b(9) Release would disclose geological or geophysical information concerning wells [(b)(9) of the FOIA]

COLL - SLT -
Training -
5/99

Office of
National AIDS Policy

Correspondence Routing Slip

Tracking Number: G3706

Date Rcvd: 05-01-97

From: Soraya Rodriguez Chasty

Letter Sent To Mr. Dennis deLoon CC: SENT TO Sandra Thurman

Staff Action:

Reviewed By Sandy:_____ **Reviewed By:** _____

Assigned To:_____

RCVD:_____ **DONE:**_____

_____

Recommendations/Instructions:

_____

_____

_____

To Support Staff:_____

Date of Response:_____

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PUERTO RICO FEDERAL AFFAIRS ADMINISTRATION
OFFICE OF THE GOVERNOR

PEDRO ROSSELLÓ
GOVERNOR

WANDA RUBIANES
DIRECTOR

SORAYA RODRIGUEZ
DIRECTOR
NEW YORK REGIONAL OFFICE

April 25, 1997

Mr. Dennis deLeon
President
Latino Commission on AIDS
80 Fifth Avenue
Suite 1501
New York, NY 10011

Dear Mr. deLeon:

I am aware, as of yesterday, that a public protest of HIV/AIDS regulations being reviewed in Puerto Rico is scheduled here in New York for May 1, 1997. As I understand it, your concerns revolve around the Department of Health's proposed Regulation No. 87. You may not be aware that, in order to address public concerns expressed to the Puerto Rico Secretary of Health, Regulation No. 87 was suspended early this year, and a special committee consisting of diverse community advocates and officials from the Department of Health was appointed by Secretary Carmen Feliciano to review the regulation.

In reviewing copies of letters authored by some of the leaders who have joined in your effort, I note these letters contain information that is currently outdated, and factually incorrect regarding efforts the Puerto Rico Department of Health has taken to ensure that Regulation No. 87 is in full compliance with the Center for Disease Control and Prevention, and the Ryan White Act.

The Department of Health of Puerto Rico has undertaken serious efforts to open channels of dialogue with all concerned parties, and has welcomed the contribution that serious advocacy groups are now making to the proposed regulations.

This being the case, it seems appropriate to establish a dialogue in relation to this important issue. Since the protest of reference may be the result of frustration borne from lack of dialogue between your group and our Government, please accept this letter as an invitation to open communication between the Government of Puerto Rico and advocacy groups based in New York, regarding Regulation No. 87 and matters dealing with the treatment of HIV/AIDS infected individuals in

NEW YORK REGIONAL OFFICE
3 PARK AVENUE, 33RD FLOOR, NEW YORK, NEW YORK 10016
TELEPHONE: (212) 252-7300 FAX: (212) 252-7323

Puerto Rico. Enclosed please find a San Juan Star article that addresses this matter, for your information.

I look forward to hearing from you at your earliest possible convenience.

Sincerely,

Soraya Rodríguez-Chasty
Regional Director

enclosure

cc: The Honorable Carmen Feliciano, Puerto Rico Department of Health
Dr. David Satcher, Director, Center of Disease Control and Prevention
Sandra Thurman, Director, Office of National AIDS Policy
Dr. Marsha A.Martin, Special Assistant to the Secretary, HHS
Fernando Ferrer, President, Bronx Borough
Andrew L. Praschak, Executive Director, Human Rights Foundation
Diego M. Santiago, President, The Puerto Rican Initiative to Develop Empowerment
José Toro Alfonso, Director, AIDS Foundation

The San Juan Star - Thursday, April 17, 1997

LOCAL NEWS

New HIV regulation drops most controversial aspects

Vargas: Health is aware that it moved too fast

By LORRAINE BLASOR
Of the STAR Staff

The revised version of new health regulations that added HIV to the list of reportable diseases eliminates the more controversial aspects of the rules, said members of the panel currently working on the new draft.

"I see a good intention to amend a mistake. The department is aware it moved too fast," said José Vargas Vidot, executive director of Community Initiative, on Wednesday.

José Toro Alfonso, executive director of the AIDS Foundation, said the draft scraps the requirement that HIV-positive persons must turn over to the state a list of all their sexual partners, as far back as 10 years.

The draft also drops a provision that would allow doctors to get a Health Department order to test a patient if they suspect the person is HIV-positive.

Nor will doctors have to report the names, addresses, phone numbers and beepers of patients as required by the regulations the department announced earlier this year.

The new regulations took effect Jan. 31 but were temporarily suspended on the heels of loud protests by HIV-positive and AIDS activists and critics who claimed the rules infringed on the constitutional right to privacy.

The American Civil Liberties Union recently threatened to take the Health Department to court if it moved ahead with the regulations.

Health Secretary Carmen Feliciano declined to comment on the draft, noting she preferred to let the panel work in peace until it completes its review.

"I don't even know what they are discussing at the meetings," she said in a brief telephone interview.

However, Feliciano said she invited former U.S. Surgeon General Antonia Coello de Novello on Sunday to participate in the review process. Coello, she said, has accepted, although "obviously she won't be in all the meetings. It's impossible."

Toro and Vargas Vidot expressed confidence the panel will be able to reconcile the concerns raised by the rules with the requirements of the state.

Both activists agreed the Health Department needs to know how many people have HIV but, they insisted, testing should remain anonymous to encourage people to go for the test and, if found to be positive for the virus, access treatment as soon as possible.

Early treatment is considered vital to enable patients to successfully fight the development of the deadly disease, a process that can take upward of ten years.

Vargas Vidot said he advised the panel to consider separate regulations for HIV instead of including it in the list of reportable diseases. And he recommended strengthening the case management system that until now has been very successful in bringing HIV and AIDS patients into the formal health system that caters to them.

The panel of about 12 people, including government representatives and community members, has met twice and a third meeting is scheduled for April 30.

Gay activist Andrew Praschak recently expressed concern the gay community is not represented in the panel, but Vargas Vidot said this is not the case. Two members on the panel publicly acknowledged at one meeting that they were gay, he said.

Still, Vargas Vidot said he considered the panel to be tilted toward the government which led him to recommend that three other community members join the review committee.

Office of
National AIDS Policy

Correspondence Routing Slip

Tracking Number: G3715

Date Rcvd: 05-02-97

From: Stephen Kubenka

Staff Action:

Reviewed By Sandy:_____ **Reviewed By:** _____

Assigned To:_____

RCVD:_____ **DONE:**_____

Recommendations/Instructions:

To Support Staff:_____

Date of Response:_____

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28 April 1997

Stephen Kubenka
2002-C Sharon Lane
Austin, Texas 78703

Ms. Sandra Thurman, AIDS Project Coordinator
The White House
1600 Pennsylvania Avenue
Washington, D.C. 20500

Dear Ms. Thurman:

In June 1993, I began sending copies of the obituaries of persons who have died of AIDS in our community to my Congressmembers, my President and his AIDS coordinator, and to my Governor. These obituaries are ones that appear in *one* newspaper (the Austin *American-Statesman*) in *one* mid-sized American city (Austin). In almost four years the number of obituaries I have sent now totals 247 — over 60 a year!

As the latest AIDS project director for President Clinton you have begun receiving (on what has become a tragically regular basis) notices from me of our community's AIDS deaths. I think it is important we be constantly reminded that each and every casualty of this horrific disease has a face and a name.

My message is easy to understand: everything possible must be done to provide a cure with the utmost haste. President Clinton promised a "Manhattan Project" against this disease. His pledge has fallen disappointingly short, and America and the world is still waiting. The position of "AIDS Project Coordinator" at the White House has so far proven (for whatever reason) to be woefully ineffectual.

The undertaking in the battle against AIDS is awesome and overwhelming, and we need the efforts and attentions of everyone — you could make an important and historic contribution to this battle.

Each time you receive a new obituary from me, please pause a moment — look at the faces of these people, read about their lives, and behold the honor and value that their lives held for their community and friends. Resolve each time to make a difference !

Sincerely,

Stephen Kubenka

ENC.: Obituary

"Remember their Names."

— NAMES PROJECT —

B4 Sunday, April 27, 1997

Funerals and Memorials

David Allen Hart

David Allen Hart, 46, formerly of Austin, died April 21, 1997.

He was preceded in death by his parents, Cecil Conway Hart and Ruby Ethel Zoch.

Survivors include his lifetime partner, Harry McDonald, of Kansas City, Missouri; one sister; and three brothers, all of Austin.

He was a man of many talents and excelled in life.

Memorial services will be held in Kansas City on Monday evening, April 28, 1997.

Memorial contributions may be made to Good Samaritan Project, 3030 Walnut, Kansas City, Missouri 64108-3811.

Our government's indifference to the epidemic of AIDS has contributed to this cherished citizen's death, and its continued dereliction will yield another tragic and needless death to be announced in tomorrow's newspaper. The loss of potential, ability, and joy to our community and to our nation by this untimely death is inestimable and inexcusable.

A cure for AIDS *is achievable* with our nation's great resources. Every avenue of AIDS research *must* be explored – with government funding vastly expanded without delay. Tomorrow is one day too late!

Your office and your position of leadership can provide a pivotal and historic contribution to the end of this modern-day holocaust. Please perform one act of compassion *today* — a declaration of the urgency of AIDS in your next speech, a phone call to the National Institutes of Health lending your support toward the strengthening of the Office of AIDS Research (OAR), a visit to an AIDS ward or hospice — to fight AIDS in honor of the memory of this valued citizen.

Yours truly,

Stephen Kubenka
2002-C Sharon Lane
Austin, Texas 78703

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2018-0764-F
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PRM. Personal record misfile defined in accordance with 44 U.S.C. 2201(3).
RR. Document will be reviewed upon request.

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001b. letters	AIDS researcher to Sandra Thurman re: Personal cure for AIDS (22 pages)	04/00/1997	b(6)

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National AIDS Policy Office

OA/Box Number: 19394

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THE WHITE HOUSE

WASHINGTON

Corr

May 20, 1997

MEMORANDUM FOR: **MICHELLE PETERSON**
Associate Counsel to the President

REGARDING: May 5, 1997 Request for Documents

This certification is in response to the memorandum from Charles F.C. Ruff, Counsel to the President, regarding the 5/5/97 Document Request. By signing this document, I am certifying that I directed all individuals in my office to search their files as well as the office's files. To the best of my knowledge, these files have been reviewed and all responsive documents have been provided.

Office of National AIDS Policy:

Sandra L. Thurman
Director

THE WHITE HOUSE

WASHINGTON

May 5, 1997

MEMORANDUM TO: Executive Office of the President Staff

FROM: Charles F.C. Ruff
Counsel to the President

RE: Document Request

We have received requests seeking documents relating to certain entities and individuals. Accordingly, please conduct a thorough and complete search of all your records -- whether electronic, paper, or other form -- for the following materials.

1. Any and all documents and/or communications from January 1, 1994 to the present, reflecting, related or referring to Webster ("Webb") Hubbell or Suzanna ("Suzy") Hubbell.

2. Any and all documents and/or communications from January 1, 1994 through December 31, 1995 reflecting, related or referring to any of the following individuals or entities. (In the case of government employees, you need not produce documents that relate only to their official duties unless otherwise specified.)

