

REAGAN: POLITICAL TROUBLES AHEAD

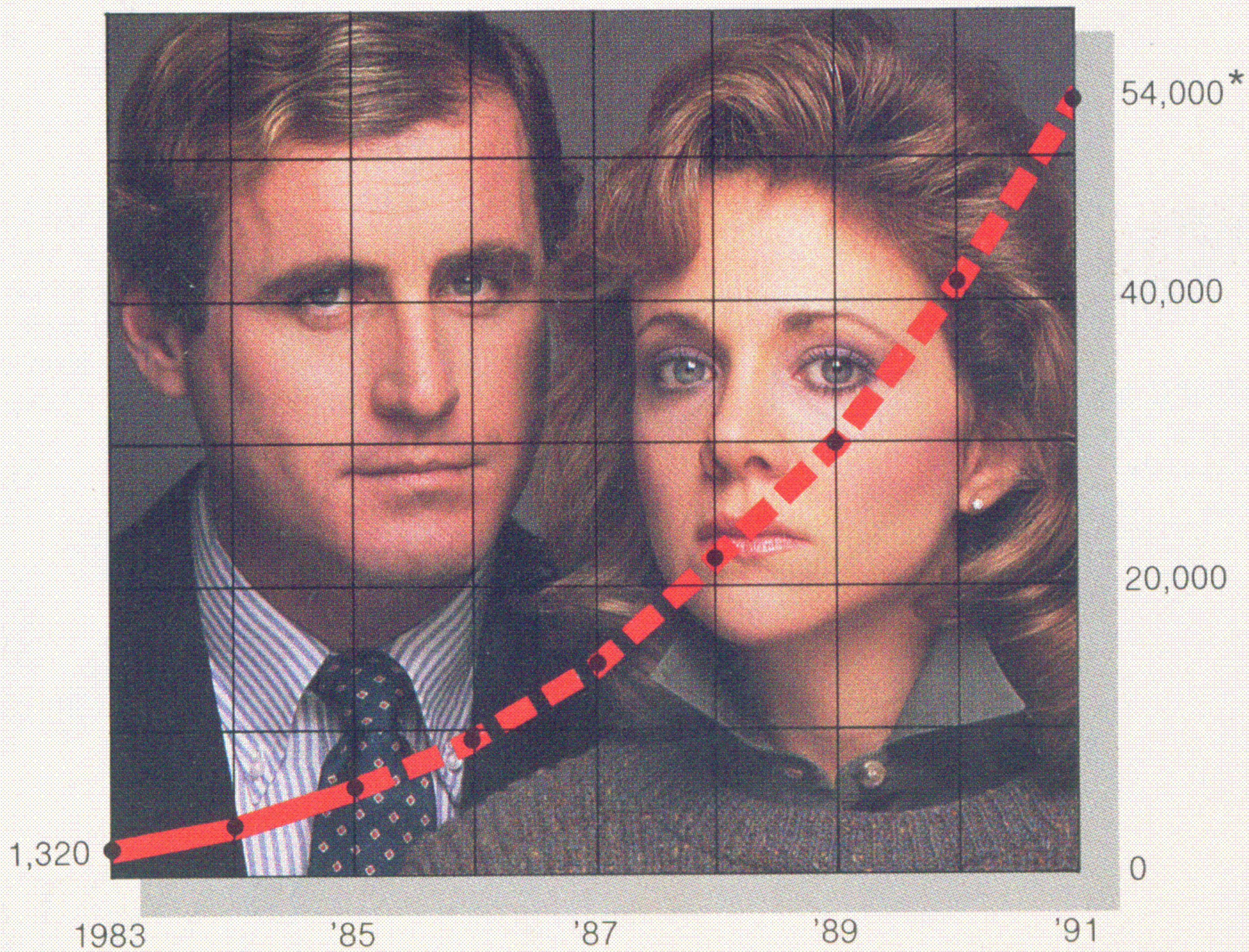
# U.S. News & World Report

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# AIDS

What You Need to Know  
What You Should Do



AIDS DEATHS PER YEAR IN THE U.S.

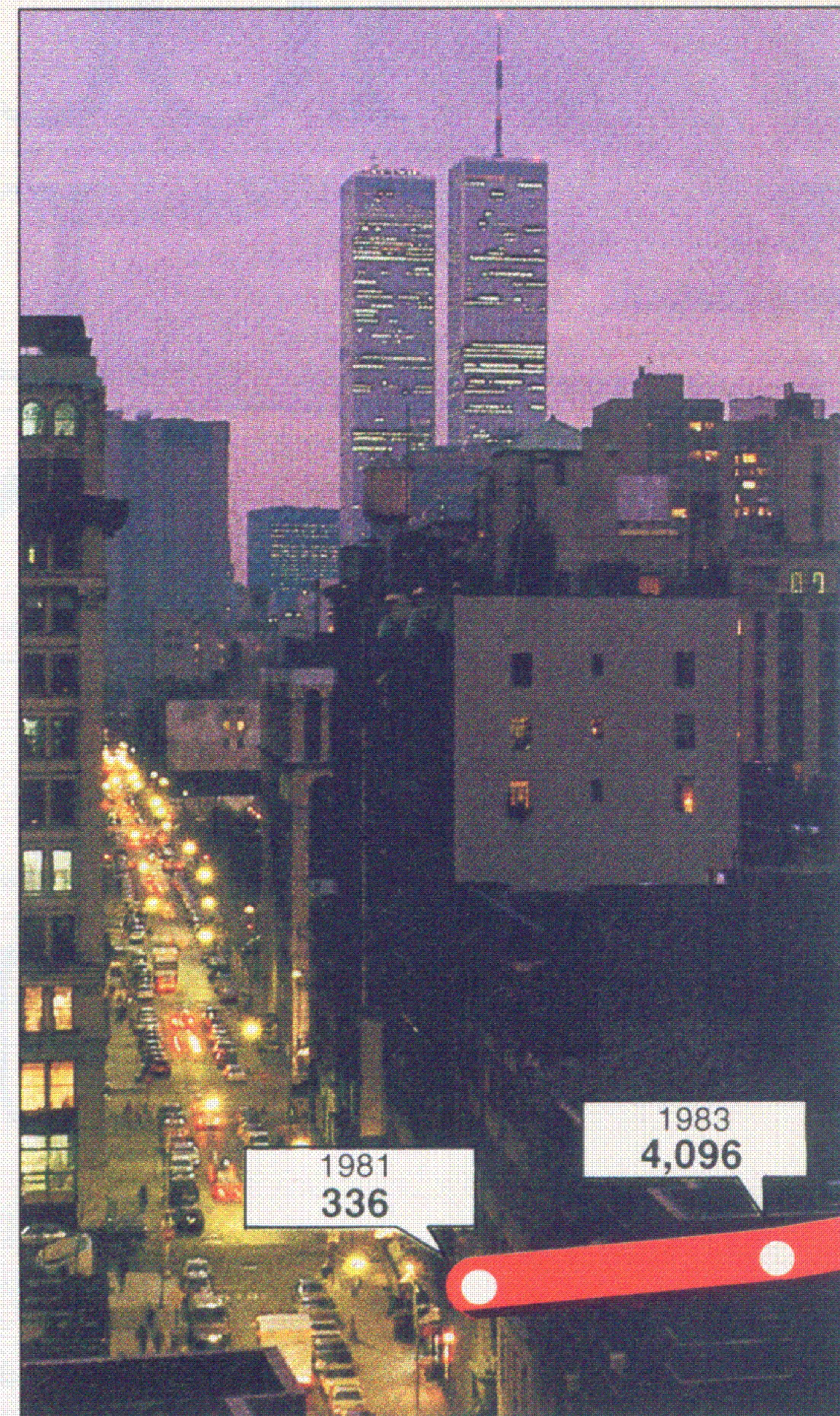
\* Americans killed in Vietnam: 58,135



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# AIDS: AT THE DAWN OF FEAR

Two of every 3 new AIDS cases still involve gays, but the killer is rapidly closing in on drug users—and on heterosexuals, who by 1991 will account for 1 in 11 new cases. Official projections may be much too low. The U.S. has moved uncertainly toward recognizing the threat and dealing with it. And since AIDS is usually spread by people free of symptoms, you can't tell who's safe and who's not



**In the next week, 220 people will die of AIDS, and 374 more—**

■ The deteriorating condition of a 34-year-old divorced mother of two children baffled her physician until an AIDS-antibody test revealed that she had been exposed to the virus. She was convinced that it was the result of a two-week affair with a “dashing” man she had met at a New York dance club in 1984 and who could not be found. Friends remembered him as a womanizer, neither bisexual nor a drug abuser.

■ An American soldier stationed in Africa in the late 1970s had sex with prostitutes there. On returning to the U.S., he married and fathered three children. At age 37, almost a decade after his African tour of duty, he developed AIDS and died. His widow and their youngest child—a 15-month-old toddler—are severely sick with AIDS. The older two children—8 and 10—show no infection.

