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"AIDS Czar" needs to step down, say AIDS groups

by Mobilization Against AIDS

On May 11, the Washington, D.C.-based National Association of People With AIDS issued a strongly-worded statement calling for the resignation of National AIDS Policy Coordinator Kristine Gebbie.

"We do not believe that Ms. Gebbie can provide the strong leadership that is necessary in this challenging position," NAPWA's press release said. "Ms. Gebbie has proven incapable of creating a significant role for the Office of National AIDS Policy." NAPWA's press materials also call for a restructuring of the Office of National AIDS Policy itself.

NAPWA's announcement publicly aired a frustration and dissatisfaction that has been growing for months among HIV/AIDS policy experts and activists nationwide. Many have found the office as much of a hindrance as a help – and have preferred to bypass the ONAP in conducting their policy work. Since the announcement, policy staffers at a handful of major HIV/AIDS organizations have made statements – some cautiously – in support of NAPWA's position. Mobilization Against AIDS stands in full support of NAPWA's position.

AIDS Czar?

After being appointed by President Bill Clinton to a post then widely referred to as "AIDS Czar," Gebbie took office in the summer of 1993. Her mandate was to establish, coordinate, and implement national AIDS policy. To perform well, she would have to advocate for better management of federal HIV/AIDS resources and for improved cooperation among the departments that administer them, and ensure that federal HIV/AIDS policies are sound and targeted to the communities that are affected and infected.

And yet, after nearly a year, the nation still lacks a meaningful national HIV/AIDS agenda, still suffers from some dangerous and ill-considered policies (that have remained unchallenged by Gebbie), and still has very little leadership on HIV/AIDS from its supposed leaders. The ONAP is poorly staffed and poorly managed, has no budget authority, and lacks real and meaningful access to the president.

Regina Aragon, Deputy Director for Public Policy at the San Francisco AIDS Foundation, said, "To date, the Office of the National AIDS Policy Coordinator has been a bitter disappointment to this community, which, through two Republican administrations and more than a dozen years of struggle and loss, has had to continuously demand that an incalcitrant federal bureaucracy respond to our needs and value our lives. We can no longer afford to confuse the act of talking about AIDS with actually doing something about AIDS."

Seeds of discontent: the FY 95 budget

Gebbie's handling of an ongoing prevention funding problem is typical of her style. On February 7, President Clinton released his budget request for fiscal year 1995, which specified flat funding (no increase from the previous year's figures) for HIV prevention efforts. With this budget request, Clinton betrayed his stated intention to prioritize support of efforts to fight the pandemic through prevention – and instead, simply repeated the poor prevention funding pattern of his predecessor. AIDS advocates were furious.

AIDS advocates might reasonably have expected someone in Gebbie's position to speak out, and to push for an increase. But in a public meeting following the release of the President's budget, Gebbie announced that she was "one of the [Clinton] team" and would support the budget request. In fact, a Gebbie aide said "we are not sure if $45 million in new [prevention] money is really needed at the CDC, and we're not sure that the money would be spent or spent well." AIDS advocates are now stuck in the position of having to lobby Congress for an increase in prevention funds without any support from Gebbie.

Where's the leadership?

Another example of Gebbie's shortcomings is her absence from the movement to "fast track" the re-authorization of the Ryan White Comprehensive AIDS Resources Emergency Act. The Ryan White CARE Act was passed by Congress in 1990 as a five-year program to provide federal funding for the cities and states hardest hit by the HIV/AIDS pandemic. Normally, re-authorization of such a bill would not take place until the last year of the bill's life – but AIDS advocates are concerned that the sweeping provisions of health care reform might wipe out the CARE Act's special structure and scatter its provisions in a way that is detrimental to the needs of people with HIV and AIDS. For that reason, AIDS advocates are united in calling for Congress to re-authorize the bill this year rather than next. However, Gebbie has said she intends to follow the lead of Secretary of Health and Human Services Donna Shalala on this matter – although Shalala is neither Gebbie's boss nor the sole available source of reliable counsel. Because Shalala has not spoken on the issue, Gebbie has not taken a position. Which raises the question: why doesn't Gebbie adopt the consensus position of the broad coalition of AIDS policy experts who have studied this matter? Why is she ducking the issue? Why isn't she willing to use the power of her office to lead the charge for expedited re-authorization of the CARE Act? In other words, why isn't she doing her job?

And why hasn't Gebbie defended the Office of AIDS Research at the National Institutes of Health? Both the budget and the authority of the OAR are under fire in Congress. The OAR, needless to say, is highly important to people with HIV and AIDS – but not, it seems, to Gebbie.

> *"The National AIDS Policy Coordinator must be someone courageous and aggressive. They must have vision and creativity. They must be a team player, sure – but not a defender of the status quo."*

And why hasn't Gebbie protested the country's travel and immigration restrictions against people with HIV? The U.S. is virtually alone among developed nations in perpetuating this illogical and pointless ban. Where's the leadership?

And why hasn't Gebbie fought for the legalization of needle exchange programs? AIDS prevention workers have long insisted that the programs work – and the Centers for Disease Control and Prevention finally published a comprehensive report affirming the effectiveness of the programs in fighting the spread of HIV. But activists, volunteers, and others must continuously struggle against governmental resistance to keep these life-saving programs going. Why won't Gebbie help?

Mobilization Against AIDS was one of 12 national HIV/AIDS organizations that met with Gebbie to review a draft of the "National HIV Action Agenda," one of the only tangible products of her office. MAA was stunned by the lack of vision and urgency in the report. There was no mention of HIV prevention reform, re-authorization of the CARE Act, or the Office of AIDS Research. We submitted an eight-page paper to Gebbie offering suggestions and criticisms. In response, we received a stock letter that did not address any of our points. Hello?

"Whoever occupies the position of AIDS Policy Coordinator needs to stand up and demand more input, more money, and more access, and if she can't, she must step aside, and allow someone who will," said Daniel Wolfe, communications coordinator of the Gay Men's Health Crisis in New York City.

Restructure the ONAP

Gebbie's resignation will not correct all the problems facing the Office of the National AIDS Policy Coordinator. Her staff, and the structure of her office, are also problematic.

"The problem is greater than Gebbie," said Kerrington Osborne of the National Task Force on AIDS Prevention. "The problem lies in the office itself, regardless of who's in charge."

Gebbie's current staff are not the best and brightest minds in the world of HIV/AIDS care, research, prevention, housing, civil rights or policy (Lance Alworth being a notable exception). At times, staff members seem to exhibit vindictiveness, petty rivalry, and politicking, which ultimately reflects poorly on Gebbie.

The ONAP must have real authority, real staff, and real access to the President. For increased effectiveness, staff must be underneath direct authority of the National AIDS Policy Coordinator (not detailed from other governmental agencies), and must be housed in the same suite of offices (not across several separate buildings). The staff must include visionary, consensus-building policy and advocacy experts who are respected by their peers within the HIV/AIDS policy community.

The National AIDS Policy Coordinator must be someone courageous and aggressive. They must be willing to publicly confront homophobia, racism, and sexism in Congress, the media, the medical care and research industries, and the nation. They must have vision and creativity. They must be a team player, sure – but not a defender of the status quo.

The responsibility of the President

Any improvements to the ONAP will be most effective when paired with a refocusing of the President's leadership on HIV/AIDS.

"Both the Office of National AIDS Policy and the National AIDS Policy Coordinator need to be quickly and critically evaluated, but that alone is not an adequate solution to the lack of action on the part of the Clinton administration," said Anne Donnelly, public policy coordinator of Project Inform. "16 months into the new administration, there is little evidence of a serious new emphasis on solving the critical problems presented by the epidemic. It's past time for President Clinton to take responsibility for fulfilling his campaign promises to people with HIV and AIDS."

Responsibility of AIDS organizations

The changes described above are not likely to happen without support from HIV/AIDS organizations. We know that many organizations share our evaluation of Gebbie and of the ONAP. We now urge those organizations to come forward and join us in our call for change. Readers can help by urging large HIV/AIDS organizations to take that step. ▼

✓ Mobilization Against AIDS can be reached at (415) 863-4676.

LISA M. KRIEGER
AIDSWEEK

Washington reception turns very sour

THIS WEEK'S long-awaited reception by National AIDS Policy Coordinator Kristine Gebbie for AIDS activists at the Old Executive Office Building in Washington was, by all accounts, a disaster that ended in a walkout and demonstration.

For activists, Monday night's reception came at a time when many are frustrated with Gebbie. Two national AIDS groups — ACT UP and the National Association of People with AIDS — have called for Gebbie's resignation. "She's skating on thin ice," said David Lewis of Project Inform.

The afternoon was off to a bad start, say invitees, when they were asked to stay out in the warm sun until cleared by White House security. A large delegation, mostly people from New York, never did get the official OK and were not permitted to enter.

The reception room was too small for the crowd of an estimated 200 people from such mainstream groups as NAPWA, Mothers' Voices Against AIDS, Project Inform, American Foundation for AIDS Research, S.F. AIDS Foundation and AIDS Action Council. Food ran out quickly.

To make matters worse, the keynote speaker was Republican Sen. Arlen Specter of Pennsylvania, unpopular among activists because of his adversarial questioning of Judiciary Committee witness Anita Hill in 1991.

In protest, a majority of the activists filed out of the room and stood outside, joining hands, chanting and singing.

"The whole experience was very surreal," said Lewis. "You have to wonder, if Gebbie can't organize a reception, how can she run the AIDS Office?"

Also calling for resignation are ACT UP, Black & White Men Together and it is rumored that AmFAR has joined the movement. 1)Dump Gebbie 2) Upgrade the position to Cabinet level 3) Appoint someone competent: Lowell Wieker, Jim McDermott, June Osborne etc.

EAST BAY ACT UP

AIDS Coalition To Unleash Power

P.O. Box 8074 Oakland, CA 94608 (510) 547-7538

Dear AIDS Aware Friends,

Please attend our upcoming Northern California premiere benefit showing of "Zero Patience" on June 25 (see enclosed). All genders & orientations are welcome to our Stonewall 25 celebration of diversity and unity as we view the ribald, yet informative movie. PLEASE POST the enclosed flyer, tell your friends, order tix and come to Berkeley for a fun evening! Can't come? Donations always needed...

AIDS CURE ACT, H.R. 4370-- was reintroduced on May 10. There are now 12 co-sponsors: our own Ron Dellums & George Miller; Jerrold Nadler, Major Owens & Nydia Velasquez of NY; John Lewis (GA); Jolene Unsoeld (WA); Neil Abercrombie (HI); & Luis Gutierrez (IL). All are Democrats. See enclosures for synopsis & endorsers. ACTION TO TAKE: Call your congress person. (See enclosure)

We are now concentrating on PETE STARK to co-sponsor. He is important to have on board. Call or better yet write Stark's health advisor:
Donig McDonough (202(225-5065
c/o Hon. Pete Stark, US House of Reps. Washington DC 20515
Stark's district covers the 880 corridor from the Oakland airport to North San Jose (Alviso), thus San Leandro, San Lorenzo, Hayward, Fremont, Union City. If you've got friends in that area, please tell them about this.

EL CERRITO RESIDENTS:
A motion to endorse 4370 comes before your City Council on June 6. Leave a message for the City Council with the City Clerk's office: 215-4300.

ALBANY-BERKELEY RESIDENTS:
Altho we only endorse candidates who've been arrested with us (like Don Jelinek & Maudelle Shirek), we have 2 negative recommendations in the judge races: VOTE AGAINST Thiesen & Radisch--both are opposed to needle exchange & totally ignore the facts, spreading fear. VOTE on June 7th.

BERKELEY RESIDENTS:
We were heartened by a May 25 community meeting inNorth Berkeley where many neighbors came to support the proposed 8 person group home for People With AIDS. However some will continue to create obstructions and we all must make our voice heard. Call Mayor Leiter's office and tell them you support AIDS housing at 2211 Rose: 644-6484 See the enclosed article from the Express (May 13).

DUMP KRISTINE GEBBIE
The National Ass'n of People With AIDS (NAPWA) andACT UP have called for the ouster of AIDS Policy Co-ordinator Gebbie. NAPWA's demoands: 1) REMOVE GEBBIE 2) UPGRADE the position to Cabinet level as promised in the Clinton campaign 3) Appoint someone competent (Lowell Weicker, Rep.Jim Mc Dermott, Dr. June Osborne). Unconfirmed rumor has it that AmFAR has also called for Gebbie's ouster.

'Cure Act' introduced

Rep. Jerrold Nadler, a Democrat from Manhattan, introduced the "AIDS Cure Act" this week to authorize a "Manhattan Project" for AIDS research, pressuring President Clinton to fulfill a campaign promise.

"My bill is an effort to remind (Clinton) of that promise," said Nadler, flanked by about 100 members of the AIDS activist group ACT UP, "and to keep him to his word."

The bill currently has a handful of sponsors in the House of Representatives and none in the Senate.

Kristine Gebbie, the administration's national AIDS policy coordinator, said she had not yet seen the final version of Nadler's legislation. "Once we see what shape his bill takes, we'll respond to it," Gebbie said.

She noted: "We're in a very different era of science than the nation was in the 1940s. We can think of the entire national effort as a kind of Manhattan Project for AIDS."

S.F. EXAMINER 5-26-94

Neighborhood with a Heart of Gold

It is getting embarrassing to be a citizen of Berkeley. Resources for Community Development (RCD), the city's premier developer of low-income housing, proposes to convert the dilapidated former grocery store at 2211 Rose St., between Oxford and Spruce, into housing for ten homeless people with AIDS. God bless 'em, you say? Sorry, we're talking 94708 here. Hardly had the idea been broached than the North Berkeley burghers rushed to sign a petition opposing the project. Signators include publisher-about-town **Fred Dodsworth** and UC professor **Carolyn Merchant**. "We fear," they write, "that the manner in which this site has been selected will sadly set neighbor against neighbor, neighborhood against neighborhood, and distract us all from the truly important issue we must address: that of providing vital services to those in our community who are most in need." Just not in my zip code, OK?

EXPRESS 5-13-94

Good health to all of you!
Act UP/ East Bay

Support H.R. 4370 - AIDS Cure Act

Reviews/**Film Festival**

A Musical About AIDS Crammed With Ideas

By STEPHEN HOLDEN

"Zero Patience," John Greyson's audacious film musical about AIDS, bubbles with so many ideas that it has the feel of several movies compressed into an unwieldy if stimulating Brechtian revue. Underneath its giddy surface, it systematically discredits myths surrounding AIDS, most notably the notion that gay male promiscuity can be blamed for the epidemic.

The film, which has screenings at the Museum of Modern Art at 9 tonight and at 6 P.M. tomorrow as part of the New Directors/New Films series, has almost as many mood swings as it has themes. One minute it is telling the beyond-the-grave love story of the Victorian adventurer Sir Richard Francis Burton (John Robinson) and the ghost of Patient Zero (Normand Fauteux), the gay French-Canadian airline steward portrayed in Randy Shilts's "And the Band Played On" as a critical early carrier of the AIDS virus.