Individuals
Arkatov, Alan S.
Arnold, Anita
Arnold, Truman
Berman, Michael S.
Boggs, Timothy A.
Boxer, Doug
Broad, Eli
Budetti, Peter
Conn, Carroll Wayne
Davidson, James
Driscoll, John J. "Jack"
Hannaman, Gary or Hanman, Gary
Hedlund, Karen J.
Hoover, Pete
Jacoby, Leonard
Johnson, James A.

Jordon, Vernon
Kaplan, Stephen H. (Provide documents related to L.A. Airport)
Lee, Debbie
Leslie, Mary Elizabeth
Lewin, James E., Jr.
Lindeman, Barbara
Manatt, Charles T.
Mendlow, Carl D.
Moores, John
Nathanson, Marc
Perelman, Ronald
Phillips, John R.
Rapoport, Bernard
Rawls, W. Lee
Reaud, Wayne A.
Reiner, Ira
Schoon, Darryl
Schwartz, Barry F.
Sinkin, Judy
Stein, Theodore O., Jr.
Stonnington, Nicholas H.
Stowe, Ronald F.
Strickland, Joanne
Toner, Beth
Ward, Seth
Ward, Skeeter
Westen, Tracy
Wolfe, Robert S.

Entities
American Income Life Insurance Company
Consumer Support and Education Fund
Falcon Cable
JMI, Inc.
McAndrews & Forbes Holdings, Inc.
Merrill Lynch
Mid-American Dairymen
Pacific Telesis
POM, Inc.
Revlon
Sun America
The City of Los Angeles, Department of Airports
Time Warner
Truman Arnold Companies
U.S. Sprint

If you have already provided the documents to the Counsel's Office, you do not need to do so again. If any of the entities above have had matters before your office that would result in large volumes of responsive documents (e.g., the telecommunications bill) please call Shelli Peterson at 6-7804 for instructions on whether to provide the documents.

Documents include, but are not limited to, memoranda, correspondence, notes, minutes from meetings, schedules, messages, appointment logs or calendar entries, telephone logs or messages, photographs, and computer or database entries.

Each employee is responsible for searching all of his or her files and records to ensure a comprehensive search. In the White House Office, the Office of Policy Development, and the Executive Residence, each Office Head or Assistant to the President must certify that his or her staff has done a complete search. For all other EOP agencies or entities, the General Counsel must certify that all agency records have been provided.

ALL DOCUMENTS MUST BE PROVIDED TO SHELLI PETERSON, ROOM 482 BY FRIDAY, MAY 16, 1997. If you have any questions, please call Shelli Peterson at 6-7804.

Withdrawal/Redaction Marker
Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
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OA/Box Number: 19394

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Office of
National AIDS Policy

Correspondence Routing Slip

Tracking Number: G13733

Date Rcvd: 05-09-91

From: Reuben Sorkin, M.D.

Staff Action:

Reviewed By Sandy:_____ **Reviewed By:** _____

Assigned To:_____

RCVD:_____ **DONE:**_____

Recommendations/Instructions:

To Support Staff:_____

Date of Response:_____

n:\corresli

Reuben Sorkin, M.D.
4721 University Drive
Coral Gables, Florida 33146
(305) 666-2629

May 1, 1997

Ms. Sandy Thurman
Director of the National AIDS Policy
Office of the Director
750 17th Street N.W.
Washington, D.C. 20503

Attention: Mr. Jason Wright

Dear Ms. Thurman:

Congratulations on your appointment to the position as Director of the National AIDS Policy Director. I wish you every success in the war against AIDS.

As you were busy elsewhere on May 22, I had the pleasure of visiting with your associate, Mr. Jason Wright who suggested that I write to you. Hence this letter and the enclosed scientific data and other relevant material.

After the death of two of my friends from AIDS, I have spent part of the last few years on the prevention of this disease and other sexually transmitted diseases (STD).

For the past 50 years, while other technologies have made important changes to the betterment of the public, the condom is still the same. For example, the automobile now has a better motor, breaks down rarely, has seat belts, anti-lock breaks and air bags. Also, medical science by its improvement has prolonged life.

In spite of the increase of STD and its morbidity, mortality and frequency, the condom is the same. It is satisfactory for sensuality but does not provide sufficient protection against STD and unwanted pregnancies.

Prior to your appointment, I had some correspondence with Ms. Patricia Fleming who judging by her letters thought well of my patent and ideas.

I firmly agree that one of the aims of this campaign is prevention. If there ever was an adage which applied, it is this one, "an ounce of prevention is worth a pound of cure."

The skin adhesives that are now available are satisfactory since there is very little pain except slight pulling of the adhesive on the hair.

You will notice that I try to avoid the use of the word "condom" substituting the word "prophylactic" or "prophy," as the C has a poor acceptance factor.

You will note among the enclosures a letter from the Preventative Medicine Division of the U.S. Navy regarding the merits of the Pro-Shield Prophylactic.

Congratulations are due Dr. Ho for his "drug cocktail," which includes a protease inhibitor and several other antiviral drugs. He admits that prevention is still the best way to deal with the epidemic.

The disadvantages of his antiviral cocktail are:

1. The cost: $20,000 yearly.
2. 40 to 60 pills daily.
3. Danger of creating a drug resistant virus.
4. Inability of third world countries to provide these drugs for its citizens.

Much good could be accomplished by education particularly in the schools, colleges, media, television, press, public relations, etc.

Following the example of "Say no to Drugs," a motto could be made popular such as "No sex without a spouse or prophylactic."

The amount of smoking has decreased so much that tobacco companies are forced to concentrate on Europe, Asia and South America to sell their products. Watching movies twenty-five years old, one notices the difference in the amount of smoking then and now.

Millions of people, many in the prime of life, are sick or dying from AIDS. The number of patients is increasing constantly.

Two patents have been granted to me by the U.S. Patent Office which are satisfactory.

In the pages that follow you can read the description of the patent and its advantages over the preventative that are now being used.

The success of my patent is dependent on removing the condom from the penis completely painlessly.

Skin glue is usually a copolymer of an acrylic ester and acrylic acid.

Both the Curad Company and Johnson & Johnson are marketing Band-Aids which, if removed in 20 minutes, are almost painless. If they remain longer, it requires pulling the hair.

The superiority of my prophylactic is due to the fact that the condom remains in place at all times giving greater protection to the couple having sexual relations.

Whereas the condom on the market today, tends to slip off partially or completely after intercourse due to the fact that the male organ decreases in size after ejaculation.

A chemical adhesive which on exposure to air will disintegrate and lose its adhesive qualities in 15 to 20 minutes or one that will dissolve by applying water or a solvent which is not harmful would improve my invention. Solvents are available which could convert the adhesive to water but they are not completely harmless.

To save the reader of this letter time, I shall use the following abbreviations:

S.T.D.	=	sexually transmitted disease
C	=	commonly used condom
P	=	Pro-Shield - The Doctor's Prophylactic
C.I.	=	Coitus Interruptus

Enclosed is a newspaper article: AIDS Stumps Science.

Despite thirteen years of research and the expenditure of ten billion dollars in the finest medical laboratories in the world, no vaccine or cure for AIDS has been found. So far, 270,000 Americans have died from this disease. Hundreds of thousands of people worldwide are HIV positive.

I hold two U.S. Patents on the P using either latex or plastic, as the materials each have their advantages.

Plastic is stronger, has a longer shelf life, resists weakening by petroleum products, and is not affected by heat or cold. Latex allows for pleasurable use, and has a long history of use.

I have set up a company, for convenience, called R.S.P., or R. S. Prophylactic Company, and also a trademark.

The use of the words Pro-Shield - The Doctor's Prophylactic, is prompted by the use of a shield in the device (see Patent). The use of the word Doctor's is suggested by the feeling of safety to use this device. Also, the success of Dr. Scholl's foot products is a good example.

As 2% of the public are allergic to latex, there is a place for plastics like thermoplastic elastomer or polyurethane.

The trademark consists of a red colored heart shape and white cross in the center.

The C that is found in the pharmacy today is satisfactory for sensuality and pleasure, but does not provide for the protection that is needed for the 90's in view of the seriousness of S.T.D.

A study of the physiology of the sex act reveals the weakness of the present C. The anticipation of the sex act causes the release of chemical hormones following nerve stimulation. This causes the enlargement of blood vessels in the male organ. As a consequence, the penis becomes firm and larger because of the increased blood in the organ.

After the orgasm and the release of ejaculatory fluids, another hormone is released. The blood then leaves the penis and it becomes smaller and flaccid. It is at this point that the C may slip off the penis partially or completely, thus exposing the partners to S.T.D. or an unwanted pregnancy.

To prevent the slippage of the C, public health authorities have recommended the removal of the erect penis from the vagina before ejaculation. This is known as Coitus Interruptus.

The C.I. act has certain important disadvantages. It requires correct timing of the male to remove himself from the female and creates a feeling of incompleteness of the love act. The female finds this behavior frustrating and a lack of fulfillment. C.I. can create serious emotional problems.

Next to eating and entertainment, sex is a necessary emotional function. As part of my medical training, I spent several days in a mental hospital. I was surprised to learn how many inmates were unmarried, or who had no steady sexual partner. I found many of these people were former teachers, nuns, priests, professionals who never experienced the joy of matrimony.

On one occasion, I discussed the emotional problems of teenagers with a psychiatrist in a clinical practice. The doctor advised that many of these symptoms of mental disorders spontaneously disappeared after marriage or the acquisition of a permanent sexual partner.

This brings us to the need of the Pro-Shield - The Doctor' Prophylactic, which has the U.S. Patent No. 5,069,228, which provides for greater protection against S.T.D. and unwanted pregnancy than present available C.

Merely placing the P and the C side-by-side reveals the superiority of the P to the examiner.

Examining Figure 4 of the Patent, one will notice Items 18, 20, 24, 32, 30, 16 and 25 -- that fluids of the male and female are kept separate by use of the shield and the male prophylactic at all times. This separation of fluids is present at all times, whether the penis is firm or flaccid. Slippage cannot occur since the shield adheres to the pubic area of the male. This mechanism

allows for the completeness of the sex act -- the orgasm of both male and female and a happy ending.

In contrast, examination of Figure 5, Item 34, reveals that the intermingling of sexual fluids in the C with the slippage of C, as a result of shrinking of the penis. As a consequence, one or both partners may contract S.T.D. or an unwanted pregnancy.

The infection of AIDS, Syphilis and Herpes are especially prevented from spreading by the use of the Shield.

Also, the P should be lubricated externally to reduce friction and prolong the sexual act.

On examining the patent, Figure 2, Item 20, you will note the adhesive. The adhesive is on two sides. One side is attached to the latex shield, the other side is for the pubic area skin. Gauze should be removed from one side of he adhesive to expose the adhesive so it can be attached to the skin of the pubic area.

The P provides more safety for male homosexuals. For women with dry vaginas, lubrication of the P is helpful.

At this point, it would not be necessary to build a C factory. There are more than ten companies that could act as subcontractors.

The C has a long history of use as a prevention against S.T.D., since the Pharaohs of Egypt until the present time. The Japanese people use the C almost exclusively, as their women do not like to use diaphragms or similar measures.

To prevent the breaking of sexual moods of the partners, the P could be put on before love making by going into the bathroom and applying the prophylactic, and then continue the courtship.

To obtain F.D.A. approval, samples of the Pro-Shield - The Doctor's Prophylactic, should be sent to a C laboratory in Seattle, Washington for testing.