■ A female lawyer in her late 20s suffered from unusual complications at the end of her first pregnancy. Her doctors didn't suspect AIDS because she had been married for several years, and neither she nor her husband had been unfaithful nor had they injected drugs.

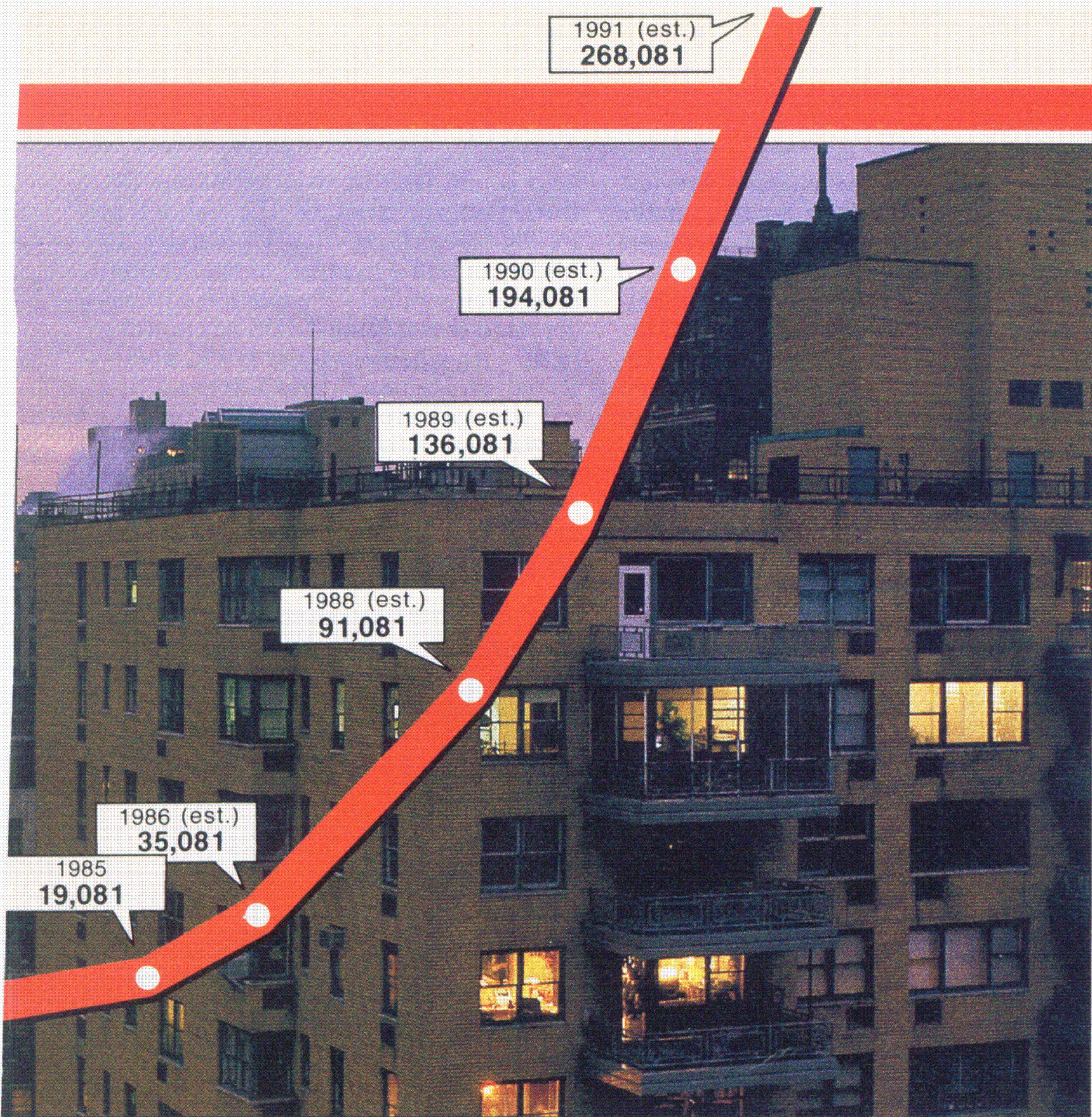
But when she developed *Pneumocystis carinii*, a rare pneumonia associated with AIDS, a blood test for the disease came up positive. She has since learned that a man with whom she had a relationship in 1981 and 1982 was bisexual.

The disease of *them* suddenly is the disease of *us*. The slow death presumed just a few years ago to be confined to homosexuals, Haitians and hemophiliacs is now a plague of the mainstream, finding fertile growth among heterosexuals. It is today a crisis for the U.S. more deadly than many wars of modern times. In just four more years, the disease will have killed more Americans than the Vietnam and Korean wars combined. “It will probably be the most important public-health problem of the next decade and going into the next century,” warns microbiologist and Nobel laureate David Baltimore. “It threatens to undermine countries.”

More frightening, many experts believe that the projections of the AIDS toll are conservative. As of the end of 1986, more than 29,000 Americans had contracted AIDS. By 1991, according to the most conservative estimates, 270,000 people will have been stricken, 179,000

will have died—and new cases involving heterosexuals will have multiplied 10-fold to 23,000. Almost 4,000 babies will have contracted the disease by being exposed to the virus while in their mothers' wombs. The Centers for Disease Control estimates that 1.5 million Americans now carry the virus but display no symptoms. Others think that number may be as high as 4 million. Conceivably, all of these people could progress to the incurable disease; certainly a fourth to a half will. With no effective cure in sight, all those who fall sick are doomed.

Alarmingly, the government, public-health authorities and others have not taken many of the actions that might significantly arrest the spread of the killer disease. Data that are routinely collected about other sexually transmitted diseases and could help track the path of AIDS have not been kept. While health officials inside government and out describe the situation as “catastrophic,” the federal government still hasn't mapped out an assault. It was last October, five years after the disease was detected in the U.S., that Surgeon General C. Everett Koop issued his first public report on AIDS. Funding for AIDS research and education has, by all



◀ The running total of U.S. AIDS cases, plotted by the Centers for Disease Control, points to tragedy ahead

### AIDS HOT SPOTS

AIDS cases per 100,000 people

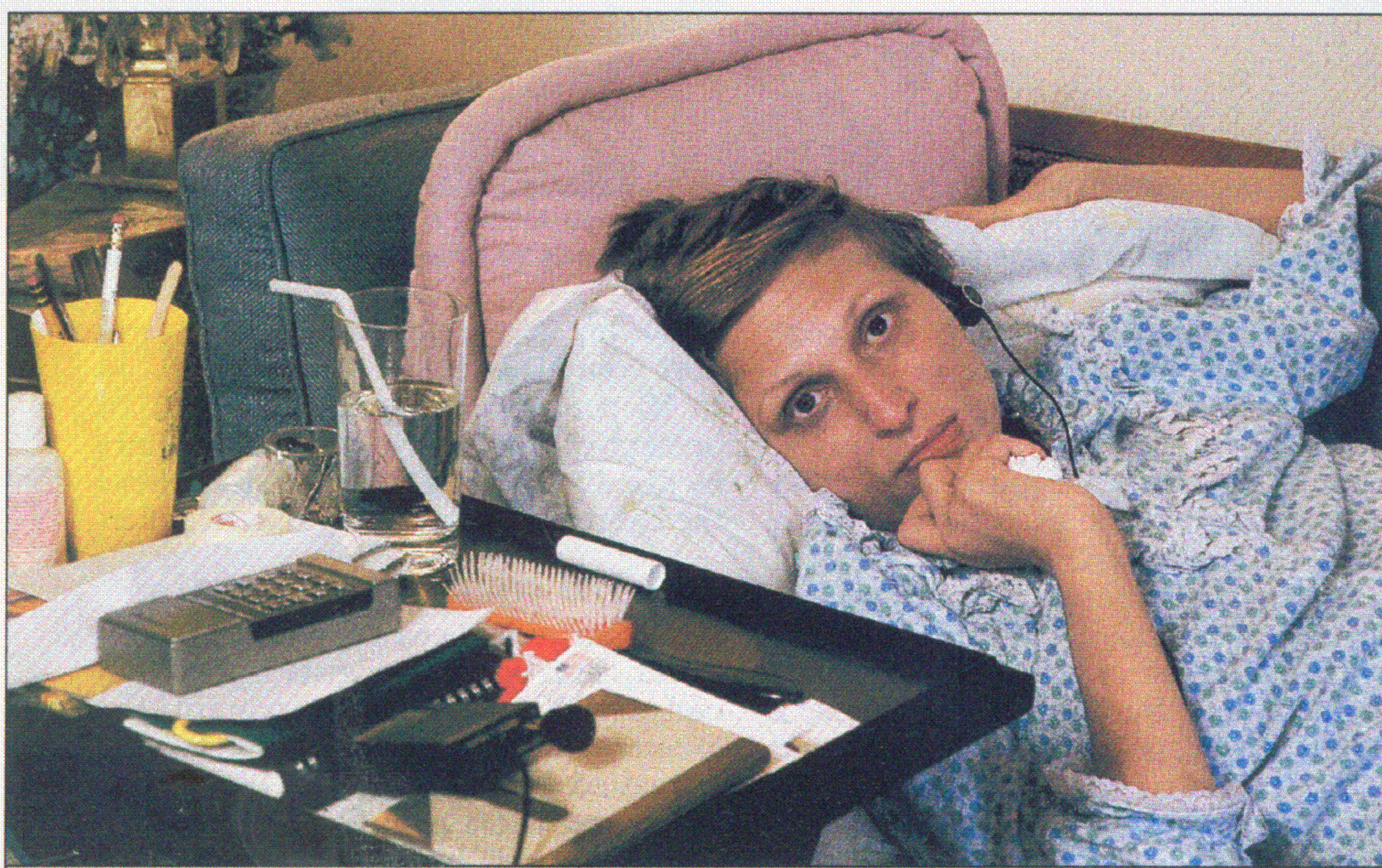
New York	91
San Francisco	91
Jersey City	60
Miami	53
Newark	37
Fort Lauderdale	33
Houston	33
Los Angeles	32
Washington, D.C.	26
Atlanta	22
Dallas	17
Boston	16
Long Island, N.Y.	12
Philadelphia	11
Chicago	9

