Why We Are Losing the War Against AIDS and How It Is In Our Hands to Win It

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This article was inspired by my belief that American business should actively participate in the educational campaign against AIDS. Giving explicit information to our employees on how to prevent infection with the HIV virus, the agent that causes AIDS, might be a start. After all, working adults have been the major target of this virus. This article provides a detailed review of this information, and has been written with this purpose in mind.

Before dealing with prevention I have chosen to discuss the magnitude of the problem and why we are losing the war against AIDS. I have tried to do this using words that will be clearly understandable to our employees.

Most of us don't know anyone who suffers from AIDS. Many think that only homosexuals and drug addicts get AIDS. But estimates indicate that four years from now AIDS will have struck one in every 933 Americans, homosexuals as well as heterosexuals. By then we will all know someone, a friend or relative, suffering from this disease and the true impact of the epidemic will start to be felt. With the growth of the pool of infected individuals, prevention will become more difficult. In 1984 there were 2829 reported deaths from AIDS, but it is expected that in 1991, 54,000 Americans will die of AIDS, the same amount as from the whole Vietnam War.

The Public Health Service recently issued the following projections of the course of the epidemic through 1991: By the end of 1991 there will have been a cumulative total of more than 270,000 cases of AIDS in the U.S., with more than 74,000 of these occurring in 1991 alone. Because the typical time between infection with the AIDS virus (HIV), and the development of full AIDS is four or more years, most of the persons who will develop AIDS between now and 1991 are already infected. The vast majority of cases will continue to come from the currently recognized high-risk groups. The Institute of Medicine-National Academy of Sciences Committee on a National Strategy for AIDS has agreed that the above estimates are reasonable. The Committee believes that over the next 5 to 10 years there will be substantially more cases of HIV infection in the heterosexual population.

Throughout the long incubation period of AIDS, infected individuals can transmit the disease, but during this time they do not show any evidence of illness apart from their abnormal blood test. Initially, it was estimated that only 10 to 20% of "healthy individuals" with a confirmed positive blood test would develop full blown disease. More recent studies suggest that over 50% will develop either AIDS or ARD within 5 years. ARD stands for AIDS Related Diseases, a group of conditions that have some, but not all of the manifestations of AIDS. A substantial number of these patients die from these diseases or develop full blown AIDS. Even worse, nobody knows whether with a longer follow up, more than five years, a higher percentage or even all of those with positive blood tests might develop the full blown disease.

Federal health officials have estimated that at least 1.5 million Americans now carry the virus, most of them without knowing it. At a recent meeting hosted by the Center for Disease Control it was stated that one out of every 80 adult males and one out of every 1000 adult females in our country are infected. In states with a high incidence of the disease, like New York and California, the proportion would be one out of every 30 adult males. An increasing number of them will inevitably fall ill. If these estimates prove correct, in 1991 AIDS will be one of the 10 chief causes of death in this country. I strongly believe that AIDS poses the most important potential threat to our nation's health, more important than drug and alcohol abuse, heart disease or cancer.

The picture becomes even gloomier if we keep in mind that AIDS is underreported because a diagnosis of AIDS carries a stigma everywhere. American physicians are required by law to make a confidential report to the local health authorities; however, health officials believe that 10 or more of the cases go unreported. Patients with AIDS Related Diseases have not been included in the AIDS statistics given above. But they carry the AIDS virus in higher concentration than the full blown AIDS patients and are potentially more infectious.

The cost of AIDS will be staggering, not only from the standpoint of suffering. The funds needed to take care of the patients four years from now have been estimated at $8 billion to $16 billion. This cost does not include the care of ARD patients, nor indirect costs such as lost income. AIDS may cause a severe disruption in our economy. AIDS programs are grossly underfunded.
The National Academy of Sciences recently recommended a crash program with at least $1 billion a year to be spent on AIDS programs. The Reagan administration requested $336 million and Congress has allocated $410.7 million for fiscal 1987. This underfunding has not been corrected despite recent statements of Otis R. Bowen, the Secretary for Health and Human Services, to a National Press Club audience that "...a world-wide AIDS epidemic will become so serious it will dwarf such earlier medical disasters as bubonic plague, smallpox and typhoid. You haven't heard or read anything yet,... If we can't make progress, we face the dreadful prospect of a worldwide death toll in the tens of millions a decade."