The suffering of AIDS patients worldwide is tremendous. The loss to relatives and friends is very great. The financial cost of this disease is in the billions of dollars. It is a disease which affects the youth in the prime of life. The disease ranks with cancer and heart disease as a leading cause of death. Many of these patients are entertainers who are devoted to art in its various forms. The AIDS epidemic is devastating Asia. (See enclosure.)

Not only is the P superior to the C in the prevention of Aids but also offers greater protection against Syphilis and Herpes.

With proper publicity a better means of AIDS prevention would become available to the public and this serious epidemic could be brought under control. Just as cigarette smoking has decreased, so could sex without a prophylactic among unmarried couples.

About June 1, 1997, I shall be leaving Florida for Vermont and I could stop in Washington, D.C. to see you, if I could help.

Hoping to hear a favorable reply.

Sincerely yours,

Reuben Sorkin M.D

Reuben Sorkin, M.D.

RS:jm

Enclosures:
1. Letter from Preventive Medicine Division, Department of the Navy.
2. Letter from The White House
3. Newspaper article: How Safe is Safe Sex? The Limitations of Condoms.
4. U.S. Patent Number 5,069,228
5. Cross Section of the Pro-Shield
6. Thoughts and Opinions - Masters and Johnson, commentary on coitus interruptus.
7. Article: AIDS Stumps Science.
8. Drugs are not effective in preventing spread of AIDS.
9. Band-Aids to be applied to hairy skin.
10. AIDS increasing mortality rate in world.
11. AIDS spreading rapidly in Asia
12. Universal remover for adhesives and barriers

10. Cross section of Pro-Shield prophylactic with adhesive.

Removable Cloth

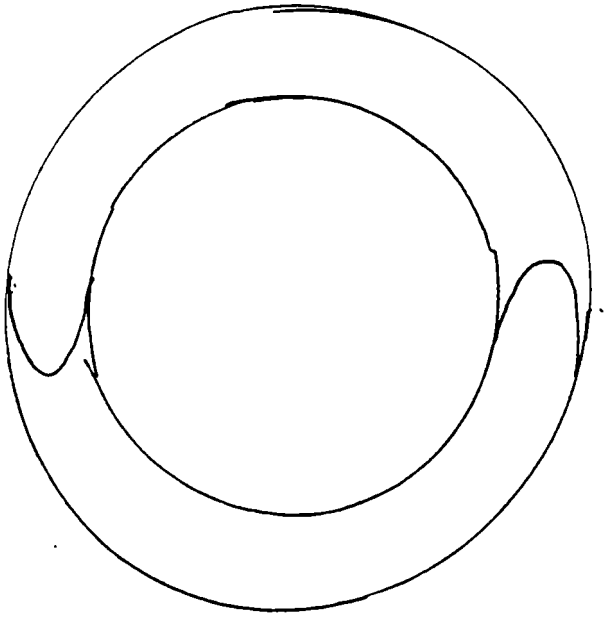
Double Stick Adhesive Tape

Latex or Plastic

Lubricant such as K. Y. Jelly

Shape of Cloth

Circular Cloth



REMOVABLE FLAP

AIDS stumps science

10 years later, optimism gives way to scientific reality

By Sheryl Stolberg
Los Angeles Times

Robert Gallo's black address book is filled with crossed-out names — the names of the dead.

It has been 10 years since the controversial cancer researcher proudly announced to the world that he had found the virus that causes AIDS, a discovery for which he now shares credit with French scientists. It was a heady time for Gallo, and he was flush with optimism, confident that soon there would be a drug or a vaccine to cripple the galloping plague.

"Find the bug, find the drug," the theory went.

Now, Gallo broods about what might have gone wrong.

He did not expect it to be this way.

Worldwide, an estimated 17 million people are infected with HIV. The World Health Organization predicts that if the virus continues to spread the way it has been, the total will reach 30 million to 40 million by 2000.

Thirteen years after AIDS made its first appearance in this country and a decade after "the bug" was found, just a handful of drugs that directly attack the virus — AZT and three others — are on the market. None of them works very well, and doctors are confused about how to use them.

The prospects for a vaccine are equally dim. The wizards of genetic engineering have been unable to work their magic into a shot that prevents AIDS neatly and efficiently. In tests of the most promising candidates, six volunteers who got the high-tech injections became infected anyway, and the government stopped testing.

The best hope for a vaccine, many scientists now say, lies with an old-fashioned method that uses a weakened but live form of the human immunodeficiency virus — a method that paradoxically might be too dangerous to test in humans. This formula worked with polio.

But HIV is not that simple. It is a retrovirus, meaning it inserts its own genes into the cells of the person it infects. And it mutates rapidly, raising fears that a vaccine containing live virus could transform itself to infect the person it was supposed to protect.

> **"For some things, knowing everything may not be enough."**
>
> ROBERT GALLO,
> AIDS researcher

It is no wonder, then, that the days of talking about a cure for AIDS are long gone. There isn't a cure in sight.

As scientists gather in Yokohama, Japan, for the 10th annual International AIDS Conference this week most use words such as "crisis" to describe the state of AIDS research.

Among researchers, a consensus has emerged: After 10 years, it is time to go back to the drawing board.

Researchers, for example, do not fully understand how the AIDS virus crosses the body's mucous membranes — the linings of the mouth, vagina and anus —to infect cells. They do not know precisely how HIV spreads inside the body.

Researchers say they will have to learn a lot more about HIV — perhaps the cagiest, most formidable of viruses — before they come up with a way to conquer it.

To that end, the federal government is shaking up its AIDS research machine. Officials are planning to revamp the $1.3 billion annual AIDS budget to devote more money to laboratory studies — basic research, in the lexicon of science — and less to clinical research to test new treatments.

In a sense, the story of AIDS research is a product of a uniquely American belief: Science can do anything. Doctors have all the answers.

Today, significant strides have been made in preventing and treating certain types of cancers. Some childhood leukemias, for instance, have a cure rate of more than 80 percent. The advances have come as doctors learned how to put seemingly ineffective drugs together to work wonders. Even so, cancer remains the nation's second-leading cause of death. Nobody expects there will be a single "cure for cancer" anymore.

Many scientists think AIDS might follow the same pattern.

There is no telling where these efforts will lead. The miracle breakthrough, the magic bullet, may still be just around the corner. Then again, it may not.

Gallo puts it this way:

"You could know everything about the Himalayan mountains — evolution, caves, grounds, geography — but you might not be able to climb them until somebody developed a new technique called a helicopter. Knowing everything there is to know about AIDS may not make us solve the problem. It may be unsolvable. I don't believe that, but that is possible. Maybe we need a whole new technological development from elsewhere, maybe not even from biomedical science. God knows from where.

"For some things, knowing everything may not be enough."

CONDOMS AND HIV TRANSMISSION

THE spread of the epidemic of human immunodeficiency virus (HIV) infection worldwide depends on the probability of transmission during sexual intercourse between men and women. Globally, the majority of cases of HIV infection are spread heterosexually, and any intervention that reduces the risk of heterosexual transmission must be viewed as potentially life-saving.

Despite repeated pronouncements about the benefits of HIV prevention and the promotion of safer sex, there are remarkably few prospective data demonstrating the effectiveness of condoms in reducing the transmission of HIV. The problem with assessing the effectiveness of condoms in studies of prostitutes and homosexual men with multiple partners is the difficulty of knowing whether or to what extent the subjects studied have been exposed to HIV. A meta-analysis of retrospective data from studies of the partners of people infected with HIV suggests that consistent use of condoms may reduce the risk of transmission by an estimated 69 percent.[1]

In this issue of the *Journal*,[2] the European Study Group reports on rates of HIV transmission in a cohort of heterosexual couples in which one partner was initially seronegative, and the other seropositive. The couples were followed prospectively for a mean of 20 months. The results are important in three ways. First, they demonstrate that even among repeatedly counseled European couples known to be exposed to HIV, nearly half continued to have unprotected intercourse. Second, the results show that among couples who used condoms inconsistently, there remained a considerable risk of infection. The rate of seroconversion in inconsistent users was 4.8 per 100 person-years, with an estimated cumulative incidence of 12.7 percent after 24 months of exposure. Third, the data provide evidence of the protective effect of condoms in people known to be exposed to HIV. There was no seroconversion among the 124 couples who used condoms consistently.

Even with this large, carefully followed cohort, the sample was not large enough to exclude the possibility of a transmission rate of up to 1.5 per 100 person-years among the consistent condom users. This demonstrates the difficulty of addressing such an important question in a cohort with inevitably high attrition rates due to the death of partners and the breakup of relationships. Nevertheless, the study provides some of the first good prospective evidence that, if consistently and appropriately used, condoms can reduce the rate of HIV transmission.

In terms of public health, compliance with an intervention is just as important as the efficacy of the method.[3] As in other studies of partners, many of the couples in the European study still had unprotected sex, so that for the whole group, the overall expected incidence of HIV was probably halved by the use of condoms. This raises the question why some people adopt have a clear idea of how counseling about risk reduction varies among centers or what components of such counseling are most effective in promoting a sustained change in behavior.[4]

What do the data tell us about how we should counsel couples? As notification of partners becomes an increasingly routine part of the management of HIV infection, health care workers will be faced with advising partners of HIV-positive patients of the risk they face. Even among those who have thus far avoided infection, sometimes despite years of sexual contact with HIV-positive partners, infection through unprotected intercourse continues to be a substantial risk. This supports the hypothesis that infectivity varies not only from one person to another but in one person over time, a finding that is consistent with the highly variable viral load in the blood of infected people.[5] The association between an increased risk of transmission and a late stage of disease should strengthen the argument for earlier identification of those who are HIV-positive. People can then take preventive action earlier in the course of the infection in their partners, with the knowledge that the consistent use of condoms may reduce their subsequent risk of HIV infection. But such management will require great sensitivity, given the high proportion of relationships that may fail after the initially seronegative partner's exposure to HIV is revealed.

The data presented by the European Study Group will further fuel the debate on the relative efficiency of male-to-female and female-to-male transmission of HIV. During follow-up, but not in the initial cross-sectional study, the group found similar rates of transmission from men to women and women to men, but the samples were too small to exclude the possibility of a difference of the magnitude found in the cross-sectional study. The conclusion from studies of stable couples in the developed world must probably remain that male-to-female transmission is approximately twice as efficient as female-to-male transmission.[6]

As the number of heterosexually acquired HIV infections increases worldwide, particularly in Africa and Asia, do these findings from studies of stable couples have any relevance for HIV-control programs in the developing world? Infection occurs both in long-term relationships and through casual contact, particularly between prostitutes and their clients.[7,8] Clearly, consistent condom use can limit this epidemic, but only if the problems of acceptability, supply, and cost can be overcome. Even inconsistent condom use may have tangible public health benefits in situations in which people have sexual exposure to multiple HIV-infected partners.

Studies in Thailand and Africa[7,9] report high estimated rates of transmission per act of intercourse among men exposed to infected prostitutes. Mastro et al.[9] estimated a probability of 0.03 to 0.05, arguing that this was an order of magnitude higher than estimated rates per sexual act in E

H.I.V. Is Active 22% of Time, New Study Says

WASHINGTON, Aug. 26 (AP) — More than 1 of 5 semen samples from men infected with the virus that causes AIDS contained live virus, a study has found, demonstrating the high risk of unprotected sex.

Dr. Ann C. Collier of the University of Washington in Seattle said the study of more than 100 semen samples taken from 16 men infected with H.I.V., the virus that causes AIDS, over a two-year period found live and infectious virus 22 percent of the time.