The next it is a ribald musical comedy that includes one song about how to find sex in a bathhouse and another number that cheerily deconstructs taboos about anal sex. In its angrier moments, the film takes up the disruptive politics of the AIDS organization Act Up.

"Zero Patience," which parodies the story of Scheherazade, begins with Patient Zero, stuck in the primordial void, pleading for someone to save his life by telling his story. His wish is granted, and he appears to Burton, who has achieved eternal life after an encounter with the Fountain of Youth. Alive and well and working as a taxidermist in a Canadian museum, Burton is preparing an exhibition called the Hall of Contagion. One of its proposed displays is a sensationalistic look at AIDS that focuses on Patient Zero's promiscuity.

The movie follows the transformation of Burton from a disinterested exploiter of the story of Patient Zero into a rebel who sabotages the very exhibition he originally planned.

"Zero Patience," despite its grim subject, has a loopy buoyancy. The songs, composed by Glenn Schellenberg, with lyrics by Mr. Schellenberg and Mr. Greyson, suggest a bouncy stylistic hybrid of Gilbert and Sullivan, Ringo Starr, the Kinks and the Pet Shop Boys. In the number that finds the movie's sharpest mixture of politics and humor, the late Michael Callen, in drag, appears through a microscope as the AIDS virus, Miss H.I.V. "Tell a story of a virus,/ Of greed, ambition and fraud," he sings in a cutting falsetto. "Tell a tale of friends we miss/ A tale that's cruel and sad."

"Zero Patience" opens at Film Forum 1 on Wednesday.

John Robinson, left, and Normand Fauteux in "Zero Patience."

Zero Patience

Written and directed by John Greyson; director of photography, Miroslaw Baszak; edited by Miume Jan; composer, Glenn Schellenberg; production designer, Sandra Kybartas; produced by Louise Garfield and Anna Stratton; released by Cinevista. This film is not rated.

Sir Richard Francis Burton.....John Robinson
Zero.....Normand Fauteux
Mary.....Dianne Heatherington
George.....Ricardo Keens-Douglas

*****BAY AREA PREMiERE!!! *****

"AUDACIOUS! STIMULATING! A RIBALD MUSICAL COMEDY. A BOUNCY STYLISTIC HYBRID CRAMMED WITH IDEAS."
-STEPHEN HOLDEN, NEW YORK TIMES

"★★★ OUTRAGEOUS ENTERTAINMENT! A BRAZEN FANTASY!"
-JAMI BERNARD, DAILY NEWS

"★★★½ AN IRRESISTIBLE MUSICAL MANIFESTO!"
-JOHN ANDERSON, NEW YORK NEWSDAY

"ONE OF THE YEAR'S MOST ADVENTUROUS FILMS ABOUT SEX!"
-MACLEAN'S MAGAZINE

"OUTLANDISH AND BEAUTIFUL! BERTOLT BRECHT ON ACID!"
-TORONTO SUN

"A BUOYANTLY CHEEKY SENSE OF HUMOR!"
-RICHARD CORLISS, TIME MAGAZINE

"A DARING CINEMATIC GEM!"
-JIM MERRETT, THE ADVOCATE

ZERO PATIENCE

A JOHN GREYSON MOVIE MUSICAL ABOUT AIDS

SATURDAY JUNE 25 7:30 & 9:45 pm
WHEELER AUDITORIUM, UC BERKELEY
$10 advance / $12 door

abenefit screening for The Center for AIDS Services and ACT-UP East Bay
in conjunction with the Multicultural Bisexual Lesbian and Gay Alliance, UC Berkeley

Hosted by ***Trauma Flintstone***
Miss Uranus 1994 *ACT-UP Bedrock*

Advance ticket locations-

Berkeley: **Cody's Books** (510) 845-7852
North Berkeley: **GAIA Bookstore & Community Center** (510) 548-4172
North Oakland: **Mama Bears** (510) 428-9684
San Francisco: **A Different Light Bookstore** (415) 431-0891

mail-order info, call (510) 547-7538

"When it comes to AIDS, there should be a Manhattan Project"--Bill Clinton
April, 1992

THE AIDS CURE PROJECT - HR 4370

The AIDS Cure Project has been introduced as legislation in Congress as the AIDS Cure Act, by Representative Jerrold Nadler (D-NY). The Project is an intense research effort with the single goal of finding a cure for AIDS. These are a few of the features needed if honest, creative research is to be done in the shortest possible time:

The Project would bring ***a team of researchers together in a primary location*** in an area with a high incidence of AIDS. These researchers would come from backgrounds as diverse as virology, immunology, nutrition, clinical practice, etc., and would interact regularly, for maximum creativity and "cross-pollination" of ideas. It is essential that the primary research staff work at one location in order to encourage innovative thinking. It is well known that the best exchange of information at scientific conferences happens not at the formal presentations, but in the hallways between sessions. While the primary staff would interact with researchers world-wide through computer links and teleconferences, nothing can replace the "what if?" conversations that happen spontaneously when great minds are brought together.

The Project would have two main goals: to do ***basic research*** into the pathogenesis of AIDS (how AIDS actually happens in the body), and to ***identify potential curatives***, either new or existing. Current research efforts have focused primarily on the study of HIV itself, and knowledge about the actual course of disease is still in its infancy. The Project would be required to study people with AIDS, not just a virus.

The Project would ***examine diverse theories*** about the development of AIDS, not just the current NIH model, and be open to new ideas. The current research structure forces out scientists who offer "radical proposals" and instead funds those who submit safe, "mainstream" ideas. The Project would actively encourage new theories.

In order to insure an honest, all-encompassing approach, ***researchers would rescind all conflicts of interest*** for the duration of the Project, and receive payment only from the AIDS Cure Project. When researchers receive thousands of dollars from a drug company whose compound they are investigating, the possibility for bias is clearly present. The Project would match the strict conflict of interest guidelines that the President's cabinet requires.

The Project would have the ***power of "eminent domain"*** to ensure that all promising approaches are pursued as quickly as possible. AIDS drug development has a history of treatments either stalled or stopped outright due to the "corporate agenda" of the patent-holder. Currently the NIH is powerless to force a drug company to cooperate if they choose otherwise. Abbot's HIVIG and Roche's tat inhibitor are two examples. The Project would work cooperatively with all drug companies, and would not interfere with any company that was developing a compound with due speed. Only if a company refused to cooperate or adhere to an approved timetable would the Project buy the patent and develop it itself.

All curatives released primarily due to the AIDS Cure Project ***would be made available to everyone***, regardless of ability to pay. An international cooperative effort would be established to ensure that all curatives released primarily due to Project research would be available worldwide.

510-547-7538

ENDORSEMENTS FOR THE AIDS CURE PROJECT (H.R. 4370):

US Rep. Jerrold Nadler (D-NY)
US Rep. Ron Dellums (D-CA)
US Rep. Major Owens (D-NY)
US Rep. George Miller (D-CA)
US Rep. Nydia Velasquez (D-NY)
US Rep. John Lewis (D-GA)
US Rep. Jolene Unsoeld (D-WA)
US Rep. Neil Abercrombie (D-HI)
US Rep. Luis Gutierrez (D-IL)
James Traficant (D-OH)
Bobby Rush (D-IL)
Charles Rangel (D-NY)

City Councils of Berkeley & Oakland (both unanimous), San Francisco and Alameda County Boards of Supervisors (unanimous), SF Mayor Frank Jordan, Oakland Mayor Elihu Harris, Berkeley Mayor Jeffrey Leiter, former Berkeley Mayors Loni Hancock & Gus Newport, Green Party U.S.A., Gay & Lesbian Americans, Mobilization Against AIDS, California State Peace & Freedom Party, Green Party and Peace & Freedom Parties of Alameda County, State Reps Barbara Lee & Tom Bates, AFSCME Local 3211, AFSCME District Council 10, United Electrical Workers Local 6, NOW chapters: Berkeley High, East Bay, New York City, East End (Long Island), Gray Panthers of Berkeley & SF, Middle East Children's Alliance, 37 ACT UP chapters nationally, Gerald Lenior (Dir., Black Coalition on AIDS), Eva Patterson (Dir. Lawyers Committee for Civil Rights), Fred Sonnenberg (Dir. Stop AIDS Project), EACH Program-SF, Metropolitain Community Church-SF, Father Bill O'Donnell-St. Joseph the Worker Catholic Church, Pastor Michael England-Metropolitan Community Church, Hayward, CA, Ann Magnuson-actress, performer, David Drake-actor, Tim Miller-performance artist, Prof. June Jordan, author-UC Berkeley, Prof. Susan Bassein-Mills College, Prof. Adela Akers-Temple U., Prof. Jane Sloan-Rutgers U., Dr. Mike Alcalay "AIDS in Focus"-Pacifica Radio, Dr. Merle McCann, Baltimore, East Bay Lesbian/Gay Democrats, Jerry DeJong (Dir. Center for AIDS Services, Oakland), Body Positive-NYC & Houston, AID for AIDS of Nevada, AIDS Action Now, Toronto, Owen Marron (Secy-Treasurer, Alameda County Central Labor Council, AFL-CIO), Republicans for Individual Freedom-Atlanta, Boston Latino Health Institute, Alameda County AIDS Advisory Board, Charlotte HIV/AIDS Network, Port Charlotte FL, Central City AIDS Network, Macon GA, Central NY HIV Care Network-Syracuse NY, Community Health Project-NYC, Episcopal Diocese of Rochester NY, Galaei Project-Philadelphia, Gay Alliance of Genessee Valley-Rochester NY, Gay & Lesbian Resource Center of Ventura County CA, Gay Human Rights League/Queens County, NY, Greater Houston, TX AIDS Alliance, Gulf Coast Legal Services-Houston,, Good Samaritan Project, Kansas City, Gulf States Hemophilia Center-Houston, People With AIDS Coaliton-Baltimore, Houston, Minnesota, NYC, Provincetown-MA, & Tampa Bay-FL, Phoenix AZ Shanti Group, Strong Memorial Hospital, Rochester NY, Rochester Area Task Force on AIDS, Rochester AIDS Interfaith Network, Rochester Family Services, Douglas Paul-Metropolitan Assistance Corp NYC, and many more throughout the country

We need more endorsers--especially labor, church,civil rights groups and prominent individuals in any field. It will take a very broad coalition to defeat the dead-end research currently engaged in by the most profitable industry in the US-pharmaceuticals. We can always provide a speaker to present the issue to your group.

❑ **Yes, I'll fight for a cure. Send me more detailed information.** ***(Este panfleto también esta disponible en Español.)***

ACT-UP/EAST BAY
AIDS Coalition to Unleash Power
P.O. BOX 8074
OAKLAND, CA 94608

Name _____

Organization (if Applicable) _____

Address _____

❑ **I've enclosed a check to help support ACT UP.**

City, State, Zip _____

BE A PART OF THE WORKING GROUP

AIDS Cure Act Working Group • • (415) 487-9954 or (510) 547-7538

AIDS Ads, from p. 1

may only limit expressive activity thereon in one of these ways."

The court noted that MBTA policy bars from public display public service advertisements that contain "messages or graphic representations pertaining to sexual conduct." The court added, "When the MBTA designated the subways public fora, however, it lost the ability to discriminate by subject matter."

And despite MBTA's argument that its restriction was "narrowly tailored to serve a compelling state interest" by offering "protection . . . and well-being [to] children" in a captive audience, the agency had cited no cases to support that contention, Zobel said. "In contrast, AAC cites numerous cases which do not allow child viewers to cast a shadow on speakers' rights in a public forum."

Minors Have 'Substantial Interest'

She added, "Indeed, minors have a substantial interest in receiving the information proffered by the AAC posters. At a minimum, the posters provide the telephone number of a toll-free AIDS hotline, an invaluable source of information for those with no outlet for their AIDS-related concerns. Moreover, with witty headlines crafted to pique the interest of even the most diffident adolescent, the advertisements likely will do more than just invite conversation."

AAC is represented by Robert Greenwald, 131 Clarendon St., Boston, 02116;, (617) 437-6200. MBTA is represented by James Reardon, Reardon and Reardon, 1 Exchange Place, Worcester, Mass. 01608; (508) 754-1111. (*AAC v. MBTA*, DC Mass, CA No. 93-12561-Z, 2/22/94)❑

Proposed AAC Condom Public Service Ads

Following are excerpts from five of the proposed public service condom ads rejected by the Massachusetts Bay Transportation Authority (MBTA). (All include the final sentence printed in the first ad.)

• "Haven't you got enough to worry about in bed? Use a latex condom. It might not take your mind off everything else during sex, but at least you'll have one less thing to worry about. AIDS. For more information about HIV and AIDS, call the AIDS Action Committee Hotline at 1-800-235-2331."

• "Simply having one on hand won't do any good. For a latex condom to be effective against AIDS, you've got to put it on the correct appendage. Use a condom. Barring abstinence, it's the best way to prevent AIDS."

• "You've got to be putting me on. You mean you're not using a latex condom every time? You can't be serious. Barring abstinence, it's the best way to prevent AIDS."

• "Tell him you don't know how it will ever fit. Nothing will give him a swelled head faster than flattery. So compliment him on his good taste in using a latex condom."

• "One of these will make you 1/1000th of an inch larger. Of course, everyone says size doesn't matter. But a thin layer of latex could make all the difference in the world. Use a condom."

Reporter's Notebook

➤ Tensions between the AIDS activist community and National AIDS Policy Coordinator Kristine M. Gebbie, simmering for several months, have emerged openly for the first time.

The AIDS Action Council, in a strongly worded Feb. 17 letter to Gebbie, criticized her office for including entitlement funding — Medicaid and Medicare as well as disability benefits under the Social Security Administration — as a component of overall HIV/AIDS funding in the administration's proposed fiscal 1995 budget. (APL, Feb. 18, p. 4)

"We have spent many exhausting years educating the press and members of Congress about this ploy," AAC Executive Director Dan Bross wrote Gebbie. "For many years, opponents of AIDS funding have combined the totals of discretionary spending with entitlement spending in an attempt to prove that AIDS funding is disproportionate to other disease groups. At the same time, they would cite other disease spending without entitlement totals included. They were able to do this because AIDS is the only disease for which the federal government keeps track of entitlement spending. This was precisely the strategy of both the Reagan and Bush administrations to keep AIDS spending down, while claiming that they were adequately funding AIDS programs."

Bross said AAC was "appalled" that Gebbie's office included entitlement figures in AIDS spending charts, that the organization was "perplexed" by Gebbie's AIDS housing budget figures, and that she had "done a disservice to the AIDS community by being vague about specific AIDS program reductions."

An AIDS activist told APL that there has been a growing feeling that Gebbie's office has become "part of the administration, not [a part] of the advocacy network. There's been an overarching disappointment and disillusionment with her. She's shown a complacency, a reluctance to push [the AIDS] agenda forward, to make waves."