The U.S. average is 13 cases per 100,000 people. Excluding these metropolitan areas, the rate is 5 per 100,000.

Note: Figures are cumulative from June, 1981, to Dec., 1986, for metropolitan areas reporting at least 300 cases.

USN&WR—Basic data: Centers for Disease Control

**28 of them heterosexuals—will be infected with the killer virus**



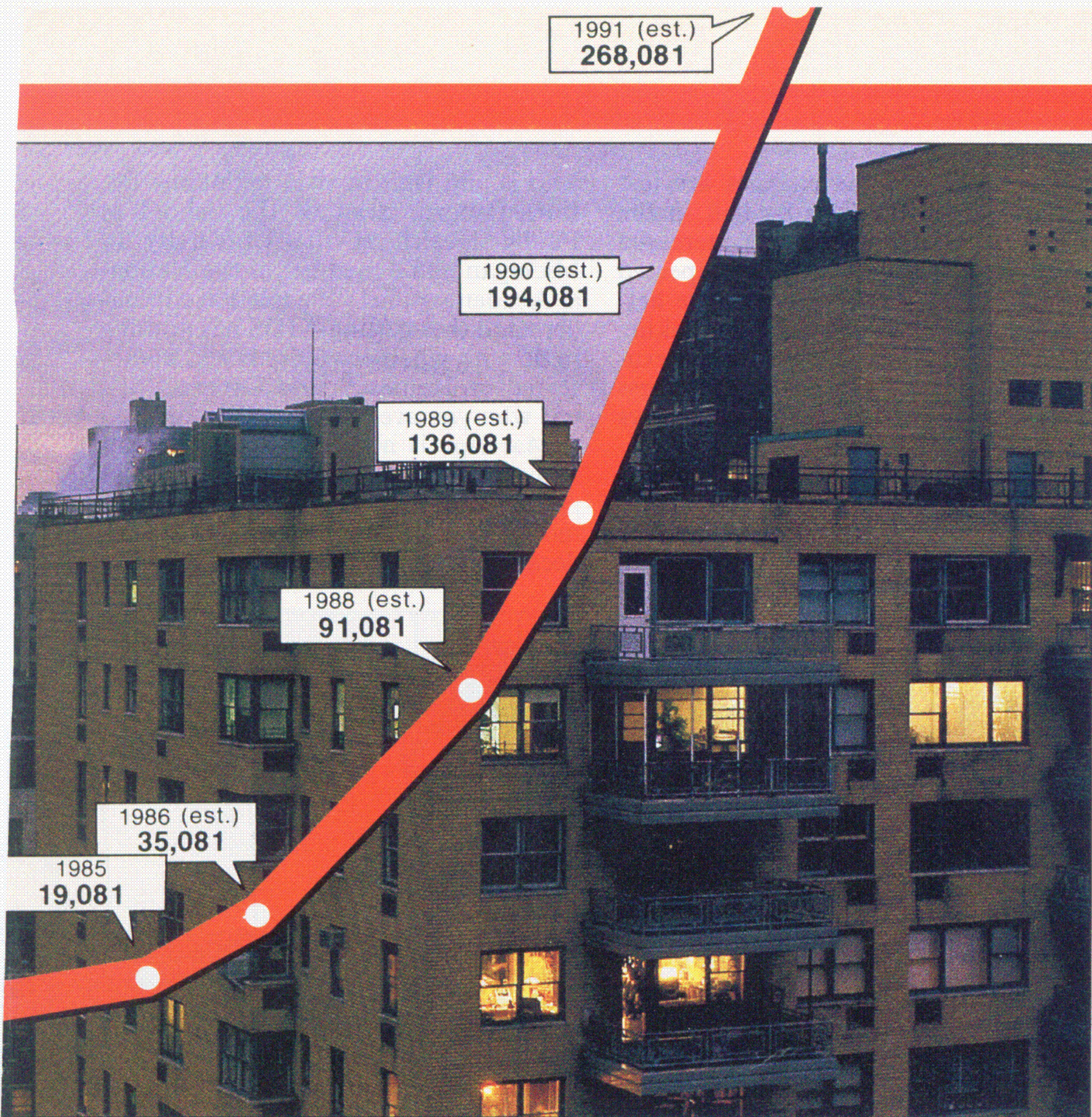
#### YOUNG, HETEROSEXUAL—AND DEAD OF AIDS

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Much about AIDS remains a mystery. How and where the first human contracted the sickness is unknown. A few years ago, experts said that only 10 percent to 30 percent of those exposed would likely develop the disease; now the estimate is 25 percent to 50 percent—and climbing. And while frequent contact with an infected person is obviously more dangerous than a single encounter, many long-term sex partners of AIDS victims still show no sign of infection.

The known truths are awful enough. If you get it, you die—though not right away. Even if you are "straight" and monogamous now, you are not necessarily safe. Because AIDS has a long and indeterminate incubation period, you and your partner can carry it and spread it around with perfect innocence, perhaps for more than 10 years. Thus,



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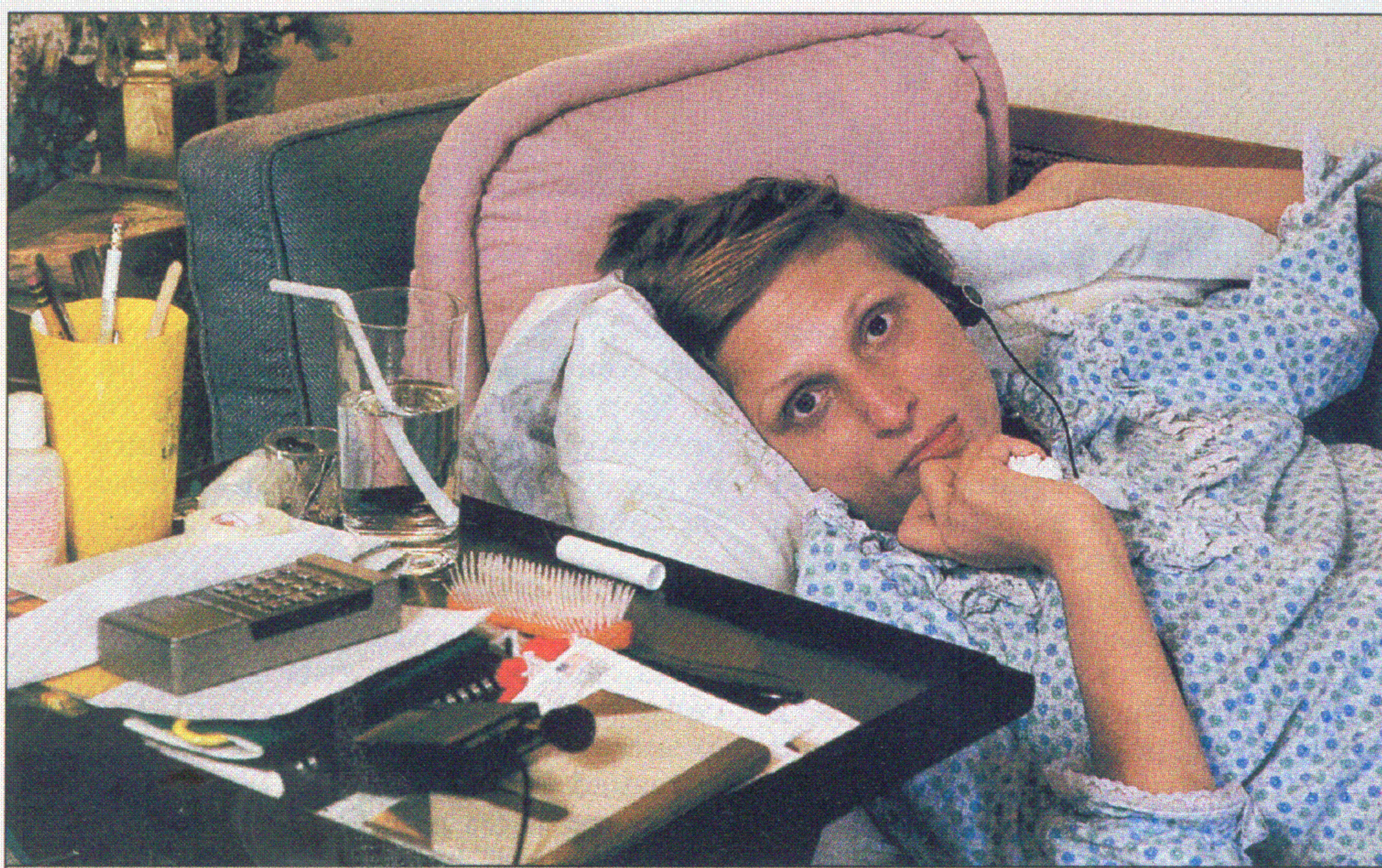
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you are not having sex only with your partner. You are having sex with everybody your partner has had sex with for the past decade or more.