Dr. Collier said on Friday that the virus appeared intermittently, turning up in the semen of some men during one test, but absent when the same men were tested later.

"In one way, this is good news," she said. "If the virus was found more frequently, then the transmission rate of the disease would be much higher."

But she said nobody can tell when the virus will be present in the semen of H.I.V.-positive men.

"We could find no predictors of who would and who would not be shedding the virus" through the semen, said Dr. Collier, who specializes in infectious diseases.

A report on the study is to be published in the September issue of The Journal of Urology. Researchers from the New York University School of Medicine also participated in the study.

In earlier semen studies, the virus was found less frequently. Dr. Collier said her group found more of the virus because care was taken to start the laboratory work rapidly. Each specimen was placed into a cycle of tests immediately after it was collected. The tests included culturing as well as an amplification capable of detecting even a very small amount of virus.

In blood tests, all of the patients tested positive for the AIDS virus every time they were examined, the study said.

Dr. Collier said the taking of antiviral drugs did not assure virus-free semen. The rate of virus detection was the same in patients on AIDS drugs as in patients not taking medications.

"People who are sexually active should be aware that H.I.V. could be in the semen at any time, and that means people should be cautious all of the time," Dr. Collier said. "There is no way to look at a person or do an examination or depend on a sexual history that can assure the semen is virus-free. One needs to assume that

O e i 1 92 young men has HIV

Study: Minorities are hit harder

By LAURAN NEERGAARD
Associated Press

WASHINGTON — One of every 92 young American men — those ages 27 to 39 — has the virus that causes AIDS, according to the most precise estimates of the epidemic's toll.

The sobering numbers show that ethnic minorities are especially hard-hit. In 1993, one of every 33 young black men are estimated to have been infected, according to the report in this week's journal Science. The 1993 data are the latest available.

"The threat of AIDS may become a rite of passage" for young people, said study author Philip Rosenberg of the National Cancer Institute. "That's a very disturbing future."

The government already has warned that AIDS is threatening more young adults. In January, the Centers for Disease Control and Prevention announced that AIDS in 1993 became the No. 1 killer of Americans ages 25 to 44.

If AIDS is killing that many, how many others are alive with the human immunodeficiency virus (HIV), posing the potential for the disease's continued spread? And because HIV typically causes no symptoms for 10 years, just how young were these people when they contracted the disease?

Rosenberg's study is the most precise look at HIV prevalence to date, and it attempts to answer those questions.

People ages 18 to 25 experi-

PLEASE SEE AIDS, 7A

One in 92 young men might have AIDS virus

AIDS, FROM 1A

enced a rapid rise in HIV infections between 1986 and 1992, as older Americans' risk of HIV infection leveled off, Rosenberg found.

Those youthful infections meant that people ages 27 to 39 were the most likely to be alive with HIV in January 1993, he reported. He calculated the frequency of those living with the virus: one of every 139 young white men, one of every 33 young black men, one of every 60 young Hispanic men.

Women were far less likely to be infected. One of every 1,667 white women ages 27 to 39 had HIV in January 1993, as did one in every 98 black women and one in every 222 Hispanics, Rosenberg calculated.

The numbers probably have not changed much since 1993, primarily because it takes so long for the full-blown virus to kill an individual, said AIDS expert John Ward of the CDC.

And the numbers are not a surprise — the AIDS death toll indicates accurately how widespread HIV infection is, said Cornelius Baker of the National Association of People With AIDS.

But the new study should underscore the growing threat of AIDS for the general public, Baker said.

"I don't think most people really get it — that it is a potential for them," Baker said. "We have to be clear: Right now, if you get HIV in your 20s, you will die by around 40 years old."

The CDC will unveil new measures next week to try to get that message to young Americans.

The government recently announced that AIDS appeared to be leveling off, with 40,000 new infections every year, balanced by about 40,000 annual deaths.

Rosenberg said his study ounters that optimism, because ie apparent plateau disguises ie increased risk to younger mericans. Only young white en have seen a drop in new(fections in recent years, while e risk has increased for young inorities and women.

"When you look at each successive generation born up to 69, we see wave after wave of DS cases," he explained. "It's at momentum which is important evidence for the continuing read" of HIV.

The CDC has counted 311,381 DS deaths since 1981. As of 93, an estimated 630,000 to 7,000 Americans were alive h HIV, Rosenberg said.

U.S.'s Rate of Sexual Diseases Is Highest in Developed World

By WARREN E. LEARY

WASHINGTON, Nov. 19 — The United States has the highest rate of sexually transmitted diseases of any developed country in the world and no effective national system to combat the epidemic, a panel of health experts said today.

Although all of the dozens of sexually transmitted diseases to which Americans are exposed are preventable, each year these diseases cause thousands of deaths and such serious health problems as cancer, said a committee of the Institute of Medicine, a branch of the National Academy of Sciences.

The 16-member committee, which included researchers, doctors and public and private health experts, said the fight against sexually transmitted diseases had been hampered by too few resources being put into prevention and a lack of involvement among private organizations, many health providers and community groups.

"We need to fight this hidden epidemic by bringing together entire communities to promote healthy sexual behaviors, protect adolescents, provide high-quality clinical services and energize strong leadership in the fight," said Dr. William T. Butler, chancellor of the Baylor College of Medicine in Houston and chairman of the committee.

The committee, which spent 18 months studying the problem, said all levels of government spent only $1 to prevent sexually transmitted diseases for every $43 spent on treatment and other costs. In all, these diseases cost the nation at least $10 billion a year, not including the cost of sexually transmitted H.I.V., the virus that causes AIDS, it said.

The most common sexually transmitted diseases include chlamydial infection, syphilis, gonorrhea, herpes and hepatitis B virus. Left untreated, sexually transmitted diseases can cause infertility, cancer, birth defects, miscarriages and even death.

The report said international studies showed the rates of sexual diseases in the United States exceeded those of every other developed country. It noted, for example, that gonorrhea infects 150 of every 100,000 Americans, compared with 3 of every 100,000 people in Sweden and 18.6 per 100,000 in Canada.

The report said one-fourth of the estimated 12 million new cases that occur each year involve adolescents, who are at greater risk because they are more likely to engage in more unprotected sex and other high-risk sexual behavior than adults. Because the effect of sexually transmitted diseases on young people is so great, special preventive efforts are needed to reach them, it said.

Adolescents should be strongly encouraged to delay sexual intercourse, the report said, but those who are sexually active need access to information on sexual diseases and ways to prevent them, including access to condoms, testing and treatment.

Dr. David Satcher, director of the Centers for Disease Control and Prevention, a Federal agency whose headquarters are in Atlanta, praised the report, saying the agency would use the study to help inform people about the urgency of the problem.

The centers, the chief Federal agency in the fight against sexual diseases, now spends about $106 million a year to combat them, not including the money it spends to help curb H.I.V. infection. Most of the $106 million is used to support state and local programs, Dr. Satcher said.

"We have the tools to stop sexually transmitted diseases, but we need to be more aggressive in using them," he said in an interview. "We need to muster schools, local groups, churches, managed care organizations like HMO's, and government at all levels to make a difference."

Dr. Nancy E. Adler, a member of the committee and director of the Health Psychology Program at the University of California at San Francisco, said the committee realized that some of its recommendations, including those involving sex education and the use of condoms among young people, could be controversial.

"We hope it helps to have such an august group as the Institute of Medicine focus on the issue and spotlight the cost to society of not addressing these issues realistically," Dr. Adler said in an interview.

AIDS Epidemic, Late to Arrive, Now Explodes in Populous Asia

By PHILIP SHENON

LOPBURI, Thailand — A ribbon of acrid, pale yellow smoke rose from the crematory as a Buddhist monk approached, clutching one end of his saffron robe in a bony, withered hand.

His skin was mottled, his body wasting away, from the disease that would soon take his life, just as it had killed two other Thai men whose corpses had been committed to the fire only hours before.

"I know that my body will end up here," said the AIDS-stricken monk, Phra Kamthorn Kitisalo, as he led his visitors into the crematory, the still-warm ovens at one end of a high-ceilinged reception room. "Of course I accept that."

In a corner, set beneath a gilded statue of the Buddha, there was a pile of dozens of fist-sized white cotton bags, each containing the ashes from an earlier cremation.

The 38-year-old monk gently picked up some of the bags. "All of these people died of AIDS, and the ashes stay here because the families are afraid to claim them," he said. "They are afraid that they will get sick if they hold the ashes."

Thailand was among the first countries in Asia to fall victim to AIDS, the disease that is now beginning to ravage the world's most populous continent. And perhaps nowhere is the devastation of the epidemic more jarring than in this Buddhist temple set among parched hills in central Thailand.

The temple, Wat Phrabat Nampo, serves as the country's largest AIDS hospice, and it is here that nearly 80 AIDS sufferers are gathered, waiting to die. About a dozen of the residents are monks, some abandoned by their own monasteries.

Now the daily scenes of misery and death at places like Wat Phrabat are becoming commonplace across Asia, where the AIDS epidemic is entering a new, increasingly visible phase.

AIDS arrived late in Asia, with the

Continued on Page 8, Column 1

DEADLY TURNING POINT

A special report

TODAY'S SECTIONS

n the United States, specific groups are ore likely to use coitus interruptus— ose who are not aware of the ailability of other contraceptive ethods and those who have exhausted other available methods.

preejaculatory fluid collected from 18 men.[18] He und that two samples showed many spermatozoa, o contained a few, and one had an occasional erm. The remaining 19 samples showed no sperma- zoa. How Stone defined preejaculatory fluid and w he collected the fluid from his subjects remain clear. Some of the samples may have contained ac- al ejaculatory fluid. Therefore, Stone's findings pro- de inconclusive evidence as to the sperm content of eejaculatory fluid. Subsequent studies of the sper- atozoa content of preejaculatory fluid have not been ne.

Masters and Johnson measured preejaculatory id. They described it as mucoid in character and nsisting of usually no more than two or three drops fluid.[19] Preejaculatory fluid is more likely to occur ring long-maintained, plateau-phase sexual tension els and may reach volumes of 0.5 to 1 cc. Some entists believe that preejaculatory fluid originates the urethral glands, such as Cowper's gland, and y be essentially a physiologic response similar to plateau-phase secretory activity of Bartholin's nds in the female sexual cycle. The sperm content preejaculatory emission and the conditions in ch spermatozoa may be found remain unknown.

Coitus interruptus is considered a poor method of h control because it is thought that preejaculatory d contains sperm. In light of the problems with ne's study of preejaculatory fluid, however, occur- ces of pregnancy due to the sperm content of ejaculatory fluid may, in fact, be uncommon. Gen- ly, at least 10 million spermatozoa per milliliter (a mber generally considered to be below the normal el of spermatozoa) are necessary to fertilize an m.[20] The vas deferens and cauda epididymidis to- ether contain 70% of the mature spermatozoa with lizing ability and motility. The vas deferens con- s only 2%. Therefore, even in a case of a higher- -normal sperm count, such as 250 million per mil- r, a preejaculatory emission containing sperm the vas deferens would contain only 5 million natozoa. This emission also would lack the ejacu- y force necessary to propel sperm through the le reproductive tract.

Failure of coitus interruptus most probably occurs because of a couple's inability to use the method effectively and regularly. The man requires self-control to withdraw the penis just before orgasm. Not only must he be highly motivated and disciplined to comply, but he must be able to accurately predict when his orgasm will occur.