Excluding entitlement programs, AIDS spending would total some $2.9 billion in fiscal 1995; including entitlements, the total would be more than $7 billion.

A spokesman for Gebbie told APL she felt the agency's AIDS budget presentation was fair. "Yes, other diseases do not list entitlements, but AIDS is an administration priority, and we think it's important to show all the money we are spending on the disease. Medicaid is critical in this. We shared this information with [Bross] before we released it — certainly it was not underhanded. We displayed both numbers loud and clear."❑

0887-1493/94/$2.50

Et cetera...et cetera...

Delegates received many items to take back and share with their congregations. Among them were these:

•A four-page camera-ready copy of highlights from Bishop George Mocko's "Vision for the DE-MD Synod" designed for use with your congregation's newsletter or Sunday bulletin.

•A bag of pamphlets about HIV+/AIDS, supplied by the Maryland Department of Health and Mental Hygiene.

•A complete list of members of the synod's HIV+/AIDS Education Task Force, who are available to assist your congregation in educating members about the disease and in preparing to minister to and with those living with HIV+/AIDS.

•A copy of ELCA Bishop Herbert Chilstrom's report to the Synod Assembly. (The accompanying videotape, "Rooted in the Gospel for Witness and Service," is available from The Vineyard, the synod's resource center, 410/825-9520 or 800/394-9520.)

Thanks to the generosity of AAL and the James Gibbons & Associates Agency of Ellicott City, Md., the synod video, "Partners in Faith, Partners in Vision," premiered at the assembly to rave reviews. Each congregation will receive a free copy of the video and its accompanying Bible study. Copies will be available at the synod leadership event on October 2 or through conference meetings.

If you have concerns about items coming before the assembly or the Synod Council, contact one of the synod officers (Vice President Patricia Payne, Secretary Nancy Charitonuk or Treasurer Bruce Boeker) in care of the Delaware-Maryland Synod, 7604 York Rd., Baltimore, MD 21204-7570. You also can call them directly: Payne, 410/514-7007 (o) or 410/467-0963 (h); Charitonuk, 410/752-7179; Boeker, 302/478-3913.

THE MISSION MONTHLY
of the
Delaware-Maryland Synod ELCA

1993 Synod Assembly Edition

Delegates take wide-ranging actions at Emmitsburg

Nearly 600 delegates and visitors were on hand for the 1993 Synod Assembly, held June 10-12 at Mount Saint Mary's College in Emmitsburg, Md. Delegates took these actions:

•**Unanimously approved** a 1994 budget of more than $2.5 million, with about $1.4 million of that for partnership with the ELCA and about $1.1 million for spending on synod territory.

•**Approved changes** to the synod's constitution and by-laws, among them the addition to the Synod Council of a youth member with voice and vote, the consolidation of the Division for Social Ministry Organizations and the Commission for Church in Society into the Division for Church in Society, and a name change from the Hagerstown Conference to the Washington County Conference.

•**Called on each synod congregation** to establish a committee for Global Mission.

•**Expressed support** of the movement toward health care reform as embodied in the Interreligious Health Care Access Campaign and called on congregations to educate members about national health care legislation.

•**Voted to educate about and advocate** "compassion, love and care" for people with HIV+, AIDS and all sexually transmitted diseases and encouraged congregations to develop and/or participate in ministries for and with people with those diseases.

(Continued on page 2)

Assembly actions, continued from page 1

•**Voted to ask the ELCA** to retain a single ordination to the office of Word and Sacrament in place of the two ordinations proposed by the Study on Ministry, despite expressions of concern by several speakers that delegates did not have sufficient information on which to base a decision.

•**Referred to the synod's Committee** for Ecumenical Relationships a memorial urging the ELCA to refrain from pursuing full communion with the Reformed Churches until all pertinent issues are fully resolved.

•**Voted to ask the ELCA** to review its commitment to the Community of St. Dysmas (a congregation completely within the walls of the Maryland Penal System) and to maintain the current level of its financial support.

•**Defeated a motion** calling on the synod and its congregations to affirm that sexual intercourse is a blessing from God most responsibly expressed in a marriage between a man and a woman. Extensive debate, with many proposed amendments, centered largely on the difficulty of delegates' trying to write what would be, in effect, a social statement for the Church.

Debate also was extensive about the HIV+/AIDS resolution and about the ordination and Reformed communion memorials. When time ran out, the following resolutions were referred to the Synod Council for action.

-a request to set aside the third week in May as Associate in Ministry recognition week.

-a request that the Community of St. Dysmas be placed before synod congregations for their continued support during this time of diminishing financial resources.

-a request to designate former bishops "Bishop Emeritus."

-a request that the annual synod assembly not exceed two days.

-a request for child care at future assemblies.

From the debate on the HIV+/AIDS resolution

•Kay Brister, Faith, Baltimore: *"If we are supposed to be Christians, why do we need a piece of paper to tell us to be compassionate?"*

•Andy Niiler, Good Shepherd, Bel Air, comparing AIDS today to leprosy in Jesus' time: *"Jesus had a lot of compassion for lepers--can we do otherwise?"*

•From an unidentified delegate: *"It's a little late to go up and say to these people [with HIV+/AIDS], 'You should have been more careful.'"*

"Quotable Christians"

From the debate on the human sexuality resolution

•The Rev. Frank Lampe, interim ministry: *"We need to start with the word of God."*

•Debbie Lundahl, Redeemer, Damascus: *"We need to speak out and say that sex is wrong outside of marriage."*

•Mildred Hluchy, St. Mark, Hagerstown, on the confusion created by proposing what some delegates regarded as contradictory resolutions on human sexuality and HIV+/AIDS: *"One deals with the ideal, and the other deals with reality."*

•The Rev. David Kaplan, St. Luke, Dundalk: *"It is very difficult for the assembly to write a social statement. It is what the ELCA does, and we should let them do it."*

From the assembly chaplain, the Rev. Clarence Pettit, Spirit of Life, Wilmington: *"Does the world know that you're really for Jesus? Let all of us commit ourselves to the Christian life saying that we are not ashamed to tell someone about the greatness of Jesus."*

From the sermon at the Closing Eucharist by the Rev. Connie Miller, Grace, Westminster, on the parable of the wise virgins: *"God lit our lamps in our baptisms and he fueled our lamps with faith...We need to be refueled in God's Word."*

INSTITUTIONAL OVERVIEW

HERO

THE HEALTH EDUCATION RESOURCE ORGANIZATION

HERO, the Health Education Resource Organization, is the largest, oldest, and most comprehensive non-profit AIDS service agency in Maryland. Formed in 1983, HERO provides accurate information and assistance to people concerned or affected by AIDS or HIV infection.

With a committed staff of 54 men and women and over 900 volunteers, HERO provides client education and assistance, prevention education, professional training, and community education about HIV/AIDS. HERO's outreach strategies reach people throughout Maryland.

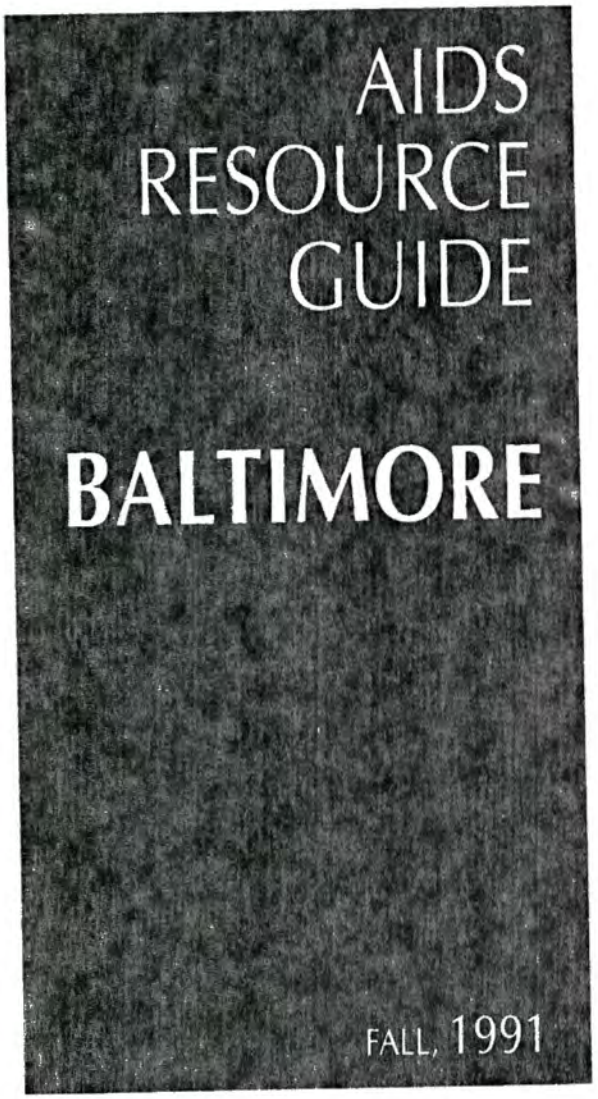
Two innovative street outreach teams focus on areas of high substance abuse. SOAPP (Street Outreach AIDS Prevention Program) raises awareness and encourages prevention among IV drug users and their sexual partners. YAAPP (Young Adult AIDS Prevention Program) provides risk reduction education to teenagers and young adults.

Educational programs at HERO reach people across the state, helping people to prevent the spread of AIDS. HERO operates the Maryland State AIDS Information and Referral Hotline; conducts minority, community, professional, and workplace education and training; and produces award winning HIV infection prevention materials and curricula, which are used in all fifty states and throughout the world.

HERO works directly with people affected by AIDS or HIV infection. Services are provided to clients as wells as friends, family, and loved ones. Support services include crisis counseling, family/client education, emergency financial assistance, the Drop-In Center, and emotional support groups such as the Buddy Program, which alone has trained more than 300 volunteer "buddies" who work directly with HIV infected individuals to assist them as they continue with their lives.

Development programs coordinated by HERO include AIDSWALK and the concert Lifesongs which are major fundraising efforts to support the battle against AIDS/HIV infection in Maryland. Maintaining a central position in coordinating the flow of information and services throughout Maryland, HERO is a trusted partner with major research and medical institutions which include Johns Hopkins Hospital, the University of Maryland Hospital, as well as federal and state agencies.

AIDS and HIV infection threaten lives in our community. HERO is helping. We must all work together in the fight against AIDS. HERO needs your support.


AIDS
RESOURCE
GUIDE
BALTIMORE
FALL, 1991

DEDICATION

IN LOVING MEMORY OF **BARRON LAFIELD**. HIS ZEST FOR LIFE, FAITH, COURAGE AND PERSERVERANCE WILL ALWAYS BE REMEMBERED BY THOSE WHO KNEW AND LOVED HIM.

TABLE OF CONTENTS

For Persons with AIDS and those close to them,

the Holy Scriptures offer good news—the Good News of God's love and acceptance.

In this booklet, you will find words of comfort and inspiration from the Bible. God's word is like an embrace coming off the page – an embrace from God that says, "You are not alone, you are a part of my family." You will discover here that...

God Deeply Loves Each One of Us

God Is Always with Us

God Identifies with the Rejected

Our Hope In God Reaches Beyond Death

It is our fervent hope that friends and families may use these teachings to minister to AIDS patients and in that way become instruments of God's strengthening comfort.

Together, let us pray that all who are suffering from AIDS may receive the Bible's promise of hope and redemption "...there is nothing in all creation that will ever be able to separate us from the love of God."

C#100920

Nothing can separate us from the Love of God

HELP FROM THE SCRIPTURES FOR COPING WITH AIDS

Other books by the same authors
Published by The Westminster Press

AIDS and the Church
by Earl E. Shelp and Ronald H. Sunderland

A Biblical Basis for Ministry
edited by Earl E. Shelp and Ronald H. Sunderland

AIDS, a Manual for Pastoral Care

Ronald H. Sunderland
and Earl E. Shelp

The Westminster Press
Philadelphia

Book design by Christine Schueler

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Contents

for the plane. The contracts will involve the construction of hardware that could be used in testing.

The contracts are also the first commitment of large sums of money to the program, which President Reagan announced as a major priority in his State of the Union Message in February.

The President's National Commission on Space, in a report to be issued in the next few weeks, is expected to recommend accelerated research into

Continued on Page 14, Column 4

EXPERTS LOOK AFAR FOR LIABILITY IDEAS

Review How Other Lands Keep Payment for Injury Modest

By NICHOLAS D. KRISTOF
Special to The New York Times

LOS ANGELES, April 5 — With the Federal Government and many states struggling to find solutions to widespread difficulties in obtaining liability insurance, some experts are seeking insights in the legal systems of other countries.

In the United States, obstetricians, company directors, bus companies and other businesses and cities must pay vast sums to get liability insurance, and often cannot find it at all. A recent study conducted for President Reagan's Domestic Policy Council has discerned a crisis in what it called the "explosive growth" in damage awards and "massive increases" in premiums charged by private insurers.

But a number of nations that share a legal heritage with the United States have adopted different approaches to reimbursing people injured by others' actions, and some experts say their experience is instructive.

New Zealand, for example, has abolished personal injury lawsuits altogether. In their place it has created a national compensation system for all accident victims.

England and Australia discourage litigation by prohibiting lawyers from being paid with a fraction of the proceeds if the plaintiff wins. And, as a further deterrent, many countries from Canada to India make the loser of

Continued on Page 12, Column 1

Agence France-Presse

TALKS ON CENTRAL AMERICA: Carlos López Contreras, left, Foreign Minister of Honduras, talking with Foreign Minister Miguel d'Escoto Brockmann of Nicaragua yesterday in Panama City. Foreign ministers from 13 Latin American nations, including the Contadora group of Mexico, Panama, Colombia and Venezuela, which is seeking to end the violence in Central America, opened a two-day meeting.

New Fear on Drug Use and AIDS

By LAWRENCE K. ALTMAN

A top Federal official responsible for battling the AIDS epidemic has warned that cases linked to intravenous drug use, once concentrated in two states, are rapidly spreading throughout the nation.

He said that swift action must be taken to stem a further spread of the disease by this means and that intravenous drug use is now viewed as a far greater factor in the spread of acquired immune deficiency syndrome than had been realized.

Directly or indirectly, contaminated needles are the prime source of the fatal disease among heterosexual men and women and newborns. The concern about intravenous drug use has greatly increased for two other reasons as well.

First, new statistics show that AIDS has become the leading cause of death in New York prisons, principally because of the use of intravenous drugs before incarceration, and there are indications that similar conditions are developing in prisons elsewhere. Second, recent research indicates that homosexual men have substantially decreased promiscuity since AIDS was discovered in 1981; yet reported cases continue unabated among men in this group, and a suspected key factor is the use by some of intravenous drugs.