The impact on society is far different from other killers such as cancer and heart disease, not only because it is always lethal but also because it can be transmitted in life's most basic human actions—sex, procreation, love. For that reason alone, there is more emotionalism attached to it than any disease since the Dark Ages. As in those times, now there are calls for quarantines—social exile—especially from the religious right, whose members see AIDS as God's rough justice for the sin of homosexuality.

The disease has already wrought a legal tangle of near-unprecedented proportions for Americans. Thousands of AIDS victims have been denied housing, schooling, dental treatment, insurance and jobs. Few lawsuits awarding damages have made it through the courts, and appeals are pending. What rights to employment and privacy and medical treatment do these people have? Is the public obligated to pay for their care? Do AIDS victims qualify for protection under federal laws that prohibit bias against handicapped persons? What obligations do government and industry have for protecting the healthy from AIDS carriers? As yet, there are no clear answers—and for many of those afflicted with AIDS, the American legal system will move too slowly to help. Before their cases are resolved, they will be dead.

Every year since 1984, the White House has proposed spending less on AIDS programs than the Public Health Service wanted to, and much less than Congress eventually appropriated. The \$411 million AIDS budget for 1987 was almost double the administration's proposal. For fiscal 1988, the administration proposes to hike AIDS spending to \$534 million, a nod to increasing public concern but still far less than many experts recommend. President Reagan has been as frugal in his public references to AIDS as with his budget, commenting only briefly and only in response to reporters' questions about what his own top health officials call "the nation's No. 1 health priority." It will take an intensive national program of education and research to stem the disaster in the U.S., warns the report by the National Academy.

### The fear of sex

"AIDS will cause a sexual revolution of the same magnitude that the birth-control pill caused in the '60s," predicts Peter Drotman, medical epidemiologist

at the CDC, but the changes are just beginning. After falling by half in the past 10 years, condom sales increased by 10 percent in 1986 and are expected to jump sharply this year as more heterosexuals join homosexuals in taking precautions against AIDS. Other sexual practices could also change. "Unless there is a medical breakthrough," says Edgar Gregersen, a sexologist and professor of anthropology at City University of New York, "serious people will probably require a blood test before embarking on a sexual relationship."

who is and isn't at risk, maintains Dr. June Osborn, dean of the School of Public Health at the University of Michigan and a member of the National Academy panel. "People have to understand that getting AIDS has nothing to do with whether you're black, homosexual or Haitian," says Osborn. "It's not who you are but what you do."

Marriage is no guarantor of heterosexuality—or of fidelity—and hence no perfect shield against AIDS. A totally monogamous relationship over the past decade is thought to be wholly safe. But



Tommy Anson, on his mother Leah's lap, contracted AIDS 3½ years ago from a blood transfusion after he was born prematurely. His parents and his twin, Timmy, are healthy

AIDS may change society's perception of itself. Once the disease has gotten its grip, its symptoms—which include spots, lesions and wasting—cannot be easily disguised. For that reason, it's known as "the slims" in parts of sub-Saharan Africa, where it infects up to 30 percent of the sexually active population. Worries James Miller, director of the Office of Management and Budget: "In 20 years, a significant portion of our society could be incapacitated. We could end up with two societies—those that have it and those that don't."

Two thirds of those who now have it are homosexuals, and experts generally agree that the risk of a heterosexual's being infected today is greatest for the urban poor because of their high exposure to drug users. This will not be the case much longer. Indeed, "the single most harmful fallacy about AIDS" is

according to the landmark Kinsey report compiled almost 40 years ago, up to 50 percent of married men and 26 percent of married women have affairs by age 40. Sociologists generally believe the figures today would be much higher.

### The crunch of numbers

AIDS has now been reported in all 50 states, but epidemiologists agree that congested urban areas remain the greatest threat. In New York City, it is estimated that 60 percent of intravenous drug users and 70 percent of homosexuals and bisexuals carry the virus. One in 50 military enlistees from Manhattan is infected, compared with 1 in 650 nationally. To date, almost half of AIDS victims have come from New York City, San Francisco and Los Angeles. But what has been largely a tale of three cities will not remain so for long. By 1991, 80 percent of the

## THE AIDS CRISIS

total number of AIDS cases are expected to come from elsewhere.

The government's official projections assume that the disease will spread more slowly among heterosexuals than it has among the mostly male homosexual population. That's open to question. "Health officials keep overlooking the fact that in New York City, where the disease has progressed the furthest, an almost equal ratio of male and female military applicants are showing signs of the infection," says Mathilde Krim, associate research scientist at St. Luke's-Roosevelt Hospital Center and cochairperson of the American Foundation for AIDS Research.

Why, then, have public-health officials soft-pedaled their estimates? The CDC says that military applicants are not a cross section of the general public. Krim says the reason is to avoid alarming the public, but she doubts the wisdom of that approach. "As well-intentioned as health officials may be," she adds, "they are lulling people into complacency. Conservative projections will cost the lives of thousands of people."

### No kiss and tell

Facts that could clearly establish the scope of AIDS in the United States are being lost. Consider, for example, what happens when a military enlistee tests positively for AIDS. The military rejects the candidate, but since the enlistee is still a civilian, it provides no treatment and little counseling. Nor does it try to find out how he or she got the disease. State health departments don't want the responsibility of checking these individuals, claiming that to do so would infringe on their right to privacy, says Dr. Robert Redfield, a specialist in infectious diseases with the Army's Walter Reed Institute of Research in Washington, D.C. "The whole thing is ludicrous. Any individual has the right to decline participating in an epidemiological study. The point is we're not even asking them to."