Masters and Johnson described the male ejaculatory process as consisting of two stages.[19] During the first stage, a sensation of ejaculatory inevitability develops. From the onset of this specific sensation, a two- to three-second period occurs during which the seminal plasma collects in the prostatic urethra before the actual emission. During the second stage of the ejaculatory process, regularly recurring contractions of the sphincter urethrae result in the expulsion of the seminal plasma. Therefore, to use coitus interruptus effectively, a man must learn the nature of his own sexual functioning so that he can recognize the period of orgasmic inevitability in time to withdraw his penis before seminal emission. This may be especially difficult for men in their teens and early 20s, who have a stronger sexual drive than older men and for whom the onset of orgasm may be rapid and unpredictable.[19] Also, at the time of orgasm, many men maintain deep, unmoving vaginal penetration when seminal emission occurs.[19] For these men, withdrawal at the time of orgasm would be an unnatural and perhaps unpleasant behavior.

The use of coitus interruptus also may be unsatisfactory for women. A woman may feel sexually frustrated if the man withdraws during coitus. In some cases, male orgasm results in the cessation of coitus because penile detumescence occurs soon after orgasm. If, during coitus, the woman is mutually orgasmic with her partner, his withdrawal would be especially unpleasant.

Nursing Implications

Many questions about coitus interruptus (e.g., whether or not preejaculatory fluid contains semen, the effectiveness rate with experienced and motivated users, and the nature of men's experiences with the use of coitus interruptus) can be answered only with empirical data. Nevertheless, coitus interruptus is a method of contraception used by some couples and may serve as an alternative for couples having no other method of birth control.

Health-care practitioners involved in contraceptive teaching and counseling may have ethical difficulty teaching about coitus interruptus as a contraceptive technique. Teaching about coitus interruptus may

AIDS Epidemic, Late to Arrive, Now Explodes in Populous Asia

By PHILIP SHENON

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Continued on Page 8, Column 1

DEADLY TURNING POINT

A special report

TODAY'S SECTIONS

C. EVERETT KOOP, M.D.

April 29, 1996

Reuben Sorkin, M.D.
4721 University Dr.
Coral Gables, Florida 33146

Dear Dr. Sorkin:

As intriguing as your idea is, I cannot in my present position recommend anything without having a thorough understanding of it. Unfortunately, I do not have the time to learn your product comprehensively. I wish you well and I'm truly sorry that I can't accommodate you as you would like me to.

Sincerely yours,

C. Everett Koop, M.D.

6707 DEMOCRACY BOULEVARD, SUITE 107, BETHESDA, MD 20817-1129 (301) 493-6603 FAX (301) 493-8160

THE WHITE HOUSE

WASHINGTON

JAN 15 1997

Reuben Sorkin, M.D.
4721 University Drive
Coral Gables, Florida 33146

Dear Dr. Sorkin:

Thank you for your letter on your invention for a new type of male condom. The information you present is most interesting and I commend you on your efforts.

The points you raise about the importance of HIV prevention are well made. The development of safe and effective mechanical and/or chemical barriers methods that will block HIV transmission or prevent other sexually transmitted infections could dramatically reduce the sexual transmission of HIV.

I am forwarding your letter on to Dr. William Paul, Director of the Office of AIDS Research at the National Institutes of Health and to Dr. Helene Gayle, Director of the Center for HIV, STD and TB Prevention at the Centers for Disease Control and Prevention for further consideration.

Again, I thank you for your innovative efforts to slow this epidemic and wish you great success in your endeavors.

Sincerely,

Patricia S. Fleming
Director
National AIDS Policy Office

cc: Dr. William Paul
Dr. Helene Gayle

DEPARTMENT OF THE NAVY
NAVAL MEDICAL COMMAND
WASHINGTON, D.C. 20372

IN REPLY REFER TO

6220.1
Ser 241A
28 Aug 1987

MEMORANDUM FOR THE RECORD

I met today with Reuben Sorkin, M.D. from Coral Gables, Florida. He discussed his idea for a modified design for condoms which would appear to offer potential for reducing the risk of transmission of several sexually transmitted diseases. I feel Doctor Sorkin's proposed design has merit and encourage the further development of his idea.

David E. Conwill
CDR MC USNR
Preventive Medicine Division
(MEDCOM-241A)

Copy To:

Dr. Sorkin ✓

..... THE CHARLOTTE

How Safe Is Safe Sex? The Limitations Of Condoms

Chicago Tribune

What, precisely, is "safe sex"? And how safe is it?

If it's just a euphemism for using a condom to prevent AIDS, safe sex may turn out to be a dangerously oversold simplification.

Joan Beck

Condoms will reduce enormously the risks of becoming infected with the AIDS virus. There is no doubt about that. But they don't eliminate the possibility. In their eagerness to educate people and motivate them to take steps to prevent the spread of this deadly disease, public health officials and health care educators have usually neglected to add the asterisks and fine print about failure rates and exceptions.

Condoms aren't magic amulets that automatically ward off AIDS virus, any more than they successfully guarantee against pregnancy. Those who gamble with their lives that condoms will protect them from the consequences of sex with a partner who could be infected with the AIDS virus should at least be told that they have only improved the odds greatly in their favor, not eliminated the risk.

No one knows how many people have become infected with AIDS despite using a condom. But 9.8% of married women who use condoms for birth control become pregnant within the first year, according to figures in the current issue of Family Planning Perspectives.

There are problems comparing pregnancy rates with AIDS infections, of course. Women can become pregnant only about two or three days a month. The AIDS virus can be transmitted at any time, although individual susceptibility may vary for reasons researchers do not yet clearly understand and cannot predict. The point is valid, however: Condoms do not absolutely protect against pregnancy and they do not completely prevent AIDS infections.

Because AIDS is deadly and incurable, there is "no acceptable level for this risk," emphasizes Dr. James J. Goedert, of the National Cancer Institute, in the current issue of the New England Journal of Medicine. "Lower risk' is an inadequate goal and perhaps even a vacuous notion."

High Failure Rate

The failure rate of condoms to prevent AIDS virus infection may as high as 17%, Dr. Goedert suggests. "It is clear," he says, "that the use of condoms will not eliminate the risk of transmission and must be viewed as a secondary strategy" despite all the safe-sex admonitions currently in circulation.

To protect themselves from AIDS, individuals should first find out the infection status of their partner, Dr. Goedert warns. On that basis, he has charted what is safe sexual activity and what only reduces risks.

If both partners are negative for AIDS virus infection (and have been negative for at least six months with no outside sexual partners or intravenous drug use), they run no risks as long as they remain monogamous and don't use intravenous drugs.

If one partner tests positive for the AIDS virus or if the status of a partner is not certain, Dr. Goedert says only mutual masturbation is completely safe and that risks can be reduced by monogamy, avoiding anal intercourse and what he calls "absolute condoms" (meaning use from start to finish for oral or vaginal sex, ideally with a spermicide that is effective against the AIDS virus).

If both partners test positive for the AIDS virus, Dr. Goedert says "there is no compelling evidence to discourage sexual intercourse of any type." But he urges such individuals to avoid sexual contact with uninfected partners and to use effective birth control to prevent the birth of a baby with AIDS.

All of this is too complicated to put on an anti-AIDS poster or to dramatize in a catchy commercial for condoms. Compared to most of the public health warnings, it also sets much tougher strictures

the sexual behavior of those who can't certain they have not unknowingly cked up an AIDS infection or who are terested in a partner whose AIDS status unproven.

esigner Colors

But—AIDS—is too deadly to brush off ith a package of condoms in designer lors. Public health officials and educa- rs may assume that this is as far as the blic can be persuaded to go in changing gh-risk sexual conduct, that tougher rnings would be counterproductive and it this strategy will undoubtedly save es and blunt, if not stop, the spread of DS.

But people also have a right to hear ctors say that condoms are not absolute otection against AIDS — any more than y are against pregnancy.

Joan Beck is a Chicago Tribune columnist and the author of numerous books on milies and child-rearing.

United States Patent [19]

Sorkin

[11] Patent Number: 5,069,228

[45] Date of Patent: Dec. 3, 1991

[54] CONDOM WITH PROXIMAL PUBIC SHIELD

[76] Inventor: Reuben Sorkin, 4721 University Dr., Coral Gables, Fla. 33146

[21] Appl. No.: 579,904

[22] Filed: Sep. 10, 1990

Related U.S. Application Data

[63] Continuation-in-part of Ser. No. 93,933, Sep. 8, 1987, abandoned, and Ser. No. 110,152, Oct. 19, 1987, Pat. No. 4,856,534, and Ser. No. 148,724, Jan. 25, 1988, Pat. No. 4,808,174, and Ser. No. 327,796, Mar. 23, 1989, Pat. No. 4,955,392.

[51] Int. Cl.[5] A61F 5/44

[52] U.S. Cl. 128/844; 604/352

[58] Field of Search 128/844, 918; 604/352

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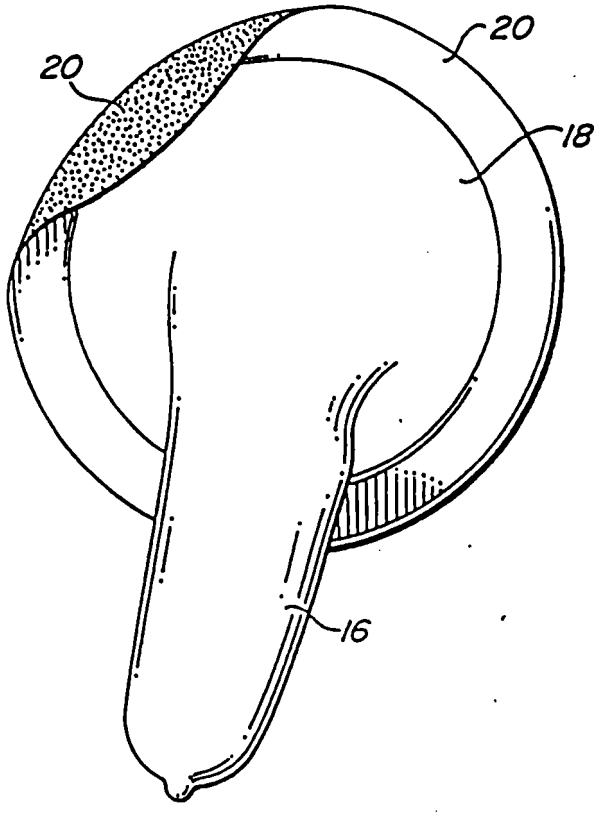
Primary Examiner—Noah P. Kamen

Attorney, Agent, or Firm—Malloy, Downey & Malloy

[57] ABSTRACT

A condom of rubbery material such as latex which includes a tubular length having a closed first end and an open second end and an integral pubic shield about the open end with the tubular length being sized to receive and snugly jacket the penis of a user and the pubic shield being adapted to overlay the pubic area of a user and including adhesive means to attach the shield in protective covering relation of the pubic area of a user about the base of the penis.