Dr. James W. Curran, head of the AIDS branch of the Federal Centers for Disease Control in Atlanta, raised these concerns last week at a conference in Tarrytown, N.Y. "What is going to happen in 1990 is that somebody is going to say, why didn't you tell us about this problem?" Dr. Curran said. "We are talking about a massive problem, one with national and international implications," he added in a subsequent interview.

In another important development, new studies in Zaire, which has consistently refused to allow medical reporting about the disease, affirm that heterosexual vaginal intercourse is the dominant route of transmission of the disease in central Africa. The Zaire

Continued on Page 14, Column 1

Major Federal Health Official Voices New Fear on

Continued From Page 1

data, considered crucial to the search for the initial causes and the possible cures of this puzzling and menacing disease, also show that transfusions with contaminated blood play a more important role there than in the United States or Europe.

AIDS can also be spread by oral or anal intercourse between heterosexuals or homosexuals.

Cases of AIDS among drug addicts, their sex partners and children have so far occurred mainly in New York City and northern New Jersey. But cases among intravenous drug users have now been reported in 44 states, and the incidence of AIDS among drug addicts in Europe has risen sharply.

Although the incidence of intravenous drug cases related to AIDS is dramatically increasing in the United States, homosexual men still account for the overwhelming majority of the 18,883 cases reported to the Centers for Disease Control through the end of March. Intravenous drug users accounted for at least 3,184, or 17 percent, of these cases. New York reported 1,921 and New Jersey 507 of these cases; Florida reported the next largest total, 171 cases.

'Shrugged Shoulders'

At the Tarrytown conference, Dr. Curran extensively reviewed current knowledge about the epidemiology of the fatal viral disease.

"Virtually all the proposals to do something about the increasing transmission of AIDS through IV drug use has sort of resulted in shrugged shoulders," Dr. Curran said. "The most dramatic thing that has been proposed has been the use of sterile needles, and that's sort of like a Band-Aid, isn't it?"

A costly, multidisciplinary approach is needed to control AIDS among intravenous drug users, Dr. Curran said. "The idea that doctors solve this problem by themselves is crazy," he said.

Dr. Curran stressed the urgency of organizing a coordinated social attack, conceivably involving the Reagan Administration, Congress, state governments, public health organizations and interested groups.

Dr. Curran pleaded with his audience of 400 scientists and health workers to "write somebody political about IV drug use — this is not just an epidemic, but an endemic problem."

"If we wait 10 years," he said, the problem will be much more unmanageable.

According to the Federal disease center, perhaps 1 to 2 percent of all intravenous drug users are infected with the AIDS virus in most American cities. But the data show intravenous drug use accounts for these proportions of all AIDS cases among these groups in the United States:

¶Among prisoners, 95 percent, or 728 of 766 cases.

¶Among adult women, 64 percent, or 777 of 1,208 cases.

¶Among women who are prostitutes, nearly 100 percent of an untotaled number of cases.

¶Among children, 54 percent, or 148 of 273 cases. The child's mother either was a drug user or had a heterosexual partner who used drugs.

Overlap of Groups

Some AIDS victims belong to more than one risk group.

For example, of the 13,646 cases reported among homosexual or bisexual men, 1,504, or 11 percent, also acknowledged use of intravenous drugs at least once. Surveillance data collected by the disease center do not allow its epidemiologists to determine how many homosexual or bisexual men had only one intravenous drug exposure and how many were chronic users.

"Perhaps one-third of the gay men who have a history of IV drug use are actually chronic IV drug users and have true multiple risk factors," Dr. Curran speculated.

Dr. Gary P. Wormser, who heads the division of infectious diseases at New York Medical College and who has studied AIDS among prisoners, disclosed at the Tarrytown meeting that AIDS had become the leading cause of death among inmates in New York.

In 1985, 95 of the 163 deaths among inmates in New York's 50 state prisons resulted from AIDS, and three-fourths of those who died of AIDS had a history of drug abuse, according to James B. Flateau, director of public information for New York State Department of Correctional Services.

So far, the percentage of AIDS patients in the national prison population of 750,000 is small, only 766 cases. More than than 70 percent of them are in New York, New Jersey and Pennsylvania, but prison officials in other states expect rapid increases soon. "The principal explanation," Dr. Wormser said, is "intravenous drug use prior to incarceration." Although homosexuality is also a factor among the men, he said, most of the homosexuals in prison have also been intravenous drug users.

The New York Times

Dr. James W. Curran, head of AIDS research at the Federal Centers for Disease Control.

Rate Is 700 Times as High

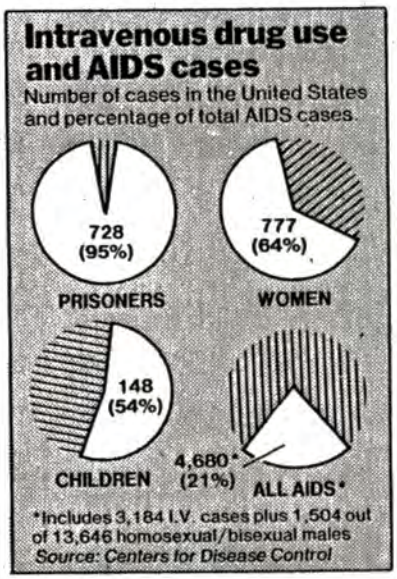
AIDS has now struck 35 of each million Americans. Although a relatively low number, it is still 700 times as high as it was in 1980. The rate among the 25 million unmarried American men is 227 per million, and it is even higher, at 1,000 to 4,000, in Los Angeles, San Francisco and Manhattan. Death rates from the more historic killers of young men, including automobile accidents, murders and suicides, range from 150 to 500 per million.

AIDS "is killing young men at a much much higher rate than anything else that kills young men in our country," Dr. Curran said.

In New York City, AIDS is now the fourth most common cause of potential years lost for men, and compared to all other causes of potential years lost, AIDS is the only one rising rapidly.

Data from New York and several other cities in the United States, Canada and Europe have shown a huge decline in the incidence of rectal gonorrhea among male homosexuals, including a drop of 85 percent in San Francisco, Dr. Curran said.

Despite this evidence of a change in sexual practices, the number of cases of AIDS continues to increase among homosexual men, Dr. Curran said, largely because of the increasing



prevalence of the AIDS virus.

An estimated one million Americans are infected with the AIDS virus, most of whom have no symptoms and do not know they carry it. Dr. Curran speculated that the conversion rate from infection with the AIDS virus to the disease occurred at a rate of "at least 1 to 2 percent" each year.

Since development of a blood test to detect previous infection with the AIDS virus, which is called HTLV-3 and LAV, doctors have confirmed their initial impression that people usually are silently infected for years before they become ill.

Dr. Curran sounded a pessimistic note when he recalled how confident many doctors and health officials were when they found that many people had antibodies to the AIDS virus but very few had the disease. They presumed that those with antibodies would do well, an assumption that has often proved incorrect.

"Inevitably AIDS follows a few years later," Dr. Curran said, speaking of groups of people, not necessarily for each individual. He said he was "disturbed" that up to 40 percent of hemophiliacs in Japan had evidence of AIDS antibody, although there is little AIDS there yet.

Evidence From Africa

In Africa, only Kenya and South Africa have reported AIDS cases to the World Health Organization in Geneva, but doctors have reported cases among residents of 23 other countries. Dr. Curran said that AIDS was present in many countries in Africa and epidemic in some.

Dr. Jonathan M. Mann of the Centers for Disease Control and Dr. Henry Francis of the National Institute of Allergy and Infectious Diseases in Bethesda, Md., have carried out studies in Kinshasha, Zaire, with researchers from that country. They found the incidence rate of AIDS in the capital is at least 350 per million, about 10 times higher than in the United States and similar to the rate among Haitians who have entered the United States since 1978.

These researchers in Zaire have noted a higher female-to-male ratio in young adults than older adults and a much higher male-to-female ratio in older adults than young. This pattern, reflecting the tendency for heterosexual men to select younger women as sex partners, resembles the pattern for virtually all sexually transmitted infections.

Tests of 95 percent of 2,500 employees of Mama Yemo, the largest hospital in Central Africa, showed that 6.4 percent had antibodies to the AIDS virus, a rate similar to that found in other African countries. People who donated blood at Mama Yemo had about the same prevalence, 6 percent. The studies have shown no evidence of occupational exposure among the hospital workers, thus affirming that AIDS is not spread through caring for patients or through casual contact.

"The problem of transfusion-associated AIDS in Africa is a massive one compared to the U.S.," Dr. Curran said. "Perhaps as much as 5 percent of AIDS virus infection was related to prior transfusion, even in a country where transfusion is very uncommon."

About 30 percent of the women who were prostitutes and were tested in Kinshasha had AIDS antibodies, confirming studies in Rwanda and Kenya showing that such women are at higher risk for AIDS.

Taking issue with other experts who believe there is no evidence that AIDS can be spread from women to men through sexual relations, Dr. Curran said, "There has been a lot of wishful thinking and denial about heterosexual" spread and "heterosexual transmission should be assumed" as a means of spreading AIDS.

In the United States, 270 of the 18,883 cases, or 1.5 percent, have occurred among people who acknowledged no risk factor other than heterosexual contact, Dr. Curran said.

Dr. Curran is pleading for doctors to become more involved in the care of the estimated one million people in the United States who are infected with the AIDS virus.

"How many of those people even know they are infected with the virus?" he asks. "How many have a good doctor, or even a doctor at all? How can we all pitch in?"

Agents in West Report Big Seizure of Cocaine

LOS ANGELES, April 5 (AP) — The police and Federal agents seized 1,700 pounds of cocaine three days after a raid netted up to 2,400 pounds of the drug in Tijuana, Mexico, the authorities said today.

Ted Hunter, an agent of the Federal Drug Enforcement Administration, said all the cocaine was probably destined for Los Angeles. He said it was 90 percent pure and Colombian in origin.

Ten people were arrested in Placentia, Calif., about 25 miles southeast of Los Angeles, and eight were held in Mexico. Officers also recovered $700,000 in cash Friday night in the raid in Placentia. Bail was set at $4 million for each of those arrested there.

Daryl Gates, Chief of Police in Los Angeles, said demand for cocaine and a shift in drug smuggling from southern Florida to southern California was responsible for the increased trafficking being seen in this region.

The largest seizure of cocaine in the United States, 3,243 pounds, took place at a Miami airport in March 1982.

AGENDA

KRTN

Calling her remarks "insensitive and inexcusable," San Jose, Calif., city council member Kathy Cole apologized May 24 for saying in a videotaped speech that gays and lesbians get preferential treatment in city government. Cole made the assertion May 8 at a workshop for black activists; during it she also called Latinos "pit bulls" and referred to Asians by pulling back the corners of her eyes. The San Jose city council voted 10-0 May 25 to condemn the remarks, but Cole said she would resist calls for her resignation.

law briefly stopped business on the floor of the Texas house of representatives May 31.

- Condom manufacturers would be required to disclose their products' failure rates under a measure passed by the California state assembly May 24.
- HIV-positive people could be charged with a felony for having unsafe sex under a measure introduced in the Nevada state senate June 1.

Municipal measures

Developments in city governments across the country:

- An ordinance adding gay rights protections to the municipal antidiscrimination code was approved by the Kansas City, Mo., city council June 3.
- A domestic-partnership law was approved by the Brookline, Mass., town council June 2. The ordinance allows same-sex couples to register their relationships with city officials.
- East Lansing, Mich., city officials said June 2 that they would extend spousal health care benefits to the domestic partners of gay and lesbian city officials.

Condoms 2, church 0

Strong calls for condom use came June 3 from France and Ireland, two strongly Roman Catholic countries.

In France, Andre Collini, the Roman Catholic archbishop of Toulouse, endorsed condom use in an unusually vigorous challenge to the teachings of Pope John Paul II, who espouses celibacy as the only protection against AIDS. "If one cannot change one's sexual habits, then one does not have the right not to use a condom, because that would mean becoming an agent of death," Collini said, "and the [Fifth] Commandment says, 'Thou shall not kill.'"

REUTERS-BETTMANN

Pope John Paul II suffers two setbacks.

In Ireland the parliament rejected last-minute pleas from the Roman Catholic Church and passed a bill removing age limits for condom sales and letting the devices be sold in vending machines. The measure still faces a trip through Ireland's senate. Currently, condoms are available only in pharmacies to adults.

"It disturbs me that we would place something as controversial as this in the children's section. This is the Bible Belt."

Hamilton County, Tenn., commission member Harold Coker, objecting to the placement of Daddy's Roommate, *a children's book about homosexuality, in a Chattanooga library*

REUTERS-BETTMANN

Classy brass

The Air Force is investigating two-star major general Harold Campbell on charges he ridiculed President Clinton in an Air Force banquet speech in the Netherlands May 24. Campbell, 53, is said to have called Clinton "gay-loving," "pot-smoking," "draft-dodging," and "womanizing." If Campbell made the remarks, he may have violated military law, which prohibits military officers from making contemptuous comments about civilian leaders.

AGENDA

Silver linings are few and far between at this year's international AIDS conference

No news is bad news

ALLAN CLEAR/IMPACT VISUALS

New medical evidence suggests that the mechanisms HIV uses to destroy the body's immune system are far more complex than expected, dimming hopes that AIDS can soon be treated with a single "magic bullet" drug or prevented with a vaccine, scientists from around the world reported at the Ninth International Conference on AIDS, held in Berlin June 7-11.

The disclosures left both policy makers and activists reevaluating their strategies and struggling to come to terms with the grim reality that for the foreseeable future, AIDS is here to stay. "It's pretty depressing," said Mark Harrington, a member of Treatment Action Group (TAG), a direct-action AIDS organization in New York City. "Drugs are crashing right and left. It seems that the more we know, the less secure we become about where to go with research and how to treat this disease. It's very difficult to go home to your community and tell people that we are back to square one."

Elinor Burkett, a former AIDS reporter for *The Miami Herald* and the author of the forthcoming book *The Gravest Show on Earth: Scientists, Activists and Opportunists Confront AIDS*, agreed. "Scientists have been more willing this year to stand up and say, 'Well, we really don't know' about a whole series of questions relating to AIDS," she said. "That's good because we are finally getting the truth, but it also indicates that we are a long way away from any solution."

Setting the stage for the conference's pessimistic mood was the June 8 announcement of the results of an American study that found that when the AIDS antivirals AZT and ddC are taken in combination, they are only slightly more effective than when taken separately and that the benefit occurs only in people whose T-cell counts are low, between 150 and 300. The study's results were disclosed just one month after a team of British and French scientists announced the preliminary results of research, popularly dubbed the Concorde trial, that is the most comprehensive study of AZT to date; the scientists' data from the ongoing study indicate that treatment with AZT does little to increase the overall life expectancy of people with AIDS.

Sandra Nusinoff-Lehrman, vice president for immunology, infectious disease, and biotechnology at

RICK GERHARTER/IMPACT VISUALS

In Berlin, AIDS activists toned down their street actions (*above*) to work on the floor of the conference this year (*inset*).

