

# AIDS

## AIDS Scare Hurts Victims

by Communications & Marketing

LAURINBURG—In Florida, a family of three young boys, all hemophiliacs who received AIDS contaminated blood, have been burned out of their home. In Arkansas, a 38-year old person suffering from AIDS in the final stages of the disease lies dying alone in an indigent care hospital, out of money, fired from his job, neither nursing homes, his family nor the Veterans Hospital will take him in. Across America, infants born to AIDS infected mothers are born, suffer and die in publicly funded hospitals. There are few willing to adopt them or accept them in foster care.

In six short years, AIDS has become a major public health problem, a major public financing dilemma and the source of some of the most profound ethical questions which have ever faced American society.

Who is susceptible to AIDS?

"Every person in America who has had sexual intimacy since about 1978 with anyone who is not a monogamous life-time partner, has engaged in behavior which has put him or her at risk of developing AIDS," states Dr. W.D. White, biomedical expert and professor at St. Andrews Presbyterian College. "Those who are intravenous drug users who share needles are also at risk," White said. Individuals who received blood transfusions before screening procedures protected the nations blood supplies have also come down with the disease.

This means that AIDS is the society's problem, not simply a problem confined to certain identifiable groups. Unfortunately, White says, because of the way in which the fatal disease first came into the United States, people have tended both to think of the disease as "theirs, not ours" and to discriminate against persons with the disease. Even those who show no symptoms of the disease but test positive to the AIDS antibodies often find themselves victims of societal discrimination.

White says that part of the AIDS phenomenon in the United States is that the disease has several metaphoric and symbolic associations which make it particularly difficult for the American public to deal with.

First, it is a mysterious disease and its diagnosis is tantamount to a death sentence. First identified in 1981, scientists have yet to find a way to prevent the disease or prolong the life span of its victims—despite six years of concen-

trated research. Americans have traditionally been terrified of death and have found ways to deny its inevitability. And it has been especially afraid of both homosexuals and drug abusers—the two groups most popularly identified with the disease.

Among the psychological symbols evoked by the AIDS virus which are particularly volatile in our society, White says, are:

- thanatos or death—historically, Americans have been ambivalent about death, simultaneously denying death through the pursuit of eternal youth, and embracing it through the glorification of violence;
- eros or sexuality and idealism—another area of American ambivalence causing Americans to both fear and embrace human sexuality;
- homo-eros—there is an intense fear of homosexuality in American culture;
- drugs—the American culture is one which deeply fears drug addiction as it also offers a "pill for every ill."

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In addition, White says, AIDS has resurrected the attitudes which surrounded the Plague, the leper and the freak in western cultural traditions.

Because of the symbols AIDS evokes, it has created one of the most volatile public health issues in recent history. "It is very difficult to follow a reasoned public policy in the face of so many explosive negative symbols," White said.

Compounding the symbolic weight of the disease for both its sufferers and the society, is the staggering cost of care for those afflicted with it.

Amidst a number of experimental treatments, the drug known popularly as AZT has during the last year shown some promise of slowing down the effects of the disease. It does not cure, and it has painful and life-threatening side effects. This drug alone costs over \$10,000 per year. Other treatments involving high technology medicine sharply escalate these costs.

Estimates are that in another four years there will be 275,000 persons

suffering from AIDS in the United States. Making the situation even more difficult is that the incubation period for the full blown disease is variously estimated to be from 2 to 15 years—a period of time in which the disease can be transmitted but shows no symptoms. The latest estimates from the Centers for Disease Control is that some 1.5 to 2.0 million persons might test positive for the virus. White says that this is probably a conservative estimate, and that some authorities guess as many as 10 million, or one American in ever 220 have been exposed to the virus.

Individuals diagnosed as AIDS victims are often fired from their jobs, losing their insurance. Many insurance companies will not insure persons who test positive, and others have limited payments for persons already infected. Given the fact that those diagnosed with the disease live an average of 18 months after diagnosis, the costs involved are staggering, White says.

"We desperately need a federal

obligated to support the medical profession and the scientific enterprises as they care for patients and engage in research to insist they are adequately funded.

Individuals in this society also have an obligation to find out as many facts as possible about methods to protect themselves from AIDS as well as educating themselves about ways in which AIDS cannot be transmitted, to alleviate unnecessary fears and behaviors resulting from unnecessary fear, White said.

"AIDS is primarily contracted through intimate sexual contact," White said. "If people are going to engage in these intimacies, the only reasonable protection is the use of high grade latex condoms, using only water-based lubricants," White said.

"People do not get AIDS through casual social interaction, nor through living in the same house with or sharing meals with, nor from breathing the same air as victims, nor from shaking hands with them. Probably, AIDS is not even transmitted by kissing, although rough or 'deep throat' kissing might be risky even though there is no known case which has clearly resulted from such activity.

"People also do not get AIDS from routine caring for people who have AIDS. But, health care professionals and others who care for the bodily needs of AIDS victims must take the same kind of precautions they would in caring for persons with other catastrophic infectious diseases—for example, Hepatitis B, caused by a far more virile virus. This means that they should wear rubber gloves and if they are in a situation in which blood may spatter into their faces—a surgeon or a dentist—they should also wear masks and perhaps gowns. Rescue teams who might in emergencies be exposed to blood and body fluids should also wear such protection as rubber gloves, masks and gowns," White says.

He says that at this time he is opposed to mandatory testing for the AIDS virus for two reasons—the first is that there is no demonstrable value to the public health in mandating tests, and there are possible public health risks involved. Testing does not in itself offer any realistic protection. The second is that unless testing is accompanied with competent counseling both before and after, and joined with tough anti-dis-

financial plan to distribute the cost of care for AIDS throughout the nation, just as we need a federal plan for other catastrophic illnesses. Whether it would be best to deal with this as a society in an AIDS bill or in a general catastrophic health plan is not clear yet. But one thing is clear, the economic problem is not going away, we must deal with the issue," White says.

"There are also ethical decisions which must be made by the society about our treatment of persons with AIDS. As Christians, we have a special moral obligation in exercising Christian love towards persons with AIDS, and toward their families, their friends and their loved ones," White said. He is also an ordained Baptist minister.

White says that among these obligations are to fight discrimination against AIDS patients and those testing positive for the virus in jobs, housing, schools, insurance and even in the funeral industry. Currently, White says, many funeral homes are refusing those who have died of AIDS. "We are also

continued on page 7