5 Claims, 2 Drawing Sheets



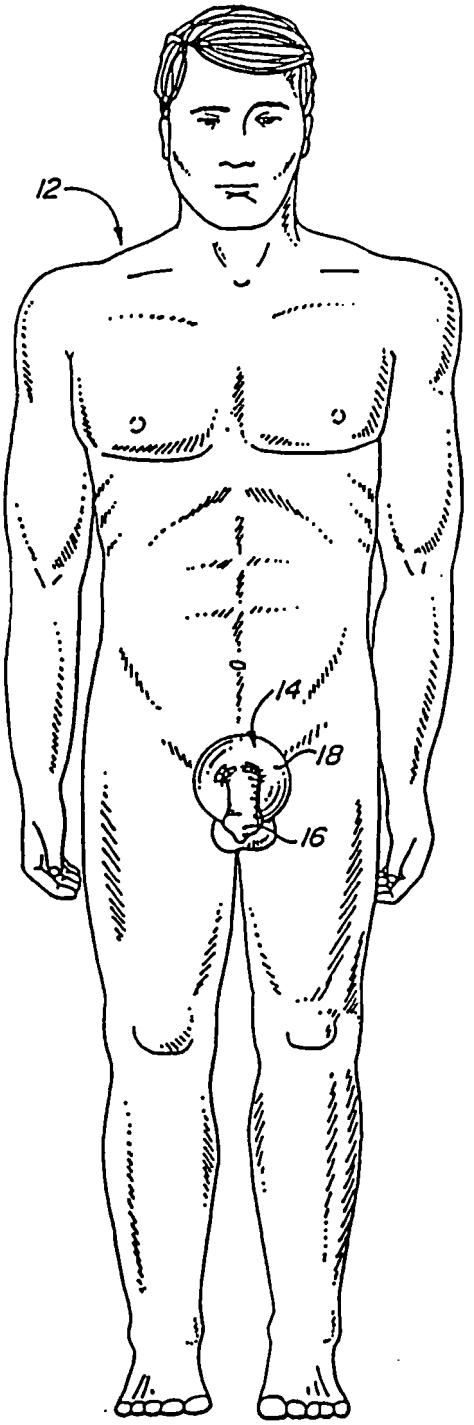


FIG. 1

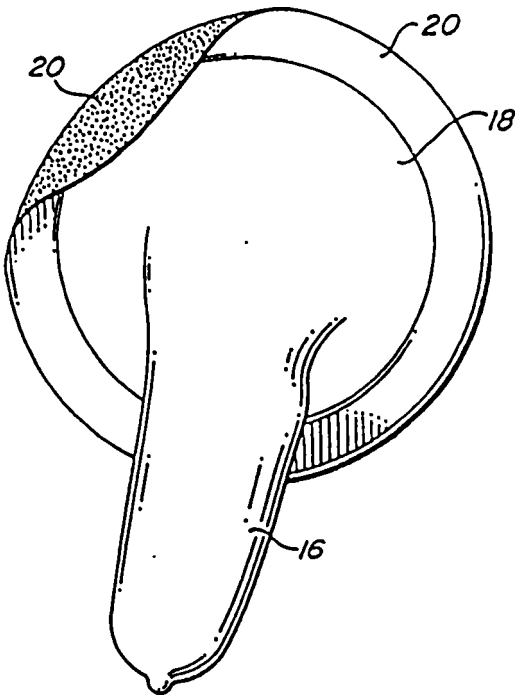
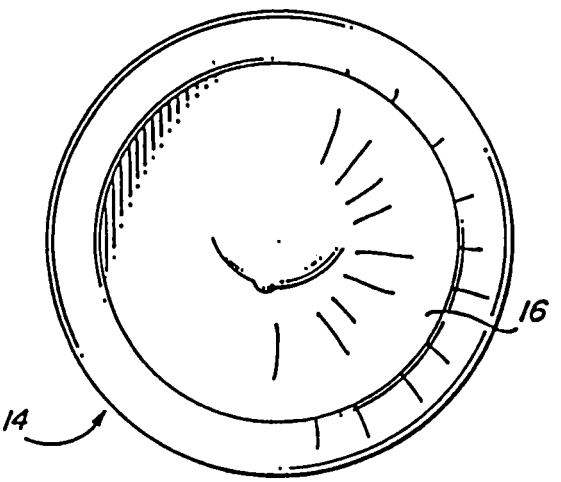


FIG. 2



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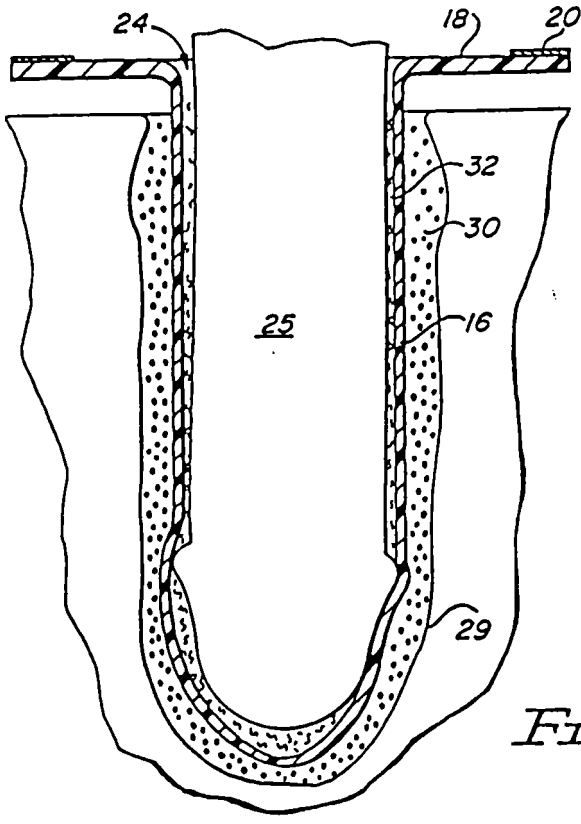

FIG. 4

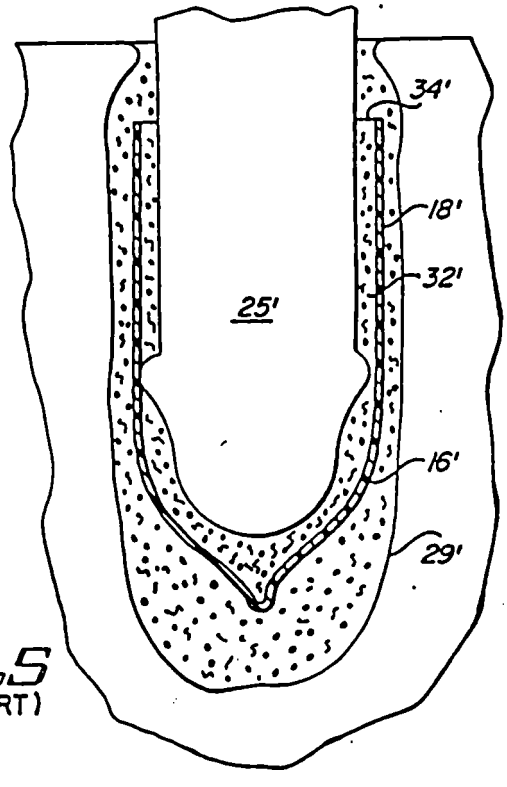

FIG. 5
(PRIOR ART)

CONDOM WITH PROXIMAL PUBIC SHIELD

This application is a continuation-in-part of earlier filed U.S. Patent Application No. 07/093,933, filed Sept. 8, 1987, now abandoned; U.S. Ser. No. 07/110,152, filed Oct. 19, 1987, now U.S. Pat. No. 4,856,534, dated Aug. 15, 1989; U.S. Ser. No. 07/148,724, filed Jan. 25, 1988, now U.S. Pat. No. 4,808,174, dated Feb. 28, 1989; and U.S. Ser. No. 07/327,796, filed Mar. 23, 1989, now U.S. Pat. No. 4,955,392.

FIELD OF THE INVENTION

This invention relates to a condom which includes a proximal pubic shield; the condom is of a rubbery material, such as latex, and the shield is sized to overlay the pubic area and is provided with an adhesive to temporarily adhere to the pubic area.

BACKGROUND OF THE INVENTION

There is a growing awareness of the seriousness of sexually transmitted diseases and the need for protection. Defects of conventional condoms have become increasingly apparent. For example, it is estimated that about one-sixth of the users of condoms may, nevertheless, incur sexually transmitted diseases because of improper use. This invention is of a condom of thin rubbery and pliable material, such as latex, with an integral pubic shield which reduces the risk of sexually transmitted diseases and provides extra prevention. This is highly desirable especially in view of the seriousness of diseases such as AIDS, Herpes, Syphilis, Gonorrhea, Chalasmydia and other sexually transmitted diseases.

There are deficiencies in conventional prior art tubular condoms in that the same may slip off the male organ after ejaculation because the penis becomes flaccid and shrinks to its normal size. When this happens, both partners are exposed to sexually transmitted diseases as well as pregnancy. Because the vagina provides an ideal growth culture media for all kinds of venereal disease, vaginal fluids should be avoided. The ordinary tubular condom does not provide a water-tight seal at the base to protect the pubic area of a user from exposure of his body to sexually transmitted diseases. This invention provides a pubic shield portion integral with a tubular condom portion, which shield is sized to overlay the pubic area of a user and which is provided with an adhesive to adhere the shield in protective covering relation of the pubic area during use. This invention takes advantage of the favorable properties of conventional materials, such as latex, which, in general, are characterized by a good appearance and good feel. This invention does not utilize fiber reinforcement of the condom or plastic materials which are relatively strong but do not have a history of use in the condom art. It is recognized that long term use of new materials may have deleterious effects, such as prior art products used by females during menstruation which were later found to cause toxic shock syndrome.

In the past, reinforced tubular lengths for shielded condoms, or tubular condoms of oversize or materials different than rubbery material, such as latex, have been taught, it being accepted that if a pubic shield is provided, and especially if adhered to the pubic area, the tubular length would have to be a) stronger or b) modified as to shape in order to avoid puncture or breaking of the tubular portion. In other words, it was accepted

that if conventional condom materials, such as latex were used to provide a thin pliable condom with a good "feel," a pubic shield should not be provided for the tubular length unless it were modified by thickening the material of the tubular length, reinforcing it with fiber or increasing its size as in U.S. Letters Pat. No. 4,794,920. In effect, the prior art has been taught a pubic shield integral with a condom tubular length but at the cost of a loss of "feel" or sensitivity to the user. Applicant has discovered that, although the tubular length condom portion is of thin conventional rubbery material that preserves "feel," a pubic shield with adhesive to secure it to the pubic area of a user is possible and may be provided to increase protection without sacrifice of the sensitivity or "feel" of conventional condom materials.

OBJECT OF THE INVENTION

It is, therefore, an object of this invention to provide an improved thin-walled condom of rubbery material such as latex which comprises a) a tubular portion having a closed distal end and an open proximal end with the proximal end spaced from the distal end such that the tubular portion is of a length sized to snugly and protectively jacket the penis of a user; b) a pubic shield integral with the tubular portion so that the pubic shield provides protection for an enlarged zone about the base of the penis; and c) an adhesive applied to the pubic shield for attachment of it to the body of a user during coitus.

It is a general object of this invention to provide an improved condom of rubbery material as described more fully hereinafter which is inexpensive to manufacture, well adapted for avoiding sexually transmitted diseases and which is highly desirable to avoid sexually transmitted diseases and which does not sacrifice sexual sensitivity.

In accordance with these and other objects which will become apparent hereinafter, the instant invention will now be described with reference to the accompanying drawings in which:

BRIEF DESCRIPTION OF THE DRAWINGS

FIG. 1 illustrates the improved condom on the body of a wearer.