Burroughs Wellcome Co., which manufactures AZT, said her firm still contends that AZT is beneficial when taken early in the progression of the disease. "AZT is not perfect, but it keeps people at higher T-cell counts longer," she said. Still, she acknowledged that "there is a lot of frustration among patients, researchers, and physicians that we don't seem to be able to do better for people at the end stages of the disease."

But the scientists' lack of enthusiasm for AZT and ddC was underscored by prominent U.S. AIDS researchers Anthony Fauci, director of the National Institute of Allergy and Infectious Diseases, and Robert Gallo, director of the tumor cell biology laboratory at the National Cancer Institute. Both said that for the first time the latest scientific research indicates that the way in which the virus destroys the immune system is far too complex and sophisticated to be fought with antiviral drugs alone.

In a presentation to the conference, Fauci said that because HIV is "multiphasic and multifactoral, therapeutic strategies for HIV disease cannot be one-dimensional. They must take into account all the virologic and immunopathogenic processes that lead to the profound immunosuppression seen in patients with AIDS. Even with clinical benefits of AZT, the benefits of antivirals are limited at best." Meanwhile, Gallo reversed his early advocacy of antiviral therapy for AIDS, saying that because new strains of HIV are building resistance to existing antivirals, scientists should now emphasize other avenues of research.

Spencer Cox, a spokesman for Community Research Initiative on

AIDS, a grassroots AIDS research and advocacy group in New York City, said Gallo's defection from the ranks of antiviral supporters was especially significant. "Gallo used to talk about hitting the virus with a Mack truck [antiviral therapy]," he said. "Now he is talking about alternative ways of hitting HIV, and Fauci is talking about the disease as 'multifactoral.' They have come a long way from acting like you could kill the virus like it's a game of Pac-Man."

ALLAN CLEAR/IMPACT VISUALS

ACT UP protesters at the conference target drug firms.

Fauci predicted AIDS will ultimately be fought by simultaneously attacking HIV with antivirals that are more effective than those in use today and using other therapies to reconstitute the immune system. The task, he conceded, will be one of the most difficult that scientists have ever faced. He suggested the next phase of treatment lay in "using agents that might block certain aspects of [HIV] activation without compounding immunosuppression" in combination with agents that would hinder the replication and spread of HIV "by putting the cells of the immune system into a state of total activation."

On the vaccine front, the news was no better. Dani Bolognesi, a medical researcher at Duke University Medical Center, told the conference that HIV vaccine research is so preliminary that its chief current benefit is the scientific information it unearths about the virus's immune-suppressing mechanisms. And Walter Dowdle, director of vaccine development for the federal Centers for Disease Control and Prevention, said even if a vaccine is developed, it will take years and billions of dollars to distribute it around the world. "We must take care to make sure that the public understands that AIDS will not go away even if a vaccine is developed," he said.

Partly because of the evidence presented at the conference about the difficulty of understanding AIDS and the complexity of treating it, activists at the Berlin conference adopted a quiet approach that stood in marked contrast to the high visibility they sought at international AIDS conferences in past years. At the 1990 conference in San Francisco, for instance, more than 200 demonstrators were arrested, and activists staged scores of demonstrations, repeatedly interrupted a speech by Louis Sullivan, who at the time was secretary of the Department of Health and Human Services (HHS), and staged a mock trial of five prominent AIDS researchers for "crimes against people with AIDS."

Research notes

Highlights of the Ninth International Conference on AIDS included the following:

● U.S. surgeon general Antonia Novella released the "Surgeon General's Report on HIV and AIDS" at a news conference. It was issued seven years after her predecessor, C. Everett Koop, prepared the first report in 1986 and just one month before Novella, who was appointed by President Bush, is scheduled to leave office. Last year, a House of Representatives committee accused the Bush administration of delaying release of the report during the election campaign for political reasons.

● Researchers at the University of Manitoba announced that 29 female prostitutes they have studied in Nairobi appear to have avoided HIV infection despite having had unprotected sexual intercourse with dozens of HIV-positive men. The announcement appeared to back up several U.S. studies of gay men who remained HIV-negative despite repeatedly having sex with HIV-positive men. The Canadian researchers said they would study the immune systems of the African women in hopes of discovering how their bodies are fighting HIV.

● Joe Lange, director of drug development for the World Health Organization's global health program, told the conference that pharmaceutical companies should place a high priority on developing vaginal viricides that will kill HIV. Use of such products is important because men in some parts of the world discourage women from using condoms, he said. A safe and effective viricide would provide women with more control over HIV prevention, he said.

● Jay Levy, a medical researcher at the University of California, San Francisco, presented a study of long-term survivors of HIV, some of whom were exposed to the virus as long ago as 1978 but show few or no signs of AIDS. Unlike the majority of HIV-positive people, he said, long-term survivors appear to have an anti-HIV antibody that repeatedly neutralizes the virus. Levy said studying the immune systems of long-term survivors could assist in development of future AIDS antivirals.

● Jonas Salk, who developed the killed-virus vaccine for polio, announced that an experimental HIV vaccine he is working on appeared to boost the immune systems of research subjects who are already HIV-positive. But the announcement met with skepticism from conference attendees, and David Ho, director of the Aaron Diamond AIDS Research Institute in New York City, said he is "less than enthusiastic" about it.

Prevention: the last best hope?

Because the scientific news presented at the Ninth International Conference on AIDS was generally bleak, discussions of worldwide HIV prevention efforts took on an especially urgent tone. Officials of the World Health Organization (WHO) said during the conference that without significant increases in funding for prevention efforts around the world, the number of HIV-positive people will more than triple by the year 2000—from 13 million this year to nearly 40 million.

Michael Merson, director of the WHO global AIDS program, said an annual increase of $2.9 billion dollars in health care budgets worldwide—a 1% increase of the $90-billion combined budget—would halve the anticipated number of new infections: "It would take just a fraction of the cost of Operation Desert Storm or the cost of one Coke for every person in the world to save millions of lives."

Still, he said, most governments, including that of the United States, lack the political will to develop condom-distribution and needle-exchange programs that would help slow the spread of HIV. As a result, Merson said, the argument for the AIDS prevention programs must be made based on economic grounds. "Governments," he said, "can pay now or pay a much higher price later in the loss of economically productive lives."

This year, though, there were only three protests, all of which were low-key, and no arrests were made. Instead, activists spent much of the conference working quietly behind the scenes with scientists, including those who had been targeted at the mock trial three years earlier. TAG, for instance, prepared a 35-page report that endorsed Fauci's and Gallo's calls for stepping up research into the basic mechanisms of the disease rather than continuing the federal government's emphasis on development of antivirals. The report presented recommendations for research priorities that were gleaned from interviews with more than 50 prominent U.S. AIDS researchers.

Gregg Gonsalves, who compiled the TAG report, said, "There's a growing recognition on the part of activists that there needs to be more collaboration with scientists. There's a new respect for the scientists. There is more of a willingness to focus on the problems that the scientists are facing rather than what we once thought of as the scientists' malice."

Fauci, who was dogged relentlessly by activists at previous conferences, said he had noticed the change in tone. "I have to admit it's gratifying that people who are highly qualified—and most of the activists that I have gotten to know are—have come around to support us," he said. "It's really been a natural evolution leading up to the conference as the activists have learned about the complexity of the pathogenesis process. In the late '80s we were getting pushed around to put people in clinical trials for drugs that we really didn't think were very promising anyway. Activists would say, 'How many people do you have in a clinical trial?' And we would say, 'Well, actually, the real answer is that we need to know more about the disease first.' Now that we are in agreement about the need for basic research, maybe we will have better drugs and vaccines one day."

Burkett said some of activists' past strategies backfired: "At the San Francisco conference, the activists' cry was 'Drugs into bodies, drugs into bodies.' ACT UP pushed very hard for access to drugs. AZT was approved then. Now we find, all these years later, when the traditional science has been allowed to take its course, that the drug is at best a zero."

Now, she said, many activists have "a new skepticism about their own ability to figure things out. They thought they could figure out how a retrovirus works. Well, nobody in the world has figured that out yet. No activists have the ability to do gene-splicing in their homes."

As a result of their détente with scientists, activists directed much of

their ire at this year's conference at governmental and corporate players in the battle against AIDS. Addressing the conference during its opening ceremonies on June 7, Aldyn McKean, a member of New York City's ACT UP chapter, accused President Clinton of reneging on his campaign promise to step up the federal government's efforts against AIDS. "It's time that we convince Bill Clinton and the Bill Clintons around the world that they must change," he said.

Victor Zonana, HHS deputy assistant secretary for public affairs, responded, "I'm disappointed that ACT UP failed to differentiate between the Administration and Congress." The Administration, he said, proposed a 30% increase in AIDS funding this year, but the increase is facing opposition in Congress. HHS secretary Donna Shalala did not attend the conference, but in a statement read to attendees, she said Clinton's election as president "brings to government a new voice, a new strategy, and a new commitment in the struggle against AIDS."

In his speech to the conference, McKean also accused pharmaceutical firms of profiteering on AIDS drugs, and TAG later distributed a report card giving failing grades to most of the companies.

Those allegations received backing from Gallo. "We are too dependent on the financial interests of the pharmaceutical producers," he said. "We cannot always wait until some pharmaceutical company gets interested in a treatment. It would be helpful if treatments could go directly from the laboratory and not have to wait for one pharmaceutical company by chance to show interest in it."

Despite the almost uniformly bleak news about the state of AIDS research, June Osborn, dean of the school of public health at the University of Michigan and chairwoman of the National Commission on AIDS, said there is some reason for optimism: "As an old virologist, I always thought that the straightforward use of antiviral drugs as if they were penicillin would never work. There is no magic bullet that can be shot off to make it all be over. If the conference helped us all get over that illusion, we are all better off."

By Chris Bull in Berlin

AIDS pandemic: Global scourge, U.S. challenge

AIDS is killing millions of people, disrupting national economies, and undoing years of development in the Third World. What can the U.S. do?

EDUCATION IS THE KEY *to halting the epidemic. These young Ugandans are learning about AIDS through a Unicef-sponsored prevention program.*

On November 7, 1991, Magic Johnson, the professional basketball player whose trademark cheerfulness and magnetic personality made him a worldwide celebrity, stunned Americans with the announcement that he had contracted the virus that causes AIDS. The 32-year-old Johnson said that he would retire immediately and use his fame to help educate people about the dangers of the disease, which is almost always fatal. He added: "I think sometimes we think, well, only gay people can get it. 'It's not going to happen to me.' And here I am saying that it can happen to anybody, even me, Magic Johnson."

His shocking announcement came at a time when many health officials were worrying that Americans had grown inured to warnings about the dangers of acquired immunodeficiency syndrome, or AIDS. But the tragedy of Magic Johnson has made many Americans realize that the disease is indeed a health crisis that threatens the entire nation.

Few realize, however, that AIDS is also a major foreign policy problem. In the U.S., the debate about how to combat AIDS tends to focus on domestic social and cultural issues such as sex education, homosexuality, and treatment for intravenous drug use. But its global implications are staggering. AIDS threatens to disrupt the world economy and bring entire countries to their knees. Today, 10 years after it was first diagnosed, the World Health Organization (WHO) is projecting that by the year 2000, 30 million to 40 million people will have been infected with the human immunodeficiency virus that causes AIDS. Known as HIV, the virus can lie dormant in the bloodstream for a decade or more before it attacks the victim's immune system, weakening the body's natural defenses and leaving it prey to a host of illnesses.

The AIDS virus, now present in virtually every major city in the world, poses a potential threat to anyone who travels abroad — tourists, students, businessmen and military personnel. AIDS also complicates the already-complex issue of foreign aid. The disease has hit hardest in one of the world's poorest regions—sub-Saharan Africa—and is spreading throughout the Third World. What happens when a nation's work force is ravaged by disease? In the Third World, pestilence and famine take a huge toll among the youngest and the oldest people, but AIDS kills breadwinners. Their deaths are creating a "third epidemic" of orphans and grandparents with no families to care for them.

Spreading turmoil

"The AIDS pandemic has become a major factor to be reckoned with in the world economy," warns Dr. Michael H. Merson, director of WHO's Global Program on AIDS. "The deaths of as many as one fifth of young and middle-aged adults over a short period of time will lead to social turmoil, economic disruption and even political destabilization in many countries." According to the Harvard Institute of International Development, the epidemic by 1990 had already cost the economies of the seven countries of the African AIDS belt—Burundi, Central African Republic, Rwanda, Tanzania, Uganda, Zaire and Zambia — an estimated $980 million.

What, then, can or should U.S.

policymakers do to check the epidemic, particularly in the hard-hit developing world? How can health authorities fight AIDS without neglecting other pressing health problems caused by famine, cholera, malaria and other diseases endemic in the Third World? How much foreign aid should be earmarked for fighting AIDS? What can the U.S. do to support efforts to find a cure?

As the AIDS epidemic enters its second decade, researchers and health officials admit that they still know very little about the disease. AIDS was first officially recognized in the U.S. on June 5, 1981, when the federal Centers for Disease Control in Atlanta published a short report on the outbreak of an extremely rare disease called Pneumocystis carinii pneumonia among five homosexual men in Los Angeles. In 1983, scientists working independently in France and in the U.S. simultaneously announced that they had isolated the cause of the disease, a hitherto unknown virus that in America came to be referred to as HIV. Today, scientists know that AIDS began spreading in the West in the middle 1970s, but that people had been dying of it at least as early as the 1950s. Despite millions of dollars in research spending, there is still no cure in sight. Although it is often associated with syphilis, gonorrhea and other sexually transmitted diseases, AIDS seems to embody the worst elements of other illnesses. It is both chronic and infectious. It spreads rapidly, but kills slowly, requiring tremendous resources to care for the dying and the children and grandparents they often leave behind. People infected with HIV live for years without showing any symptoms, unaware that they are spreading the epidemic.

The tip of the iceberg

No one knows how many people have AIDS. WHO estimates that as of October 1991 some 9 million to 11 million people have been infected with HIV. Precise figures are impossible to obtain, but in the decade since the virus was identified, WHO says that there have been nearly 420,000 cases of full-blown AIDS officially reported in more than 160 countries. Taking into account underdiagnosis, underreporting and delays in reporting, the organization estimates that more than 1 million AIDS cases in adults may have occurred worldwide since the pandemic began. It says that three quarters of those adults who contracted the AIDS virus before 1990 will die by 1995. In addition, WHO estimates that among infants and children, there are 900,000 HIV infections, with 500,000 cases resulting from perinatal transmission. Over half have already developed AIDS or died.

The U.S. has reported the most AIDS cases. The disease has hit approximately 196,000 Americans, of whom 125,000 have died, according to the Centers for Disease Control. "There are at least 1 million Americans silently infected with HIV," a two-year study by the National Commission on AIDS concluded in September 1991. "Most of them will get sick during the next decade." The commission, whose 15 members were appointed jointly by President George Bush and Congress, predicted that in the next three years, another 230,000 people will die and 200,000 to 600,000 new infections will occur.