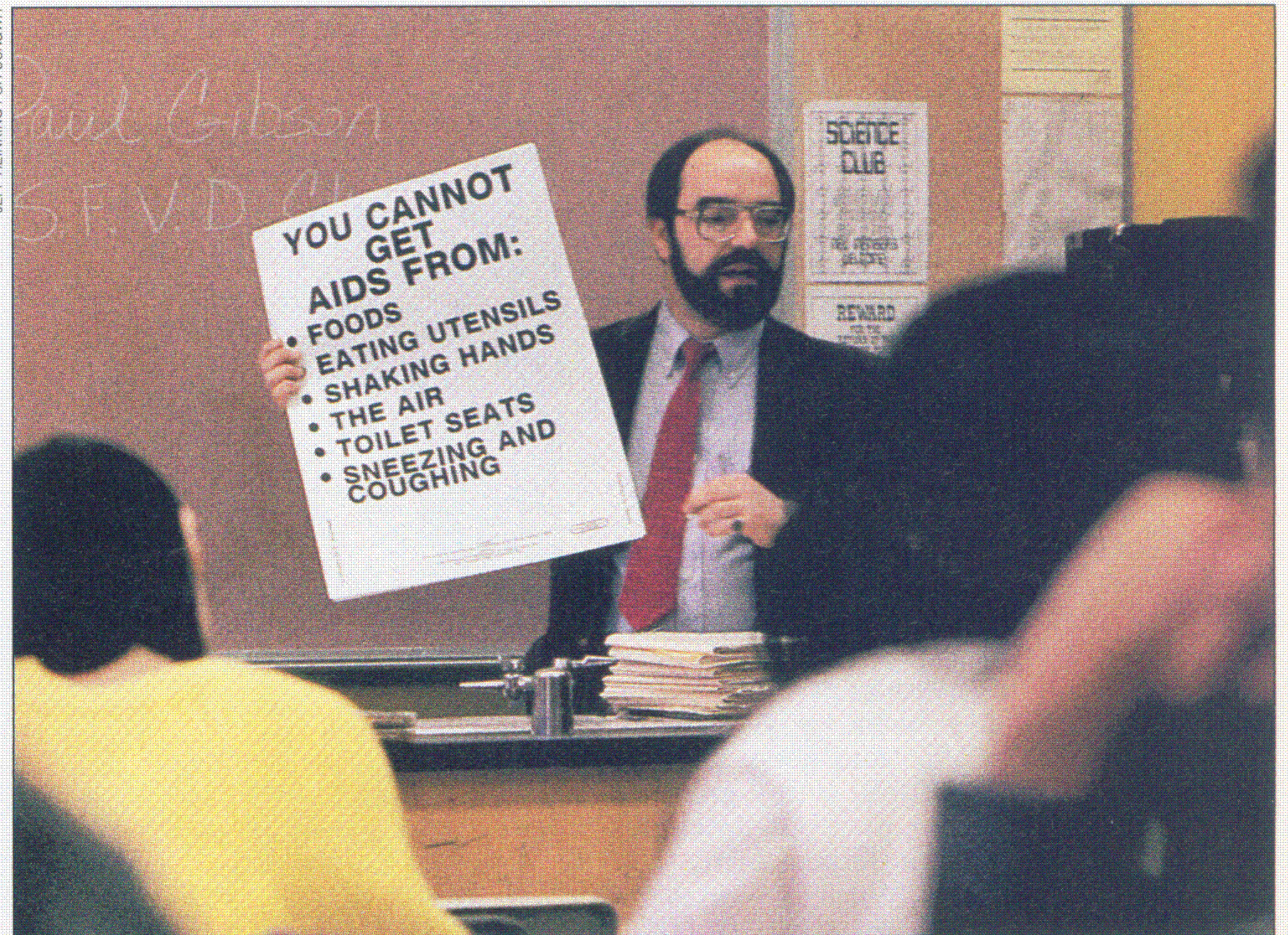
Many experts believe that official statistics may also be clouded by physicians who don't report all AIDS-related deaths. Roy Widdus, director of the division of international health at the Institute of Medicine and staff director for the National Academy report, explains: "Death certificates are public documents by law, so doctors may wish to spare families embarrassment by disguising the true cause of death." When fashion designer Perry Ellis died last May, the cause of death was widely thought to be AIDS, but it was officially listed as viral encephalitis. The CDC believes that the underreporting for hospitalized AIDS patients may come

to 10 percent, and that for unhospitalized patients it is even higher.

The government's sluggishness in recognizing and dealing with AIDS has one major exception: Medical investigators at federal research centers have chased any scrap of information that might help them describe AIDS, ease its symptoms with drugs, cure it and develop a vaccine to prevent it. Outside the laboratory, though, it's a different story. "Federal prevention programs have been in almost total disarray the last few years," says Gary MacDonald,

new budget proposal raises the funding for AIDS, it doesn't increase the percentage allotted to educational efforts.

A modest project in Atlanta illustrates this shoestring funding. Last year, the Centers for Disease Control gave the Rev. Kenneth South, executive director of a social-service agency called AID Atlanta, \$12,500 with a mandate "to change the most intimate behavior of 100,000 people at risk." Funding this year rose to \$92,000—92 cents per head and half the amount requested by the agency. "We're trying



AIDS education class at San Francisco's Mission High School, led by Paul Gibson of the Department of Health. Few of the city's parents object to such classes

executive director of AIDS Action Council, a nonprofit advocacy group that represents over 250 AIDS social-service groups around the country.

The National Academy report reaches a similar conclusion, and blames it on lack of presidential leadership. "We need Reagan to focus public attention on the problem and to give the campaign much-needed direction and coordination," says June Osborn of the University of Michigan.

The National Academy report also scolded the government for spending too little on AIDS education and research. The panel recommended that total funding be hiked to \$2 billion in fiscal-year 1990—five times the current level—with the money divided equally between education and basic medical research. Less than one quarter of government funds currently goes for education, and while the administration's

to put out a forest fire with a water pistol," South complains.

Part of the reason for federal foot dragging, critics charge, is that AIDS still strikes largely at groups outside society's mainstream. Representative Henry A. Waxman (D-Calif.), who has held several hearings on AIDS, believes matters would not be so desperate if the first people hit had been chamber-of-commerce members rather than homosexuals. "The Reagan administration," he says, "has continually tried to short-change efforts to combat AIDS because of budget problems and wishful thinking that the disease would just go away." The administration maintains it has done its part. "There's a lot that the government is doing [to prevent AIDS] that isn't being recognized," counters Dr. Gary Noble, AIDS coordinator for the Public Health Service. One example: A national AIDS hot

## THE AIDS CRISIS

line that has taken more than a million phone calls since it was set up in April, 1985.

Others—including the media—have shied away from confronting the AIDS problem. The Health Education Resource Organization, a Maryland-based clearinghouse for AIDS information, reports that the media have been very reluctant to permit “safe sex” advertisements on billboards and in newspapers for fear of offending public sensibility. HERO’s promotional materials prominently show condoms with such flashy headlines as “Smart sportswear for the active male.” Neither *U.S. News* nor the other newsweeklies have yet published any condom ads.

Touchy social issues have hampered progress in other quarters as well. Fearing that AIDS carriers will be deprived of jobs, health insurance and other basic rights, gay activists have fought mandatory screening. As a result, very few states offer even optional AIDS screening at venereal-disease clinics. Anyone who comes to a clinic with a suspected venereal disease will be tested for a wide range of sexually transmitted ailments—but rarely for AIDS. Many states require a blood test for syphilis to obtain a marriage license—but no test for AIDS is required. And only a handful of states—notably Minnesota, Idaho and Colorado—offer to contact previous sexual partners of people known to be infected with the virus. “Most AIDS carriers won’t contact their sexual partners if it’s left to them,” says John Potterat, director of sexually transmitted disease control in Colorado Springs. “Many prefer to have the state do it so that their own identity is protected.”

Most states, however, don’t offer the service for fear that the names could get into the wrong hands and make these individuals targets of discrimination, says Walter Reed’s Robert Redfield. But states have long notified the sexual contacts of people exposed to syphilis and gonorrhea and have managed to maintain privacy, he observes, and “there’s every reason to believe that AIDS control can be handled with the same sensitivity and discretion.”

To overcome these fears, Ronald Bayer, a specialist in AIDS and an associate for policy studies at the Hastings Center in Hastings-on-Hudson, N.Y., where ethical issues of public policy are debated, believes programs to control AIDS must be backed up by antidiscrimination laws, with tough penalties for those who betray medical confidences. He and other AIDS experts also would like to see greater numbers of regional centers where people can be tested for AIDS

anonymously, identified by code number rather than name. It’s an idea with appeal. The first anonymous testing site in Manhattan opened in November—and already has a waiting list two months long.