FIG. 2 illustrates the condom prior to use.

FIG. 3 illustrates the condom in a rolled condition.

FIG. 4 illustrates the condom in use.

FIG. 5 is illustrative of problems which can occur with prior art condoms which do not have a pubic shield.

DETAILED DESCRIPTION OF THE PREFERRED EMBODIMENT

The present invention relates to an improved condom of rubbery material such as latex which includes an integral pubic shield. FIGS. 1 and 2 illustrate one embodiment of the invention. In FIG. 3, the condom is shown rolled upon itself. It may, however, be provided in packages in a collapsed attitude similar to the package used for surgical gloves, for example. Preferably, the condom is provided in three sizes, small, medium and large.

In the several views, the numerals designate similar parts in the several figures.

The present invention includes a tubular length of rubbery material such as latex which can be stretched

substantially beyond its original length and, when relaxed, it will return to its original length.

In FIG. 1, a condom 14 of the type to be described is shown on a wearer 12. The condom 14 includes a tubular portion 16, see FIG. 2. It has a rounded, closed distal end that may include a smaller diameter reservoir portion at the terminal end zone. Also, the condom includes an integral pubic shield 18 that is shown in a rolled state in FIG. 3. In FIG. 3, the condom 14 is rolled onto itself and in FIG. 2, is shown in an unrolled attitude.

FIG. 1 shows the condom 14 disposed on the male user 12 In that figure, the pubic shield 18 is seen to protect the pubic area of the user. The tubular portion 16 has an open proximal end for inserting the penis 25 into a female opening 24. A lubricant may be utilized on the exterior surface of the tubular portion 16 and, if desired, within the tubular portion.

The shield 18 extends radially outwardly from the tubular portion 16 at the proximal end at least a distance from one and one-half times the diameter of the opening at the proximal end. Preferably, the radial span of the shield is at least 2½ inches. The shield includes adhesive means to adhere it to the pubic area of a user about the base of the penis during and after intercourse.

In addition to protecting the user from contact with vaginal and other fluids 30 within the vagina 29 during intercourse, after ejaculation and the collapse of the penis, the shield will better trap the ejaculated fluids and thereafter protect the other sexual partner from the male fluids 32.

Referring to FIG. 5, when the penis becomes flaccid, the terminal end zone of a conventional condom 16', which does not have a shield, may creep into the vagina 29' in which event, the male fluids 32' may mix as at 34' with the vaginal fluids as the penis 25' becomes flaccid. The adhesive and the shield structure of this invention guard against this happening. With the present invention, during and after coitus, use of the condom of the present invention prevents exposure of the penis, vagina and pubic areas to infection. The adhesive 20 may be applied as a ring, preferably, about the outer periphery of the shield. Also, a removable liner indicated also by the numeral 20, since it is transparent, overlays the adhesive. Preferably, the adhesive is of the type which is readily peeled from the body without pain. Such an adhesive or skin glue, as it is sometimes called in the field, is a copolymer of an acrylic ester and acrylic acid. The adhesive is painless on removal.

The material such as that utilized in the manufacture of the foregoing condom structure is preferably translucent, is relatively thin and provides a strong condom without sacrificing a "good feel."

In use with this condom, the penis is at all times out of contact with vaginal secretions which may contain infectious organisms. The integral shield portion, being adhesively attached to the pubic area, protects the pubic area about the base of the penis of a user. A suitable painless adhesive may be used such as one which is commercially available from the Johnson & Johnson Company of New Brunswick, N.J., known as a First Aid Adhesive. Preferably, the condom is provided in three sizes, small, medium and large. The shield is a circular disk preferably of about five inches in diameter and is an integral part of the condom. Preferably, a liner is provided for the adhesive which can be peeled away.

What is claimed is:

1. A condom of thin pliable rubbery latex material comprising:
   - a sleeve having an open proximal end and a closed proximal end having a reduced diameter defining a reservoir, said sleeve being sized to receive and snugly jacket an erect penis,
   - a pubic shield integrally formed with said sleeve having a uniform thickness of the pliable rubbery latex material and extending radially away from the proximal end being structured and disposed to overlay the pubic area of a user during intercourse,
   - said shield having a surface adapted to confront the pubic area about the base of a penis of a user, and
   - adhesive means comprising a skin compatible glue formed from a co-polymer of an acrylic ester and acrylic acid, said adhesive means being disposed on the surface to adhere the shield to the pubic area of the user during intercourse.

2. A condom as set forth in claim 1 wherein liner means are provided to protectively overlay the adhesive means prior to use and to be peeled away for use.

3. A condom as set forth in claim 2 wherein the shield is generally circular and of an overall diameter of about five inches.

4. A condom as set forth in claim 1 wherein the shield is generally circular and of an overall diameter of about five inches.

5. A condom as set forth in claim 1 wherein the shield has a peripheral zone and said adhesive means are provided on the peripheral zone.

* * * * *

United States Patent [19]

Sorkin

[11] **Patent Number: 4,808,174**

[45] **Date of Patent: Feb. 28, 1989**

[54] **CONDOM OF PLASTIC MATERIAL**

[76] Inventor: **Reuben Sorkin, 4721 University Dr., Coral Gables, Fla. 33146**

[21] Appl. No.: **148,724**

[22] Filed: **Jan. 25, 1988**

Related U.S. Application Data

[63] Continuation-in-part of Ser. No. 093,933, Sep. 8, 1987.

[51] **Int. Cl.**[4] **A61F 5/44**

[52] **U.S. Cl.** **128/644**; 604/352; 604/349

[58] **Field of Search** ..... 604/347-353; 128/132 R, 138

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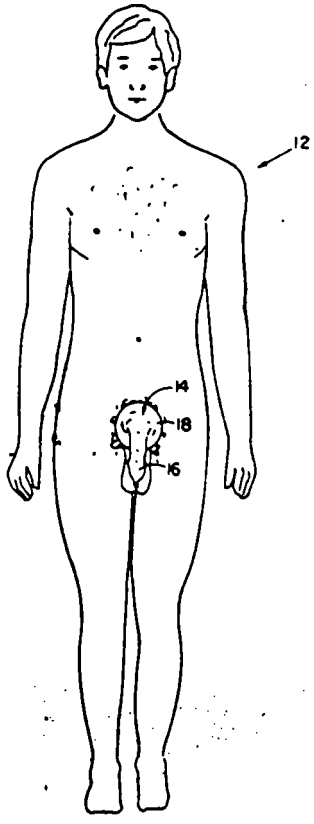
Primary Examiner—Samuel Scott
Assistant Examiner—Noah Kamen
Attorney, Agent, or Firm—John Cyril Malloy

[57] **ABSTRACT**

A condom of plastic material which includes a tubular length having a closed first end and an open second end and an integral pubic shield about the open end with the tubular length being sized to jacket the penis of a user and the pubic shield being adapted to overlay the pubic area of a user. Preferably, the plastic material is selected from the class which includes polyethylene, polypropylene and vinyl.

8 Claims, 2 Drawing Sheets



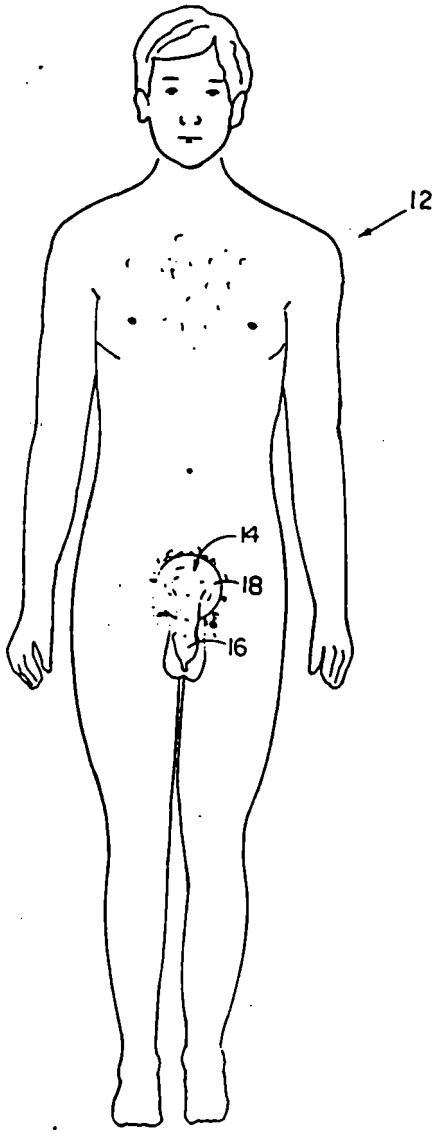


FIG. 1

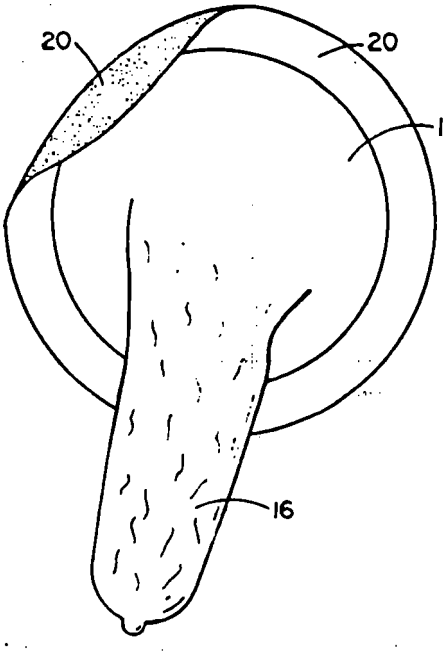


FIG. 2

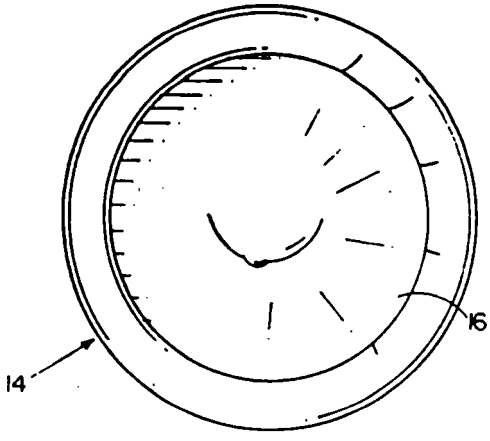


FIG. 3

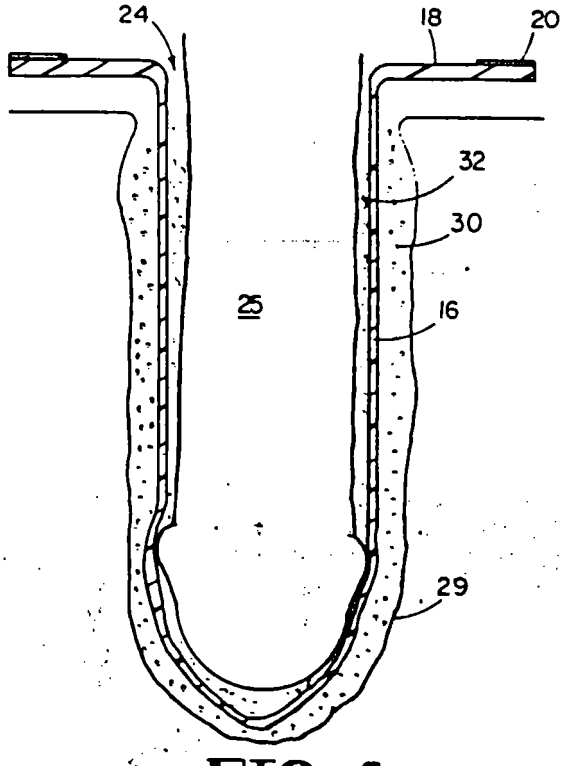


FIG. 4

PRIOR ART

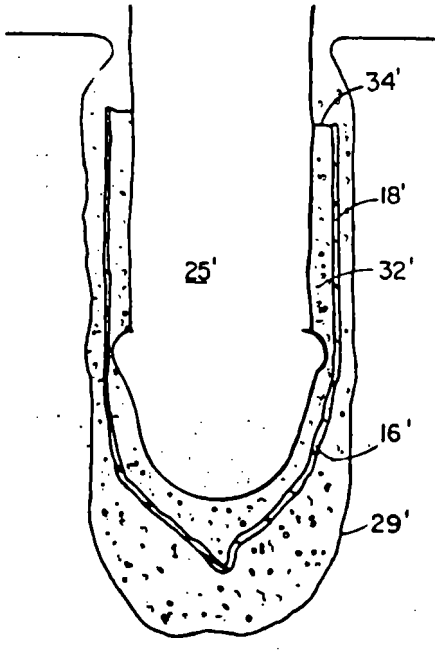


FIG. 5

CONDOM OF PLASTIC MATERIAL

This application is a continuation-in-part of earlier filed U.S. patent application Ser. No. 07/093,933 filed Sept. 8, 1987.