Brazil has reported the second highest number of AIDS cases, followed by France and Uganda. In sub-Saharan Africa, 6 million adults—more than half the globe's current cases—are said to be infected with the HIV virus, and an estimated 800,000 have AIDS.

Wiping out progress

Health care in many Third World countries is rudimentary, making it impossible to monitor the epidemic. Many experts fear AIDS will wipe out decades of progress in public health, particularly in countries that already suffer from a chronic shortage of hospital beds and medical supplies. In many Central and East African hospitals, between 25% and 50% of all adult patients are infected. In a group of 10 countries in the region, 3 million to 6 million children, from 6% to 11% of all those under 15, will lose one and probably both parents to AIDS in the 1990s, according to a United Nations Children's Fund study. In all of Africa, most of the half-million babies born with the virus have died. But by the end of 1992, another half million will have been born with the virus. In parts of Africa, child mortality, which had been declining for decades, could increase 50% by the year 2000.

In Asia, AIDS is just beginning to spread. A conservative estimate puts the number of HIV infections at approximately a half million, according to WHO. So far, the disease is concentrated in India and Thailand, where it is spreading from high-risk groups such as intravenous drug users and urban prostitutes into the general population. In Thailand, for example, the number of urban prostitutes who were HIV-positive has soared from less than 1% in 1987 to as high as 40% in some places, or from a few hundred people to at least 50,000. This pattern is being repeated in Bombay, Manila and other large cities throughout Asia. Health officials predict that as many as 1.5 million Asians will be carrying the AIDS virus by the turn of the century.

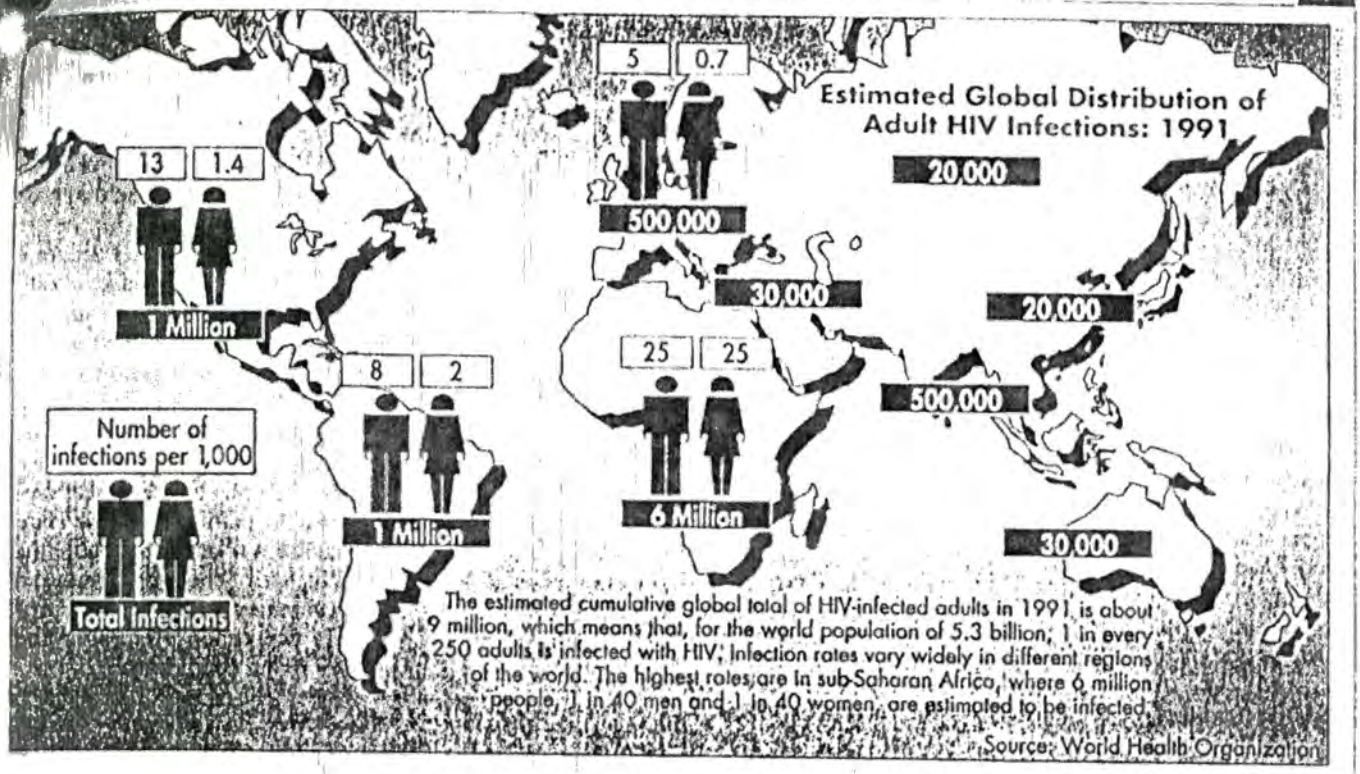
In Latin America, AIDS is on the rise. A cumulative total of adult HIV infections was estimated at close to 1 million in 1991, and the total number of AIDS cases slightly over 100,000. The infection rate has slowed in the U.S. and Canada, thanks to easy availability of condoms and an extensive AIDS education program that has led many people to practice safer sex.

Nevertheless, for many people who were recently infected with HIV—whether they know it or not—the worst is yet to come. Once the infection develops into AIDS, it can still take years to kill. Dr. James Chin, chief of surveillance, forecasting and impact assessment with WHO's Global Program on AIDS, warns that in the 1990s the epidemic will grow more visible in many parts of the world.

Containment and control

At first, AIDS seemed to be confined to certain groups and geographic regions, leading scientists to fear that HIV could be spread casually—by a kiss, a cough or a mosquito bite. Now they know that the disease is not highly contagious. Unlike the bubonic plague, tuberculosis and other great epidemics in history, AIDS is not spread through casual contact. An individual cannot contract AIDS from living in close proximity with an infected person or from touching or hugging an AIDS victim. The AIDS virus can only be spread through blood-to-blood contact with an infected person, by sexual intercourse, intravenous drug use or blood transfusion, or perinatally, from mother to child.

In the early years of the epidemic, most cases in the U.S. and Europe were



among homosexual and bisexual men and intravenous drug users, and they were concentrated in big cities. At the same time, in Africa, doctors in the city of Kasensero in Uganda noted a growing number of male and female patients in their 20's, 30's and 40's suffering from a disease that would come to be known in many parts of Africa as slim. The cause of the disease was puzzling, but the symptoms were similar to those of AIDS victims in the West, and the results were the same. Invariably, the patients would die. Meanwhile, health officials in the Caribbean reported a huge concentration of a similar illness in Haiti, where it grew so prevalent that it became known in the region as the Haitian disease.

Today, AIDS remains concentrated among certain "high risk" groups and regions. But evidence is growing that risk of infection is spreading to the general population. In the Western Hemisphere, more than 90% of HIV transmission is through sexual intercourse; less than 10% is by blood transfusion or needles. Early on in the epidemic, it was estimated that 1% of all those who tested positive for HIV infection in the U.S. had gotten the virus through heterosexual intercourse. Today, about 6% of all Americans with AIDS are believed to have gotten HIV through heterosexual transmission. The total number of AIDS cases in the U.S. rose by 12% in 1990, but the number of heterosexually acquired cases jumped by 40%. Worldwide, 70% of all HIV infections are believed to have been spread by heterosexual acts. The proportion is expected to increase to 80% by the end of the century.

Screening immigrants

Some 35 countries have restrictions on allowing tourists and would-be immigrants infected with the AIDS virus from entering their territory. Policies differ from country to country, but range from testing all arriving foreign residents to testing specific groups, such as students from regions with a high incidence of AIDS. The U.S. is the only Western country that excludes foreigners with the AIDS virus from entering, or requires them to obtain a special waiver. In 1989 about 420 would-be immigrants were barred from the U.S., according to *The New York Times*. That represents 1 out of every 1,000 applicants tested for infection.

In America, the practice of screening immigrants for medical reasons is nothing new. During the great European immigrations of the late 19th and early 20th centuries, people with tuberculosis and other contagious diseases were prevented from entering the U.S. In 1987, Congress passed a controversial measure introduced by Senator Jesse A. Helms, a North Carolina Republican, barring HIV-infected immigrants and travelers from entering the U.S. Supporters felt the measure would help contain the epidemic. Opponents argued that it violated human rights, particularly those of refugees who, in many cases, would not be accepted back in their home countries if they were found to carry the virus. They also maintained that it threatened the freedom of movement for American citizens with HIV who wished to travel abroad.

These restrictions raise complicated issues of fairness, personal freedom and the right to privacy. In May 1991, the U.S. announced that it would continue to exclude foreigners infected with the AIDS virus from entering the country. The move reversed a January 1991 decision by Dr. Louis W. Sullivan, the Secretary of Health and Human Services, to implement a law passed by Congress in 1990 that would have left active tuberculosis as the only medical condition for which immigration officials could refuse entry. Dr. Sullivan's decision unleashed a torrent of protest from people who feared that admission of foreigners infected with HIV would

expose the country to public health risks and huge potential medical costs. But some experts argue that the cost of testing for AIDS the roughly 800,000 people who seek to immigrate to the U.S. each year would be greater than the savings to the government in health-care costs. The U.S. pays about $100 a test, according to *The New York Times*. In July, the Bush Administration announced that it was considering a plan to allow foreigners infected with the AIDS virus to visit the U.S. but bar them from permanent residency.

The uproar over U.S. immigration restrictions erupted at a time when the government's AIDS policies in general were under attack. The criticism came to a head in June 1990 during the Sixth International AIDS Conference in San Francisco, when over 100 AIDS activist groups and medical organizations boycotted the conference. When Dr. Sullivan addressed the conference he was drowned out.

Since then, the Harvard AIDS Institute, cosponsor of the 1992 International Conference on AIDS that was to be held in Boston in May, announced that it would move the meeting overseas to protest the U.S. restrictions. The conference is now set to be held in Amsterdam, the Netherlands, in July 1992. (Current U.S. policy does permit entry of people with HIV to attend scientific conferences.) WHO also has announced that it will not hold meetings in any country that requires an HIV screening for meeting participants. The decision came after a WHO study concluded that such programs are prohibitively expensive and only briefly retard the spread of AIDS.

Elsewhere in the world, such restrictions remain. In South Africa, black immigrant workers are tested for HIV. The government of Malawi, which sends many workers to the mines of South Africa, has refused to allow its citizens to be tested. A few years ago, approximately 31,500 Malawians worked in South Africa. Now only a few thousand remain. This has cost Malawi, one of the world's poorest countries, approximately $21 million a year in sorely needed income, according to University of Natal research cited in *The New York Times*.

Controlling AIDS opens a Pandora's box of religious, ethical and moral issues. Homosexuality and drug use have long been—and still are—taboo topics in many cultures. Some countries keep their AIDS statistics artificially low, or even deny that the disease exists, perhaps for fear of losing tourism or foreign investment. Others take offense at the suggestion that their people might be spreading the disease. In the Middle East, for example, authorities dismissed AIDS as a public health threat on the grounds that homosexuality and drug use were virtually nonexistent in Muslim societies. As of April 1989, some 21 nations in the region had reported a total of only 366 AIDS cases. Now the number is growing, and many governments have been forced to acknowledge that their people are threatened by the epidemic.

Indeed, publicizing the disease is becoming less of a problem in many regions. AIDS stands out from the other great epidemics of history in one very important way: it was quickly identified and recognized as a global health threat and is being treated as one. To prevent HIV transmission and reduce the death toll from the disease, WHO established the Global Program on AIDS in February 1987. The GPA is designed to promote worldwide coordination in the fight against AIDS, to gather accurate information about the disease, and to provide technical and financial support to individual countries.

The big question now is how best to combat the disease. Adequate treatment is expensive. So are efforts to find a cure. In the laboratory, AIDS researchers must compete for funding and technical support. In the field, particularly in the Third World, health workers must battle the rising incidence of cholera, malaria and other old enemies that continue to prey on people weakened by hunger and unsanitary living conditions.

Obstacles

In Malawi, the AIDS epidemic has had a curious side effect: it has killed hundreds of mango trees. As the disease swept from the cities into the rural population, a rumor circulated that mango bark would make a person immune to AIDS. Many trees were stripped bare. Their destruction shows the panic created by a disease which will kill hundreds of thousands of people in this poverty-stricken nation.

Many countries have reacted to the horror of AIDS in much the same way individuals often act when informed that they are incurably ill. After the initial shock comes disbelief and anger. Desperation follows and, finally, resignation. In Africa's AIDS belt, many national governments were at first hesitant to acknowledge the disease. In Zambia, for example, official denial that AIDS was a problem persisted until the fall of 1987, when the son of then President Kenneth Kaunda died of the disease, moving the father to lift the state's official silence. Nevertheless the problem of denial continues. Today, 48 of the continent's 54 countries have officially reported only 67,000 AIDS cases.

The stigma AIDS carries with it has prompted governments as well as individuals to see sinister forces at work behind the disease. In Egypt, for example, a weekly newspaper claims that Israel has sent HIV-infected prostitutes to Cairo to spread AIDS among Arab men. In China, AIDS was originally considered a disease of the degenerate, capitalist West. Officially, Beijing refused to acknowledge its existence in China. Now this attitude is changing. In 1990, authorities in the province of Yunnan cracked down on drug smugglers along the Burmese border. Their investigation revealed that 368 people in Yunnan had the AIDS virus—out of a total of 379 reported cases nationwide, according to *The Christian Science Monitor*. But, publicly at least, health authorities appeared not to be worried. The newspaper quoted Dai Zicheng, director of epidemic prevention at the Health Ministry, as saying: "In our country, because of the superiority of the socialist system, we can take comprehensive measures to control it." The same article also quoted an 18-year-old heroin addict who pays for her habit through prostitution. "No case of AIDS has been reported in Kunming," she said, "so I can't get it—it's impossible." Such mindless optimism is matched by deep pessimism among many people who engage in high-risk behavior and take a fatalistic "live-for-

today" approach to life. In India, many people are so poor they sell their own blood. Under normal conditions, donating blood is not dangerous. But in India, poor practices in sterilizing blood-collection equipment often put donors at risk and may lead to an explosion of HIV infection. But in a country where millions of people suffer from a host of other diseases, life is a day-to-day struggle. The threat of a disease that takes years to kill cannot take precedence over those that kill in weeks or days.

The Global Program on AIDS has begun a worldwide effort to prevent the contamination of blood products. This is easier to achieve in the West, where simple, reliable blood-screening tests are available but expensive, costing about $3 per unit of blood—too high for most Third World countries. WHO is also trying to provide sterilizing equipment for hypodermic needles to developing countries and to educate health workers in antiseptic techniques.