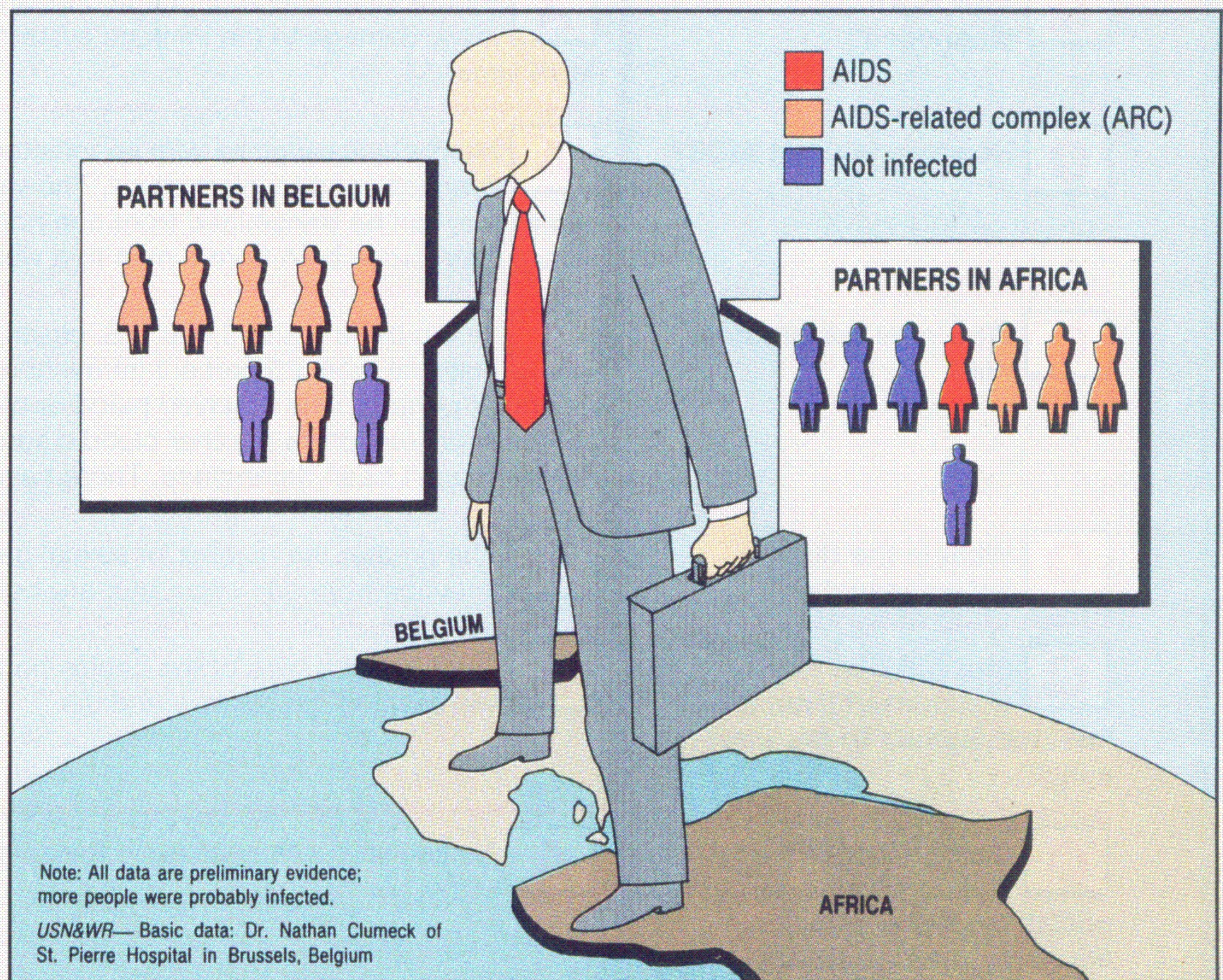
### Outside the law, beyond morality

Critics of government policy argue for going after AIDS in drug addicts more aggressively, since the main avenue AIDS travels into the heterosexual community is through infected addicts. By federal estimates, about 1.5 million

program in Amsterdam has kept the rate of AIDS infection extremely low.

Lacking medical breakthroughs anytime soon, education will be the most powerful defense against AIDS for at least several years. After a slow federal start, Surgeon General Koop is pleading for programs that will get out the strongest possible message. In homes and classrooms, Koop advises, children as young as 8 should be taught about the threat of AIDS in “frank, open” terms, to sensitize them before they become sexually active.

### A ONE-MAN AIDS EPIDEMIC



A still unraveling case shows starkly how one person, though heterosexual, can scatter the AIDS virus. A black Belgian businessman is being investigated by Dr. Nathan Clumeck, a specialist in infectious diseases. The man, by all accounts exclusively heterosexual, made regular business trips to Africa. He had at least 12 sexual partners there and in Belgium, all but one of them white, middle-class women who had met him at parties. None was promiscuous, none used drugs, and all had only vaginal intercourse with the man. The source of his AIDS is unknown. Nine of the 12 women have developed AIDS or AIDS-related complex (ARC), a precursor to the disease. One of the known sex partners of these women has ARC, and three more of their partners have tested negative. Three of the 12 women have tested negative. The man, diagnosed as having AIDS in November of 1985, died at 40 last February.

Americans inject illicit drugs, and about 1 of every 4 new AIDS cases is traceable to an addict. The ideal way to stop AIDS from spreading through shared needles is to unhook such people, but fewer than 2 percent of drug addicts kick the habit on the first try. More detoxification programs might help. As many as 15,000 addicts are on waiting lists for treatment in New York City alone, prompting New York Mayor Edward Koch last November to approve an experiment to give sterile needles to addicts. A similar

Koop’s outspokenness is being applauded. “Until now,” says the University of Michigan’s Osborn, “most of the government’s educational programs were useless because pamphlets spoke in meaningless euphemisms—‘avoiding the exchange of body fluids,’ ” for example. Koop’s report, which went straight to the point in explicit language, was a breakthrough for a federal document.

Education has been a dazzling success with homosexuals. After an all-out educational campaign in San Francisco

orchestrated by gay activist groups, gays increased their use of condoms, cut down on casual pickups and practiced less physically damaging sex. The much publicized death of actor Rock Hudson from AIDS in 1985 contributed to the air of urgency. The AIDS infection rate for gay and bisexual men in San Francisco dropped from 18 percent in 1984 to 3 percent in 1985.

Whether the heterosexual population can respond as readily is something else. A recent study by the San Francisco AIDS Foundation showed that the city's heterosexuals are well educated about AIDS. Yet 50 percent of men and women defined as at the highest level of risk, with an average of four to five sex partners a year, reported that the facts haven't convinced them to use condoms or otherwise alter their sexual habits.

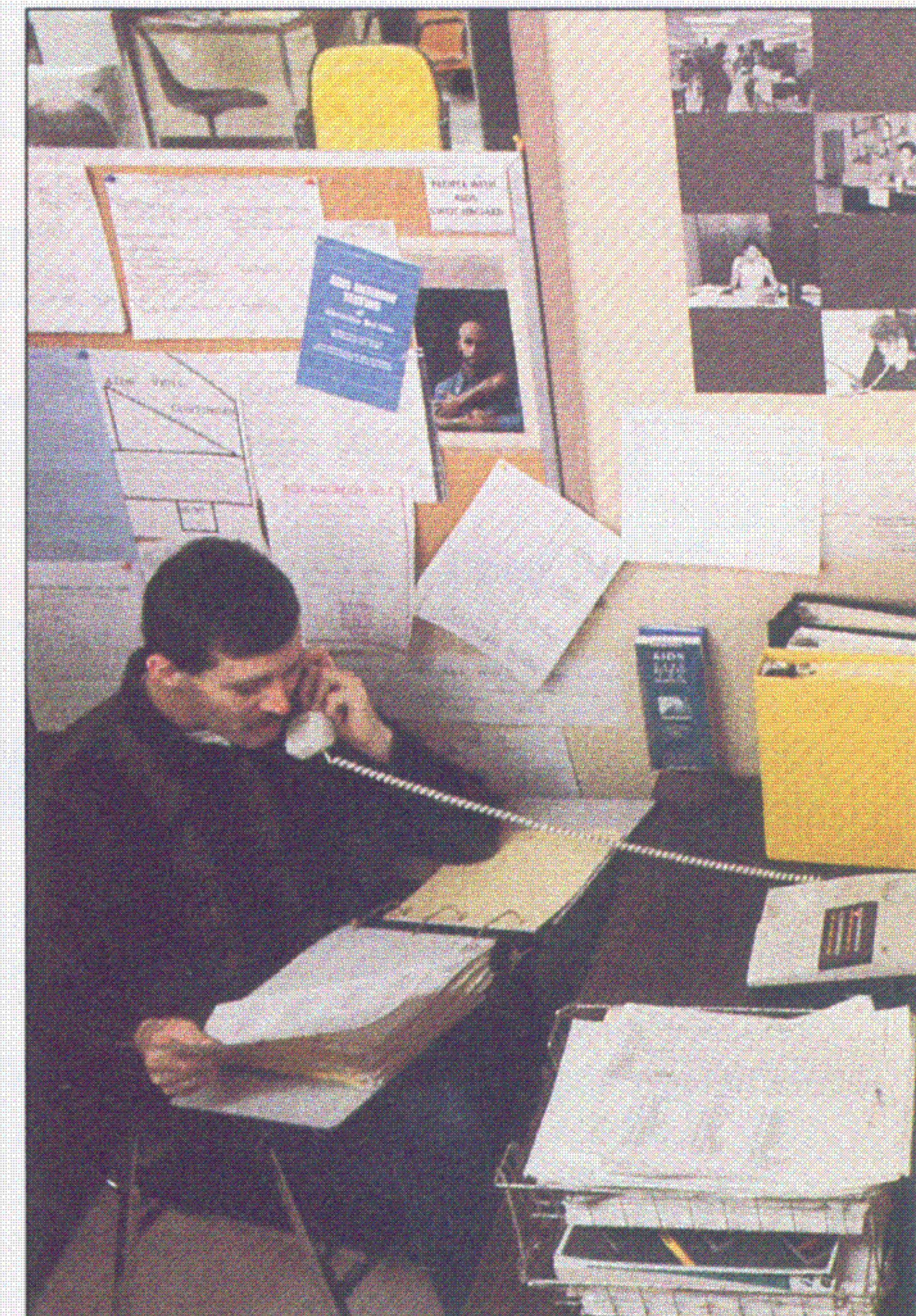
which people first are exposed is expected to shift down from 30 to the more libidinous mid-20s and even late teens. Like most Americans, few college students see AIDS as a health risk. "I think of AIDS as a news event. If I needed a blood transfusion, then maybe I'd worry," says a 23-year-old man studying law at Emory University in Atlanta. "I'm more concerned about herpes," says a 22-year-old female senior at Georgetown University in Washington, D.C.

High-school students seem to be only dimly aware of the reality of AIDS, even in hard-hit regions of the country—perhaps partly because only about 125 13-to-19-year-olds have gotten the disease so far. The December issue of the *American Journal of Public Health* cites a recent survey of 1,332 pupils at

which say less than 1 percent of parents wanted their children excluded. The National PTA takes the position that the matter of how explicit AIDS information should be and at what age it should be introduced is for the community to decide.