FIELD OF THIS INVENTION

This invention relates to an integral condom of plastic material which includes a pubic shield, the plastic material being preferably selected from the class which includes polyethylene, polypropylene, and vinyl.

BACKGROUND OF THE INVENTION

There is a growing awareness of the seriousness of sexually transmitted diseases and the need for protection. Defects of latex condoms have become increasingly apparent. For example, it is established that about one-sixth of the users of latex condoms may nevertheless incur sexually transmitted diseases because of tears and improper use. This invention proposes a condom of plastic material preferably selected from the class of polypropylene, polyethylene and vinyl which greatly reduces the risk of sexually transmitted disease and provides extra prevention. This is highly desirable especially in view of the seriousness of diseases such as AIDS, Herpes, Syphilis, Gonorrhea, Chalasmydia and other sexually transmitted diseases.

There are deficiencies in latex condoms in that the same may slip off the male organ after ejaculation because the penis becomes flaccid and shrinks to its normal size. When this happens, both partners are exposed to sexually transmitted diseases as well as pregnancy. Because the vagina provides an ideal growth culture media of all kinds of venereal disease, vaginal fluids should be avoided. The ordinary condom does not provide a water-tight seal at the base to protect the pubic area of a user from exposure of his body to sexually transmitted diseases. Also, because latex condoms may tear during coitus. Further, latex condoms should be stored under ideal conditions, for example, they cannot be exposed to extreme heat or cold. Hence, the condom of plastic material of the present invention provides an alternative to latex and is an improved product. The plastic condom of the present invention is not adversely affected by products such as petroleum jelly which has a deliterious affect on latex condoms. Finally, latex and rubber condoms have a limited shelf life and, beyond this, become brittle and abrasive which is not typical of condoms of plastic material.

OBJECT OF THE PRESENT INVENTION

It is, therefore, an object of the invention to provide an improved thin-walled condom of plastic material, preferably selected from the class which includes polyethylene, polypropylene, and vinyl and comprises a tubular length having a closed first end and an open second end with the second end and tubular length being sized to jacket the penis of a user. Preferably, the condom also includes a pubic shield integral with it which is thicker than the material along the tubular length of the condom with the pubic shield provided protection for an enlarged zone about the base of the penis and wherein an adhesive is preferably applied to the pubic shield for attachment during coitus.

It is a general object of this invention to provide an improved condom of the type described more fully hereinafter which is inexpensive to manufacture, well

adapted for avoiding sexually transmitted diseases and which is highly desirable in the present environment characterized by sexually transmitted diseases and which is strong and durable and does not sacrifice sexual sensuality.

In accordance with these and other objects which will become apparent hereinafter, the instant invention will now be described with reference to the accompanying drawings in which:

DESCRIPTION OF THE DRAWINGS

FIG. 1 illustrates an embodiment of the improved plastic condom on the body of a wearer.

FIG. 2 illustrates the plastic condom prior to use.

FIG. 3 illustrates the plastic condom in a rolled condition.

FIG. 4 illustrates the plastic condom in use.

FIG. 5 is illustrative of problems which can occur with prior art condoms which do not have a pubic shield.

DETAILED DESCRIPTION OF THE PREFERRED EMBODIMENT

The present invention relates to an improved condom of plastic which includes an integral pubic shield. FIGS. 1 and 2 illustrate one embodiment of the invention. In FIG. 3, the condom is shown rolled upon itself. It may, however, be provided in packages in a collapsed attitude. Preferably, the condom is provided in three sizes, small, medium and large.

In the several views, the numerals designate similar parts in the several figures.

In FIG. 1 a plastic condom 14 of the type to be described is shown on a wearer 12. The condom 14 includes a tubular portion 16, see FIG. 2. It has a rounded, closed distal end that may include a smaller diameter reservoir portion at the terminal end zone. The condom also includes a pubic shield 18 that is shown in a rolled stated in FIG. 3. In FIG. 3, the condom 14 is rolled onto itself and in FIG. 2 is shown in an unrolled attitude.

FIG. 1 shows the condom 14 disposed on the male user 12. In that figure, the pubic shield 18 is seen to protect the pubic area of the user. The tubular portion 16 has an open proximal end for inserting the penis 25 into a female opening 24. Preferably, a lubricant, such as the commercially available product, K.Y. jelly may be utilized on the exterior surface of the tubular portion 16 and, if desired, within the tubular portion. In a preferred embodiment, the condom is of one piece molded plastic construction and includes a shield for protecting the pubic area. Preferably, the condom is made of suitable plastic material such as polypropylene, polyethylene, or a thin vinyl. In use, the shield 18 is intended to overlay the pubic area of a user and particularly the scrotum in order to shield against vaginal and other fluids contacting the body of a user during intercourse.

Preferably, the shield 18 is of relatively thicker material than the thin walled portion 16 shown in FIG. 4. FIG. 4 shows that the shield extends radially outwardly from the tubular portion 16 at the proximal end at least a distance of one and one-half times the diameter of the opening at the proximal end. Preferably, the radial span of the shield is at least 2½ inches. The thickness of the shield may be between 0.07 mm. to 0.16 mm. A lubricant may be placed on the inside of the tubular portion 14 in order to assist the user in placing that portion onto his penis.

In addition to protecting the male from vaginal and other fluids 30 within the vagina during intercourse, it is believed that after ejaculation and the collapse of the penis, the shield will better retain the ejaculated fluids and thereafter protect the other sexual partner from the male fluids 32.

Preferably, the interface between the tubular portion 16 and the shield 18 is reinforced since it is believed that significant stress will be present in that area. Preferably, the improved condom and shield is of one piece molded plastic selected from the class which includes polyethylene, polypropylene and vinyl.

Referring to FIG. 5, when the penis becomes flaccid, a conventional condom 16' which does not have a shield may creep into the vagina 29' in which event the male fluids 32' may mix as at 34' with the vaginal fluids as the penis 25' becomes flaccid and the tubular portion 18' tends to creep into the vagina 29'.

With the present invention during and after coitus, use of the condom of the present invention prevents exposure of the penis and vagina to infection, especially after ejaculation. In a preferred manufacture, onto a cylindrical mold, plastic material selected from the class which includes vinyl, polypropylene, and polyethylene is deposited and subjected to heat so that it flows forming a film on the mold core. The combination is then drawn through a cold bath where it sets up and is, thereafter, removed as a one-piece molded plastic structure. Thereafter, the adhesive 20 is applied as a ring, preferably, about the outer peripheery of the shield and a liner also indicated by the numeral 20 (since it is transparent, overlays the adhesive). Preferably, the adhesive is of the type which is readily peeled from the body without pain. Such an adhesive, or skin glue as it is sometimes called in the field, is a copolymer of an acrylic ester and acrylic acid.

Plastic material such as that utilized in the manufacture of the foregoing condom structure is preferably translucent, is relatively thin and in the range of about 0.03 mm. This provides a strong condom tubular length which is impervious to water and air, which is also sufficient to prevent the passage of germs, bacteria or virus. Preferably, in the manufacture of the condom, fibrous material such as elongate strands of fine diameter fibers 17 as seen in FIG. 2 may be utilized for reinforcement and to strengthen the condom, especially the tubular portion.

In use with the condom, the penis is at all times out of contact with vaginal secretions which may contain infectious organisms. The plastic film has many times the tensile strength of latex and requires considerable force to break it. The shield portion protects the male organ by being attached to the pubic area using the painless adhesive which is commercially available from the Johnson & Johnson Company of New Brunswick, N.J. known as a First Aid Adhesive. The plastic is far less expensive than latex and an unlimited supply is available. Moreover, the plastic material has a longer shelf life than conventional latex condoms and does not require ideal storage conditions. Plastic materials do not permit the passage of water or air and hence is impervious to infectious materials. Moreover, the plastic condom tubular length provides the same sexual sensuality as the latex condom and may be lubricated at the factory by commercially available K.Y. jelly inside or out, or both, before use. The jelly is preferably contained in a small aluminum packet provided with the condom. Since plastic is relatively inelastic, compared to latex, preferably it is provided in three sizes, small, medium and large. The plastic shield is a circular disk of about 5 inches in diameter and is part of the condom, that is, it is an integral construction. It can be manufactured by dipping a mold into a hot plastic solution, and, thereafter, cooling it and, later, applying a painless adhesive to the side that adheres to the pubic area of the wearer. Preferably, a liner is provided for the adhesive which can be peeled away.

As is well known, among the population there are male homosexuals and the greater strength and structure of a plastic condom provides more protection for those who engage in such activities. It is not essential for the shield to adhere to the male body in order to be effective; however, it is preferred that adhesive be used.

While the instant invention has been shown and described in what is considered to be a preferred embodiment, it is recognized that departures may be made therefrom within the spirit and scope of this invention which is therefore not to be limited except as set forth in the claims which follow and in accordance with the doctrine of equivalents.

What is claimed is:

1. A thin-walled one-piece condom of plastic material comprising fiber means that reinforce a polyethylene film including a tubular length having a closed first end and an open second end, said open second end and tubular length being sized to receive and jacket the penis of a user while erect.

2. The condom as set forth in claim 1 wherein said condom is of translucent material.

3. The condom as set forth in claim 1 wherein said condom includes an integral pubic shield extending radially from said open second end.

4. The condom as set forth in claim 3 wherein said pubic shield is relatively thick compared to the thickness of the tubular length.

5. The condom as set forth in claim 4 wherein said shield includes an inner surface facing in a direction common to that of said tubular length and an outer surface, and said outer surface includes an outer peripheral zone spaced from said tubular length, and said outer zone being spaced from said tubular length such that the distance across said shield and tubular portion is at least about 5 inches.

6. The condom as set forth in claim 5 wherein adhesive means are provided on said outer surface.

7. The condom as set forth in claim 6 wherein said adhesive is on said outer surface peripheral zone.

8. The condom as set forth in claim 7 wherein liner means are provided to removably overlay said adhesive.

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