Education is a key to AIDS prevention. While it is difficult for authorities to monitor changes in sexual behavior, it is clear that in several countries with well-planned public relations programs, the use of condoms has risen and the rates of sexually transmitted diseases have fallen or leveled off. In the West, the spread of AIDS is slowing, largely because many people have begun to practice safer sex. Nevertheless, experts worry that there will be a "second wave" of HIV infection as people grow deaf to AIDS education campaigns.

Cultural complications

In many countries promoting contraception is easier said than done. Many Third World cultures place great stock on having large families and see the use of condoms and other contraceptive devices as "unmanly" or immoral. The use of contraceptives in African countries averages 11%—lower than anywhere else in the world—and condoms are the least popular contraceptive method of all. In addition, the annual cost of using condoms is prohibitively high—$18 per couple, according to the GPA. Furthermore, while it is difficult to make generalizations about such a vast continent that is home to hundreds of diverse peoples and cultures, it is a fact that in many parts of Africa there are long-established traditions of polygamy. Extramarital sex and promiscuity do not carry the same social stigma found in many other parts of the world. Nor does accepting money for sex. Thousands of young men, unable to find work in the countryside, flock to major cities, where prostitution and promiscuity are more common. Venereal diseases are widespread and are unlikely to be treated, increasing the risk of HIV transmission. Ironically, men who are relatively better off economically are more likely to be infected because, as a man's social status and earning power increase, he is more likely to afford multiple sex partners.

OVERCOMING CULTURAL OBSTACLES *is one of the most difficult battles in the war against AIDS. Here a volunteer AIDS educator tries to convince clients of Tanzania's truck-stop brothels to use condoms.*

In Africa and elsewhere, health authorities have run into opposition to AIDS testing because of the cultural disruption it can create. An infected person frequently faces social ostracism. The Panos Institute, a London-based group specializing in development issues, points out that widespread premarital testing would create a new social problem. In societies where family and marriage mean everything, many of those people found to be infected would become social outcasts, with no one to turn to when they most need help.

Nor are cultural and religious taboos limited to the Third World. Ireland, for example, has proportionately fewer AIDS cases than other countries in Western Europe. But AIDS workers say that the attitude of the influential Roman Catholic Church hampers the prevention of the disease and predisposes the country to develop it. The Catholic Church teaches that sex is for procreation; it opposes the use of condoms and all other birth-control devices. Proposals to distribute clean needles to drug addicts in Ireland have also run into opposition from those who believe such practices would encourage drug addiction. (Some European countries have had needle-exchange programs for years and maintain that the practice has not increased drug use.) And in Ireland where homosexuality is frowned upon, many homosexuals marry. Some may be tempted to engage in high-risk behavior and conceal it from their wives. This creates an enormous potential health threat. Nevertheless, the spread of AIDS has slowed in Ireland, thanks to widespread publicity about the disease.

Improved reporting and diagnosis and sex education programs are all key elements in containing the spread of HIV. But monitoring the course of the disease is extremely difficult, even in Western countries. Researchers have found that it is not uncommon for individuals who engage in high-risk behavior to deny that they are in danger. In January 1991, for example, the Centers for Disease Control abandoned two pilot studies begun in 1989 to find out whether a $32 million national survey was feasible. The pilot studies showed that too many people who took big chances, such as having sex with an infected person, did not cooperate with the project. As a result, the agency said, the infection rate would be underestimated.

Women and children

AIDS is not only rapidly shifting from a disease of the industrial world to one of the developing nations, according to GPA director Merson, but it is also increasing among women. In Africa, half of the people carrying the infection are female. WHO estimates that some 3 million women are infected worldwide—roughly a third of all cases reported. By the turn of the century, it estimates, half the people who carry the AIDS virus will be women.

A woman's ability to protect herself from the disease is often limited. In societies where married women are traditionally expected to bear many chil-

dren, it is often impossible for them to insist on safer sex or refuse to engage in sexual relations. In many cultures, for a woman to suggest that her lover use a condom—the only known effective means of preventing HIV transmission—is seen as evidence of infidelity.

HIV infection does not reduce fertility. By 1992, according to WHO, HIV-infected women will have given birth to almost 1 million infected children and to some 2 million uninfected children who will inevitably be orphaned. Some 10 million to 15 million children, mostly in sub-Saharan Africa, will lose their mothers to AIDS. Many of these children will be excluded from the extended family network because of the mistaken belief that they are contagious or bring bad luck. Many will be left to grow up or die on the streets.

Other dangers

HIV is found in the breast milk of women with HIV infection. In the U.S. and Western Europe, mothers who carry the HIV virus are discouraged from nursing their children. But in Africa and other parts of the Third World, the alternatives to breast milk are expensive or impossible to find. The immediate threats are not AIDS but starvation and a host of killer diseases. Some health experts warn against accepting the cliché that Africa is "dying of AIDS." They argue that the disease will only slow, not reverse, the continent's huge population growth.

Meanwhile, the developing world has other old foes to contend with. Malaria kills an estimated 1 million to 2 million people a year, according to WHO, whereas AIDS has caused approximately 700,000 reported deaths in a decade. True, the killer potential of AIDS is enormous, but so is that of malaria, a disease which many thought had been conquered. Each year there are a staggering 110 million cases of clinical malaria and newer, more virulent forms of the disease have reemerged throughout the world. The malaria parasite in all countries except Haiti and Central America north of the Panama Canal has grown resistant to chloroquine, the "golden bullet" that once prevented the disease. The development of drugs to take its place are years away. The drug's failure has contributed to a surge of cases and deaths.

In Africa, where many children suffer from malaria-caused anemia, the disease creates a troubling paradox. For decades, hospitals that lack antibiotics and other drugs have used blood transfusions to treat patients. But in some regions, 30% of the blood donors are infected with the HIV virus, and studies show that patients who get blood transfusions that are tainted with the AIDS virus are almost certain to become infected themselves.

Outbreak of cholera

Meanwhile, other diseases continue to cause havoc. An epidemic of cholera, one of the oldest diseases to threaten mankind, has hit much of Latin America, threatening the lives of as many as 120 million people, according to WHO. Until January 1991, cholera had virtually disappeared from the Americas. As of July, more than 250,000 new cases had been reported and over 2,600 people had died. The disease, caused by a virus that often appears in sewage-tainted water, kills by dehydration, usually in the form of diarrhea. A vaccine is available and there is medicine to fight the disease. But the best prevention is sound sewage and water systems, facilities that Third World countries can often afford only with foreign aid.

These epidemics, along with herpes, AIDS and other venereal infections, point up the reality that mankind's fight against disease is a constant struggle. In the words of Allan M. Brandt, author of *No Magic Bullet: A Social History of Venereal Disease in the U.S. Since 1880*, "sexual contact is one of a number of ways in which microorganisms are transmitted from human to human.... Venereal disease, and indeed all infectious diseases, constitute complex biocecological problems in which host, parasite, and a number of social and environmental forces interact. No *single* medical or social intervention can thus adequately address the problem. Just as social mores and practices change, so too, the biological system is in flux. New infections such as AIDS may appear, or older infections, once controlled, such as gonorrhea, may become intransigent in the face of agents whose effectiveness is attenuated as the organism itself changes. As one observer recently remarked, the battle against infectious disease is an ongoing 'leapfrog war.' "

Finding a cure

MANILA, capital of the Philippines, has a brassy, thriving red-light district known as Ermita, whose residents seem to approach the side effects of prostitution with native optimism and a Filipino sense of not wanting to disappoint. A storefront sign over the Rapid STD and VD Treatment Center is typical. The center offers: "Facelift, Breastlift, Eyebag Removal, Liposuction, Pregnancy Test," and genital "repairs." It also promises to cure "Women's Diseases" and provide counseling on "Courtship and Marriage Problems Rejuvenation Methods & Treatments."

The promise to solve just about everything might strike the passing tourist as naive. But it is really not very different from the notion, prevalent for decades in the West, that medical science can cure just about any illness. Perhaps someday AIDS will be cured. But developing a vaccine against HIV infection, or even devising effective therapies that prolong the lives of AIDS victims, will be one of the most difficult tasks scientists have ever faced.

All viruses develop within the body by attaching themselves to healthy cells and producing new viral offspring. "But the AIDS virus...not only invades the cell, it splices its genes into those of the cell and then hides there indefinitely, invisible to the immune system," according to Peter Radetsky, a University of California scientist. The battle against AIDS is complicated by the fact that the HIV virus is highly variable and differs from region to region. As many as 20 different strains have been identified. While all these strains share common characteristics, they can differ from each other by as much as 20%. And they continue to change—faster than any other virus. A successful vaccine would have to surmount the problem of variability.

There are also major regional differences in AIDS risk factors. Scientists

have identified three distinct types of transmission patterns—the Western, African and Asian. In the Western type, HIV virus is transmitted primarily by homosexual relations and through shared drug paraphernalia. This pattern is found in North and South America, Europe, Australia and New Zealand. Victims are predominantly homosexual and bisexual. However, WHO notes that the proportion of AIDS cases from heterosexual contact in the West is steadily rising.

There is extensive evidence that the way HIV is spread in African countries differs markedly from that in the West. Research suggests that in the "Africa pattern" the virus is spread predominantly through heterosexual contact. Indeed, it is estimated that roughly 80% of people with HIV infection in Africa have contracted the virus through heterosexual intercourse. Victims are divided fairly equally between men and women. This pattern is also found in the Caribbean and parts of Central America.

The third pattern of HIV is found in Asia, most of the Pacific region, the Middle East and Eastern Europe, where AIDS is a comparatively recent phenomenon and, consequently, has only just begun to spread. In these regions, AIDS is spread by both homosexual and heterosexual contact.

To date, no effective cure or treatment for AIDS has been discovered. One drug, known as AZT, has been shown to prolong life in some patients. It is already being used to treat AIDS in the U.S., Europe and developed countries. However, many experts say its toxicity, which requires close medical care, and its cost of nearly $8,000 a year limit its use in the Third World.

Experimenting on people

In a move that reflects the growing desperation in many AIDS-ravaged regions, WHO announced in October 1991 that it plans to forgo exhaustive testing of experimental vaccines on animals and begin using them on human volunteers. Experimental vaccines are currently being tested by small numbers of volunteers in North America and Europe to determine their safety and ability to produce an immune response. Once an experimental vaccine has been shown to be safe, WHO plans to carry out effectiveness studies involving a few thousand volunteers in Brazil, Rwanda, Thailand and Uganda. They will be innoculated and their health will be monitored over several years. WHO officials said that programs would likely begin within the next two years, but that experimental vaccines had not yet been chosen.

DISCO DANCING IS A DANGEROUS OCCUPATION *in Manila, where it is often linked with prostitution. Here a young woman is tested for HIV under a U.S. Navy-financed study in 1986.*

The U.S. response

Is the U.S. doing enough to fight AIDS? Some say America cannot possibly spend enough; others argue that the war on AIDS has cost ground in the fight against cancer, heart disease and other illnesses. The National Commission on AIDS has faulted the Bush and Reagan Administrations for rarely breaking their "silence on the topic of AIDS. Congress has shown leadership in developing critical legislation," said the commission report, "but has often failed to provide adequate funding for AIDS programs. Articulate leadership guiding Americans toward a proper response to AIDS has been notably absent."

Health officials in the Bush Administration vigorously reject this criticism. "There has been more leadership on this issue than just about any other, such as cancer or heart disease," Dr. James O. Mason, assistant secretary for health at the Department of Health and Human Services, told *The New York Times*. Noting that the U.S. has annually increased its budget for AIDS, Mason asserted that he and Secretary Sullivan spend an "inordinate" amount of time on this issue "compared to other very serious problems."

In 1990, about 30,000 Americans died of AIDS-related illness. Heart disease killed about 800,000. Three out of every ten Americans now living will eventually die of cancer. "In 1990, the Centers for Disease Control will spend $10,000 on prevention and education for each AIDS sufferer as opposed to $185 for each victim of cancer and a mere $3.50 for each cardiac patient," Michael Fumento, author of *The Myth of Heterosexual AIDS*, wrote in a *Commentary* article last year. The current Public Health Service allocation of about $1.6 billion for AIDS research and education is higher than that allocated for any other cause of death. There is good reason to hope that vaccines can be developed to slow or halt progression of the disease. According to one government official, there are

currently 11 experimental vaccines that could be ready to be tested upon human beings within the next two years. Getting adults to participate in vaccination programs, however, is often difficult. But even in the best of scenarios, it would be at least five to ten years before vaccine delivery in the developing world could begin in earnest.

Nevertheless, some critics, notably former U.S. Surgeon General C. Everett Koop, have accused the Bush Administration of dragging its feet in the fight against AIDS. During his eight years as surgeon general, Dr. Koop spent much of his time fighting what he and others perceived as the Reagan Administration's reluctance to publicize the disease. Koop resigned from the post in May 1989. He has criticized his successor, Dr. Antonia Novello, for not doing enough to combat the disease. Dr. Novello's office argues, however, that the epidemic has been well-publicized and that federal efforts to combat it are adequate.

This bickering goes back to the 1980s, when many people, particularly advocacy groups for homosexual rights, accused the Reagan Administration of being slow to respond to the epidemic. They argued, for example, that Washington could do more to encourage research to find a cure, subsidize medical care for the afflicted, and push more strongly to educate the public. Their critics countered that the AIDS threat received more media publicity and attention from national and international policymakers than any other epidemic the world has ever known. Compared to earlier epidemics in the U.S., Washington responded quickly. Some people maintain that it is wrong to ask the government to bear most of the financial burden of a disease that is the direct result of personal behavior. They see AIDS as yet another argument against the "new morality" of the sexual revolution and the medical technology that made it possible.

Fight over funding

Fumento maintains that the powerful lobby of homosexual-rights activists has won a disproportionate share of medical resources and funding in the U.S. "The blunt fact is, then, that a great many people will die of other diseases because of the overemphasis on AIDS," he writes. His critics acknowledge that AIDS research has won proportionately more funding. But they argue that this is justified by the frightening, mysterious nature of the HIV virus and the unique dangers posed by AIDS—how insidiously it spreads, along with its devastating effect on the societies where it has hit hardest.

Scientists are split over the question of whether AIDS has diverted funds from other fields. According to a 1990 report issued by the U.S. Office of Technology Assessment, 75% of those surveyed thought AIDS was getting the right amount of money, or too little. To *The New Republic* this suggests "not that AIDS research is overfunded, but that it is one of the only areas of biomedical research that is adequately funded. It would be absurd to criticize the gay lobby for securing sufficient monies for its disease while others go begging. Instead, others should emulate the AIDS lobby's success."