### No cure in sight

The desperate need for education reflects the medical consensus that a means of arresting AIDS will come no sooner than five or 10 years. Just in the past year, scientists have discovered how AIDS infects brain cells and have identified genes that affect the AIDS virus. But efforts to devise a treatment or vaccine are complicated by the fact that AIDS is caused by two, perhaps three, similar viruses, and that the virus mutates frequently.



Stressing education: A bus rider gets a leaflet in an information campaign in New York City, left, and volunteers handle calls to an

And 66 percent of the same group "do not feel personally threatened by AIDS." This, says Patricia Christen, a spokesperson for the foundation, illustrates exactly the kind of denial among heterosexuals today as among gay men three years ago. "The homosexual community was well informed," she says, "but what really drove the message home was massive deaths of young men in San Francisco in 1984. I hope heterosexuals don't have to learn the message the same way."

Free-wheeling sex habits on many college campuses have parents and administrators particularly worried. Fewer than 700 cases of AIDS have been reported among U.S. youngsters of college age so far. But the average age at

10 San Francisco high schools that exposed major confusion and ignorance. Forty percent of the students did not know that AIDS is incurable or that using condoms is excellent protection against it. "This suggests that many adolescents will be engaged in unprotected sexual activity," observes Dr. Ralph J. DiClemente, a consultant and a behavioral epidemiologist in the San Francisco area.

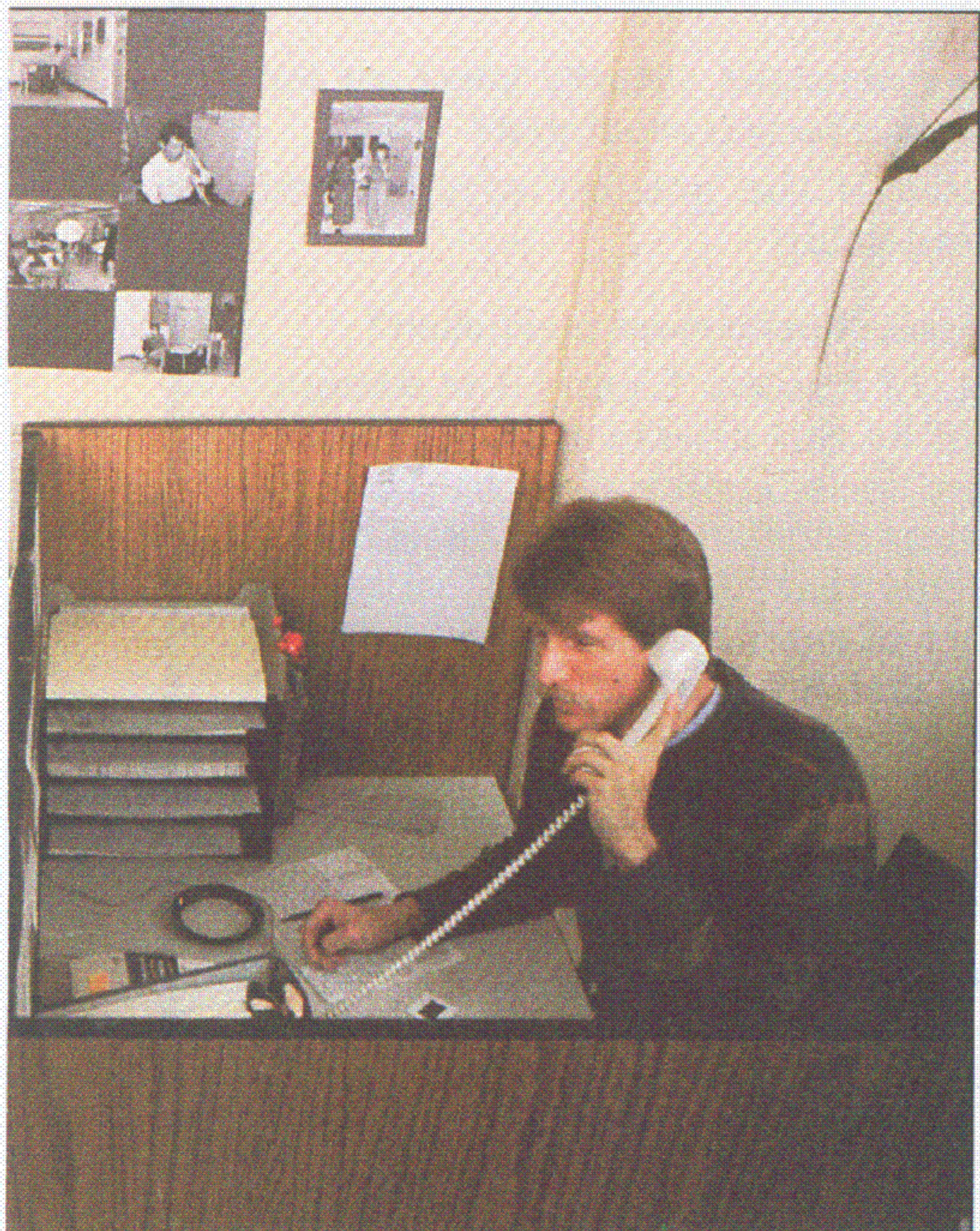
Not everyone necessarily appreciates the new educational efforts, but most parents seem relieved when local schools address the sensitive subject of AIDS with educational classes. Only 20 San Francisco parents out of 22,000 pulled their children out of AIDS-information classes. Denver school offi-

Even symptomatic relief has come from just one drug, azidothymidine or AZT. While not a cure, AZT stops the virus from reproducing. About 3,000 patients have received it since it was released for general use last September. Other drugs are being tried out. Human tests began last October on didoxycytidine, a drug which may be more potent and less toxic, and a trial recently ended with ribavirin, an antiviral drug already used to treat respiratory syncytial virus, a childhood disease. Most researchers believe that more than one drug will be necessary—one to suppress the AIDS virus, another to reconstitute the victim's damaged immune system. And the cost of treatment can be dreadfully expensive.



Medical costs for a typical AIDS patient range from \$50,000 to \$150,000.

It will probably take years longer to work out a vaccine than a drug to treat AIDS. That disease is transmitted by a retrovirus, a kind of virus that has proved extremely resistant to vaccines because it mutates so often. The only existing retrovirus vaccine prevents leukemia in cats. Several research teams are testing prototype AIDS vaccines on animals, and human trials might begin sometime in 1987. Last month, incomplete but tantalizing reports suggested that researchers from Zaire and France began the first human tests of a form of immunization designed to forestall the active form of AIDS. "There's no major breakthrough that would increase our potential for having a vaccine soon. It's something for the next decade,"



ALON REININGER—CONTACT

AIDS hot-line center in San Francisco, right

says John Nutter, a microbiologist at the National Institutes of Health who oversees grants for research on AIDS vaccines.

For the millions of Americans currently infected or dying from AIDS, both breakthroughs and warnings to change their behavior will come tragically late. But prudence could save thousands of people in the U.S. who have yet to be exposed to the virus. Their fate will depend less on science than on the ability of large numbers of human beings to change their behavior in the face of growing danger. ■

by Kathleen McAuliffe with Joseph Carey, Stacy Wells, Barbara E. Quick, Muriel Dobbin in San Francisco and the magazine's domestic bureaus

AIDS will be added to the dishonor roll

## Killer illnesses of history

With cases doubling every 13 months, AIDS will soon take its place in the rogues' gallery of the world's major scourges. The Black Death killed a quarter to a half of Europe's population—25 million to 50 million people—in one three-year spasm from 1347 to 1350. At its height in the 18th century, smallpox killed about 400,000 Europeans a year, including such heads of state as Queen Ulrika Eleonora of Sweden in 1741. Some 22 million people died in the influenza outbreak of 1917-18. Even as many people fought off the flu, a louse-borne typhus devastated Russia and eastern Poland.

The germ that caused the Black Death, or bubonic plague, was spread through the air and through flea bites. The fleas picked up the germs from the hordes of black rats that made their homes in the filth-ridden city streets. The Black Death killed more people in less time than any other disease, until some of those who became sick developed immunity and recovered. As the immune population grew, fewer people became infected, and the plague eventually ran out of steam.

Smallpox, on the other hand, racked Europe for centuries, a major killer until Edward Jenner found a vaccine in 1796. After a successful inoculation campaign in Asia during the 1970s, the World Health Organization announced in 1979 that smallpox had been wiped out.

### A Massachusetts killer

Deaths from the flu epidemic of 1917-18 included half a million Americans. In Massachusetts alone, it killed 15,000 people in four months. At the pace it was spreading, the virus would have wiped out civilization in weeks, but, like the Black Death, people recovered from it and became immune.

Typhus spread quickly from 1918 to 1922 because of overcrowding and unsanitary conditions in prison camps and refugee homes. Some 3 million people died before the disease ran its course.

The polio epidemic infected some 400,000 Americans during its

peak from 1943 to 1956 and killed about 22,000 of them by paralysis and respiratory failure. Panicky parents wouldn't let their children swim in public pools, and ineffectual quarantines were imposed on entire towns. After the Salk and Sabin vaccines were introduced in 1955 and 1961, polio all but vanished in the United States. Brazil has wiped it out over the past five years by immunizing 20 million children across the country. It remains a problem in less developed nations.

Compared with plagues of the past, AIDS is relatively difficult to contract. Unlike the Black Death, it is not spread by insect bites. Un-



THE GRANGER COLLECTION

Fear of plague: 14th-century window in Canterbury Cathedral

like smallpox, it is not spread by casual skin contact. Unlike influenza, it is not spread through coughs and sneezes. And unlike typhus, it is not spread through contaminated water.

But that's about the only positive thing about AIDS. It is the first sexually transmitted disease of pandemic proportions—an epidemic that ranges beyond one or two countries. While syphilis and its ilk ravaged humankind for many centuries until the advent and wide use of penicillin in the 1940s—and still bedevil Third World countries—they never decimated entire populations. If a vaccine does not appear until the turn of the century, the death toll could be in the tens of millions. And so far there's no evidence that AIDS will die out on its own.

by Stacy Wells

Interview with AIDS expert and Nobel laureate David Baltimore

## 'Quarantining will help no one'

**Q Mr. Baltimore, how serious is the AIDS epidemic?**

In terms of impact on our society, this disease will certainly be the most important public-health problem of the next decade and going into the next century.

On an international scale, it threatens to undermine countries, particularly in Africa.

**Q What do you mean by "undermine countries"?**

It will cause such a significant amount of disease in the middle ages of the population that it will largely reduce the number of people available to carry out the functions of the society. In parts of Africa, it's happening already.

**Q Do you think people's basic behavior can be altered in time to stem the AIDS epidemic?**

In time to have a significant impact, yes. I don't think we'll be perfect. People will respond differently. But for the homosexual population in San Francisco, the rate of rectal gonorrhea fell 83 percent when a serious educational program was put in place. People were obviously willing to change their behavior when they were made to realize how severe a risk they were taking.

**Q What about groups not yet hard hit? Can the message get to them before massive deaths occur?**

It is certainly harder to reach people when they don't see the consequences of what they're doing right around them or when the consequences are extremely delayed. I'd guess that's been one of the problems with smokers.

**Q How do you reach people?**

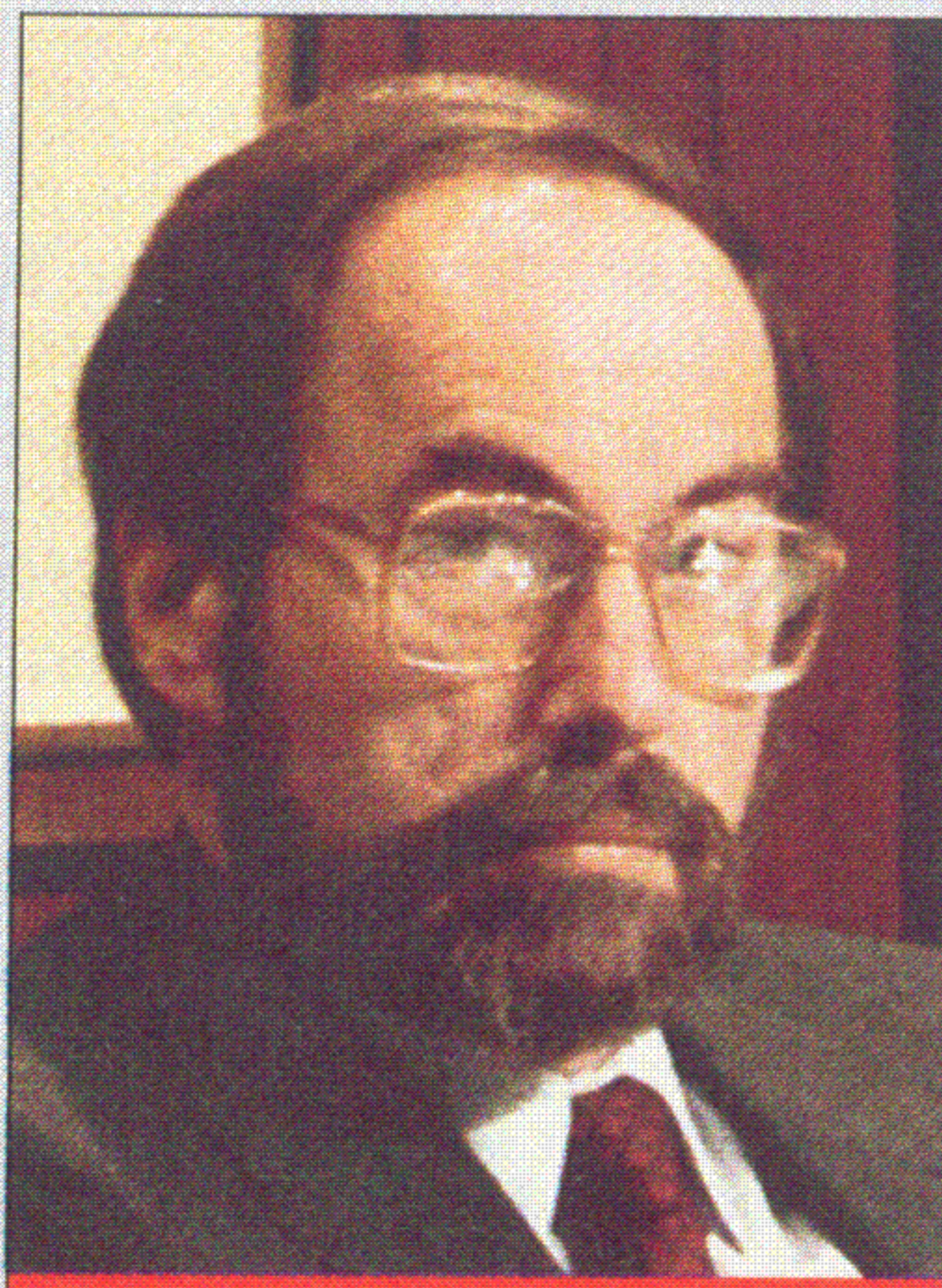
The advertising industry knows how to do that. They can get people to switch detergents. They are able to get people to buy things they may not particularly need. They ought to be able to get people to look a little more carefully at the consequences of some very basic biological activities. I know that unless we make every effort to reach every type of population on its own terms, we're not going to have any effect. A massive educational campaign is the only thing conceivable at the moment that can help. To not do it would be criminal. To argue that it's difficult and expensive and therefore we shouldn't do it would be self-defeating.

**Q What will happen if we don't mount a major campaign?**

The consequences will be a spread of the virus that could have been controlled and won't be.

**Q With catastrophic results?**

The consequences already look catastrophic. A quarter of a million people



with a lethal disease is catastrophic—and that's the United States only. And that's the rock-bottom projection for 1991.

**Q Who will be the hardest to reach?**

Intravenous-drug users, who often exist at the fringe of society. And I'm afraid that the adolescent population just moving into sexual activity may also be difficult. They don't read newspapers or magazines a whole lot, and they have a sense of immortality. It's very hard to take seriously the risk of disease when you're just beginning to feel yourself as an adult human being, and we have to reach these people. I think they're at serious risk.

**Q President Reagan has remained virtually silent on the subject of AIDS. What is your feeling about that?**

That this is a matter of the greatest urgency and requires presidential leadership.

**Q Why do you think he hasn't been more outspoken?**

You can imagine lots of reasons. Clearly, the communities that were first hit by this disease are not communities that the President feels terribly close to. He may well have made a political calculation that he was better off to be quiet. I think that the political setting is changing as the number of cases increases, and I would hope that he sees now that his greatest gain will come from speaking out on the issue.

**Q Surveys show that a majority of the public believes AIDS victims should be quarantined. What do you think?**

Quarantining will help no one. Most AIDS patients are too sick to be transmitting the virus. The virus is being spread largely by people who do not have AIDS but are infected with the virus, and they may or may not even know it. Quarantining would be totally futile.

**Q Would mandatory testing help?**

I believe it would drive the very people you want to test underground. Voluntary, confidential testing is much more appropriate.

**Q How can you encourage people to go in for such a traumatic test?**

The only thing you can do is convince people that they're better off knowing than not knowing. First, because then they can take action to protect their friends and loved ones and, second, because they can begin to interpret their own symptoms and take whatever action is available.

AIDS is a very serious disease, but it usually reveals its presence through a variety of infections, and many of those infections can be controlled with appropriate drugs.

■ Microbiologist David Baltimore received a Nobel Prize in 1975 for his work on viruses. He cochaired a blue-ribbon scientific panel that last October issued *Confronting AIDS*, an influential status report.