'The blunt fact is, then, that a great many people will die of other diseases because of the overemphasis on AIDS'

Michael Fumento

The international front

A concerted worldwide effort could save 1 million lives in the next decade if health agencies take swift, coordinated action in the fight against AIDS, the U.S. government maintains. But this would require an unprecedented degree of international cooperation. "In order to create the effective political will to fight the disease you need to go beyond the ministries of health to high places in the governments of the nations you are trying to serve—to the ministries of finance, planning and education," says Dr. Peter A. West, senior medical adviser to the U.S. State Department.

Since 1984, when Washington first began significant funding, total U.S. government spending to fight AIDS overseas has averaged roughly $70 million a year—less than 1% of the non-military, nonsecurity foreign aid budget. The U.S. is WHO/GPA's largest donor and was the first country to contribute to the UN organization. In 1991, it accounted for roughly 25% of WHO/GPA's budget, which rose from $23 million in 1987 to $90 million in 1990—with close to half of that earmarked for Africa. In 1991, Congress mandated that the Agency for International Development (AID), which coordinates all U.S. programs to fight AIDS overseas, spend $52 million for AIDS programs in developing countries—$29 million in bilateral prevention efforts and $23 million for WHO/GPA. But AID increased funding to fight AIDS by some $24 million, bringing the total to over $75 million. In 1992, AID plans for levels to rise only slightly, but Congress may appropriate more funding.

Total U.S. funding to fight AIDS overseas is actually much higher when one considers that more than half of all basic research on AIDS worldwide, including research to develop a vaccine that would prevent or retard the disease, is performed by the U.S. In fiscal year 1991, the National Institutes of Health, which handles most of the research, budgeted $805 million. The Centers for Disease Control, which deals mostly with education and prevention, appropriated $427 million to fight AIDS.

Some Americans would like Washington to provide more direct, bilateral aid to those regions where AIDS has hit the hardest. Others argue that the U.S. should concentrate on containing the epidemic in places where HIV transmission is not yet widespread but is likely to mushroom in the next decade. Since 1987, when AID began the first of several overseas programs to fight AIDS, the agency has supplied condoms, blood-screening equipment and technical assistance to more than 50 countries. For example, in 1991 it earmarked $242,000 for the Township AIDS Program in Soweto, South Africa. The grant was to be used to educate residents about the dangers of the disease, a problem that critics of the South African government say Pretoria has virtually ignored. AID has also helped train health-care workers and

vigorously supported nongovernmental organizations (NGOs).

Although AID continues to support similar programs in dozens of countries, the agency is now concentrating its efforts in a handful of places where it believes it can do the most good. In 1992 and 1993, AID is focusing on 15 countries, not all of which have been selected yet, emphasizing education programs aimed at increasing condom use, reducing the numbers of sex partners, and controlling the spread of other sexually transmitted diseases that heighten the risk of contracting AIDS.

Intensive programs

In 1991, AID launched intensive programs in Malawi and the Cameroons in Africa, and Haiti in the Caribbean. It also started programs in Thailand and Brazil, where the danger of even higher transmission rates is growing. The agency is considering intensive programs in India and Indonesia. It plans to spend $168 million on all of these programs over the next five years.

Concentrating on particular countries naturally raises the issue of whether other nations equally hard-hit by the disease are being deprived. Deciding which countries to help often depends upon historical and political ties. In the AIDS belt, many countries receive extensive support from the West European governments that once ruled them as colonies—Uganda from Britain, for example. But regardless of who is providing the aid, successful programs require a well-planned collaborative effort between international and bilateral programs and NGOs—religious and charitable organizations and private voluntary service groups.

The effectiveness of these organizations often depends upon the host government involved—its stability, willingness to cooperate, the resources it puts at their disposal. The U.S., France and Belgium, for example, have all had difficulties dealing with the Mobutu government in Zaire, the former Belgian Congo. And in Rwanda in 1990 an attempted coup disrupted aid efforts. "If the government is not interested, there is no point in doing anything," says Dr. Jeffrey Harris, AIDS coordinator for AID. In Asia in particular, the U.S. has found that many people are "just not ready to deal with AIDS in a serious way," he says. AID programs have been most successful in countries with strong NGOs, which tend to be less affected by political disruption than government organizations.

WHO/GPA leaves the day-to-day, hands-on fight against AIDS to organizations such as AID. The UN organization has been the key to developing strategies to fight the pandemic, but has been less successful in implementing programs and, according to Dr. Harris, has backed off from the "we-will-do-it-all approach" it took when it was first formed.

U.S. policy options

By virtue of its wealth and vast technological and scientific resources, the U.S. is a key factor in the fight against AIDS. But how much the U.S. can actually do is a matter of degree. Some say Washington is doing all it can; others maintain it is not doing enough. The debate is complicated by U.S. budget constraints at a time of increasing demands for aid. The Soviet Union and the nations of Eastern Europe are asking for help to modernize their economies. In the Middle East, destabilization caused by the Persian Gulf war has left many governments appealing for U.S. economic assistance. Ethiopia, Sudan, and other countries in northeast Africa are facing a famine that, unless outside aid is forthcoming, could take 17 million lives. Although funding for these various assistance programs would come from different parts of the federal budget, ultimately they would all compete for taxpayers' dollars.

Following are four policy options and the arguments for them.

1. The war against AIDS must be made a priority. The Bush and Reagan Administrations have failed to lead the war against the disease. Now, at a time when America's global influence is perhaps greater than ever before, Washington should push vigorously to make other countries realize that AIDS is more than just a health issue. A more aggressive U.S. role could do much to stem the pandemic; particularly in those countries where it is just beginning. Such efforts do not necessarily require more spending. The U.S. could threaten to suspend trade with or deny aid to those countries which refuse to implement AIDS education and prevention programs. It could also encourage wealthy allies, such as Japan and Saudi Arabia, to give more of their resources to fighting the disease. At home, Washington should give financial incentives to drug companies seeking to discover treatments and cures and do more to lift restrictions on experimental drug use by AIDS patients.

2. The epidemic must be kept in perspective. AIDS is not the only medical problem confronting the world. Malaria, cholera and other diseases are all part of larger issues of poverty facing developing nations. Unsanitary conditions, lack of birth control, poverty that leads to prostitution and drug addiction must be fought if the disease is to be conquered. Education can do much to halt the spread of the disease, and Washington can continue to do its part by funding health organizations and providing medical aid overseas, but after a certain point, there is a limit to what institutional solutions can accomplish. The U.S. must emphasize the importance of individual responsibility in combating AIDS. The decision of AID to narrow the focus of its AIDS program on 15 countries where they will achieve maximum impact is the wisest use of available funds. Trying to do too much will only deplete limited resources.

3. The U.S. should ban entry of immigrants and tourists with AIDS. AIDS testing should continue to be mandatory for all potential immigrants. Aside from the fact that they might spread the disease, people infected with the HIV virus will inevitably become a financial burden to the public. Moreover, why should the U.S. make room for AIDS victims while denying entry to healthy, potentially more-productive people? In addition, opening U.S. borders to people with the AIDS virus might offer unintended encouragement to countries who want to get rid of their own AIDS cases.

4. The U.S. should lift entry restrictions on people with AIDS. Such an action, consistent with the policies of most industrial nations, would send a message of compassion to the world. It would indicate a willingness to confront the problem openly and serve to end discrimination against people with the disease. Since AIDS cannot be spread by casual contact, there is no logical reason for a ban. From a humanitarian point of view, it is America's duty to accept AIDS victims, many of whom cannot return to their own countries.

DISCUSSION QUESTIONS

1. AIDS is frequently seen as primarily a domestic issue. But as the pandemic spreads, it is becoming increasingly clear that the disease has broad international implications. How does the AIDS pandemic affect U.S. foreign policy? Are U.S. policymakers paying enough attention to the political, social and economic ramifications of the disease? What can the U.S. do to solve the other problems created by AIDS—economic dislocation, the rising number of orphans and elderly people with no one to care for them, potential political instability in the Third World?

2. AIDS is just one of many killer diseases ravaging the Third World. Cholera, malaria and other illnesses that are rare in the industrialized nations still flare up with depressing regularity in Africa, Asia and parts of Latin America. Has widespread publicity on AIDS diverted public attention from these other health problems? Is the Western world, particularly the U.S., doing enough to address them? Has AIDS disrupted health-care and development priorities?

3. The U.S. Justice Department and the Department of Health and Human Services (HHS) are at odds over whether would-be immigrants with HIV infections should be permitted into the country. In 1991, the Bush Administration decided not to change the policy banning these people from entering the U.S., over the objections of HHS, WHO/GPA and other organizations. Was this decision fair? What are the arguments for and against this policy?

4. AIDS raises tough, often paradoxical issues that go to the core of human sexuality, social mores and religious belief. Yet fighting the war on AIDS requires a frank, realistic approach to aspects of life that are taboo in many societies. How can international health workers balance the need to remain culturally sensitive to diverse societies with the need to be pragmatic and practical in their war against AIDS?

5. AIDS raises the difficult question: To what extent can or should any government assume responsibility for the health of individual citizens? Few dispute that the government must play at least some role, but how much? To what degree should individuals, in the U.S. and abroad, assume responsibility for their own health?

6. WHO/GPA is the organization that orchestrates global strategy in the war on AIDS, while the industrialized nations provide much of the "hands-on" assistance. AID is targeting specific nations where it feels it can make best use of its resources in the fight against AIDS. But picking and choosing raises the issue of triage—the practice of allocating medical resources according to a system designed to maximize the number of survivors. Do you agree with this strategy? What are the reasons for adopting it? Can you suggest any practical alternatives?

7. Do you feel threatened by AIDS? Do you feel that it threatens to undermine American interests overseas?

SUGGESTED READINGS

AIDS and the Third World. Panos Institute with the Norwegian Red Cross. Philadelphia, Pa., New Society Publishers, 1989. 192 pp. $16.95 (paper). Although slightly dated, this report thoroughly surveys the spread of AIDS and global responses to its spread, as well as the prospects for controlling the pandemic.

Brandt, Allan M., **No Magic Bullet: A Social History of Venereal Disease in the U.S. Since 1880.** New York, Oxford University Press, 1985. 245 pp. $10.95 (paper). This history of government and social attitudes toward sexually transmitted epidemics puts the problem of AIDS in perspective.

Eckholm, Erik, and Tierney, John, "A Continent's Agony." **The New York Times,** September 16, 17, 18 and 19, and October 5, 1990. A series of articles on the political, economic and social impact of the pandemic in Africa.

Feldman, Douglas A., ed., **Culture and AIDS.** New York, Praeger, 1990. 216 pp. $42.95. This book of 13 essays, written primarily by anthropologists, explores the social and cultural impact of the pandemic.

The Global Impact of AIDS. Proceedings of the First International Conference on the Global Impact of AIDS, March 8–10, 1988. Cosponsored by WHO and the London School of Hygiene and Tropical Medicine. New York, Alan R. Liss, 1989. 427 pp. $32.50 (paper). Provides a wide range of perspectives on global efforts to combat HIV/AIDS.

Heise, Lori, "AIDS: New Threat to the Third World." **World Watch,** January–February 1988, pp. 19–27. The author draws heavily on research by the Panos Institute in her examination of how AIDS threatens to unravel decades of development.

"HIV Infection and AIDS: A Report to Congress on the USAID Program for Prevention and Control." Washington, D.C., U.S. Agency for International Development, May 1991. 49 pp. This study outlines the scope of the AIDS pandemic and details several programs undertaken to combat the crisis, focusing on AID's own efforts.

Hunt, Kathleen, "Scenes from a Nightmare." **The New York Times Magazine,** August 12, 1990, pp. 24–26+. A vivid description of the battle against AIDS by doctors and medical workers in Uganda.

"Living with AIDS: Part II." **Daedalus: Journal of the American Academy of Arts and Sciences,** Summer 1989. Entire issue. Articles on public health, education and social policy in dealing with the pandemic.

The Sun, June 29, 1993

In parting words, panel on AIDS decries inertia

Research, health care essential, it says

From Wire Reports

WASHINGTON — The National Commission on AIDS ended its work yesterday, and exasperated members said the prejudice and inertia toward the disease over the past four years had left them frustrated at the failure of leaders to respond.

Repeating its major recommendations from previous reports, the commission urged the White House to develop a national plan to confront the crisis and said Congress should fund whatever research was necessary.

The 15-member commission also urged that the federal government underwrite a health care system that is "responsive" to the needs of all people infected with the human immunodeficiency virus, or HIV, which causes AIDS.

The panel was created by Congress and started work in 1989 to advise the nation on what to do about acquired immune deficiency syndrome. In the four years that followed, it became the government's nag, constantly reminding anyone who would listen that for all the billions of dollars being spent on AIDS, it was too little too late.

"The failure to respond adequately represents at best continued dogged denial, and at worst a dismaying hidden and unvoiced belief that this is 'just' a disease of gay men and intravenous drug users, both groups that are perceived as disposable," it said in its final report.

"A strong, consistent voice of leadership could have steered courses of action that might have interrupted the relentless continuation of HIV spread, instead of silently tolerating the epidemic's escalation," said Dr. June E. Osborn, chairwoman of the commission.

this appears to also be the case w/in the church.

See AIDS, 4A, Col. 3

AIDS, from 1A

For the future, the report said, more people will be infected, more will die, a cure is "difficult to imagine," and a vaccine for general use in humans is at least five to 10 years away.

As of March 31, AIDS had been diagnosed in 289,320 Americans, of whom 63 percent, or 182,275, have died since June 1, 1981, according to the Centers for Disease Control and Prevention.

The number of new cases among homosexuals is expected to stabilize by 1995, but the rate of infection among heterosexual men, women, adolescents and minorities will continue to rise.

"I think a lot of people in America don't believe the roof is about to cave in on them," said Dr. Charles Konigsberg, Delaware's public health director and a member of the panel.

a Lutheran -- if so, let's invite him to join the task force.

While spread of the fatal disease can be prevented, the panel's recommendations on prevention, such as sex education and making clean needles available to drug addicts, were largely unheeded.

The commission, whose members are from both political parties, often criticized the Bush administration for not doing enough about the epidemic and for being squeamish about discussing subjects such as homosexual sex.

Although "new hope surged with the election of President Clinton," the report said, "now there is cause for serious concern that the response to the epidemic is again tangled in politics."

The administration has proposed a 1994 budget that includes $2.7 billion for AIDS research, treatment and prevention, a 28 percent increase over this year's spending and the largest increase requested by any president.

Mr. Clinton appointed Kristine Gebbie last week as the first so-called AIDS czar to coordinate AIDS policy. At a news conference yesterday, the commissioners applauded the appointment.

"I hope the Clinton administration will now begin to talk to all Americans about the nature and magnitude of the problems posed by AIDS, and use its leadership to encourage those who need to continue the hard work of prevention, treatment and research," said Dr. David Rogers, the commission's vice chairman.

Victor Zonana, a spokesman for Health and Human Services Secretary Donna E. Shalala, said Dr. Shalala intends to reverse some of the failures of the past.