It is time for all of us to learn about the AIDS epidemic and what we can do in order to fight it. The AIDS epidemic is very different from the "flu" epidemics during which 10% to 20% of us get sick within a few months. Many of you have probably asked yourselves, what kind of an epidemic is the AIDS epidemic? After six years I still haven't seen anybody sick with AIDS. During a flu epidemic, the affected people become temporarily immune to the strain of the virus that causes the epidemic. Once a sufficiently high percentage of the population has become immune, the epidemic can no longer spread and stops by itself. But so far, nobody has become immune to AIDS, so the disease continues to spread relentlessly and the number of affected people doubles every year.

During the past five years we have learned a lot about AIDS. Most important, we know AIDS is not transmitted as easily as the flu or viral hepatitis, so it spreads more slowly. On the other hand, the epidemic continues to spread and is now expanding into the heterosexual population. There are no longer any doubts that AIDS can be transmitted through "normal" vaginal intercourse, as well as by other sexual practices. At present 2% of the persons with AIDS have contracted it through heterosexual contact. One reason for this continuous spread is that people do not take precautions against AIDS; perhaps because of the lack of precise information on how to protect themselves.

Even more disturbing information resulted from blood testing of military personnel for exposure to the AIDS virus. Adolescents and young adults are now a group at high risk for AIDS because most young people go through a phase of sexual exploration and experimentation, often with multiple partners. This is an age when we tend to feel immortal and daring, and when we are less prone to take rational precautions. This is especially unfortunate for a great number of people, even many who worry about AIDS, for whom the prospect of an orgasm in ten minutes eclipses any thought about the rest of their lives.

What are some solutions to the problem of AIDS? Four main approaches have been suggested: 1) Develop medicines that would cure and/or eradicate the disease. 2) Develop vaccines that would prevent the disease in people not already infected. 3) Educate for change in sexual practices to prevent contracting or spreading the disease. 4) Promote change in other practices which favor the spread of the disease.

Quarantine of all infected individuals has been proposed. But health authorities believe that quarantine is neither practical nor feasible.

Let us examine these different approaches.

1) Medicines: Despite active research which has had partial success there is no breakthrough, and none can be foreseen for the near future. With our present knowledge of where the virus locates in the human body, there is little chance of eradicating the infection by the use of medicines. The best we can hope for is to delay the onset of the disease and prolong life.

2) Vaccines: In the U.S., polio, measles, pertussis, diphtheria and other diseases that were epidemic at one time have now been controlled by effective vaccination. Vaccination has eradicated smallpox worldwide. Why not AIDS? Unfortunately AIDS is different and experts don't know if an effective vaccine can be developed at all. The AIDS virus belongs to a family of viruses named "retroviruses." Our knowledge about them is quite limited. So far no vaccine has ever been manufactured against a retrovirus that infects humans. Furthermore, the development of a vaccine can take many years. (It took eighteen years from the discovery of the hepatitis B vaccine in 1964 until the Food and Drug Administration's final approval of the vaccine as safe and effective in 1982.)

There are many different strains of the AIDS virus; vaccination against one strain might not prevent infection with others. The AIDS virus not only varies from person to person, but even continues to change within the same person. In fact, it changes faster than the influenza virus does. Therefore, an all-purpose AIDS vaccine is going to be as hard to make as an all-purpose influenza vaccine, which we have not been able to devise.

There are other problems in advancing our knowledge of the disease and developing an effective vaccine. We do not have a good animal model of the disease. So far the only animals that are susceptible to infection by the AIDS virus are monkeys. They can be infected but do not become sick. Two viruses can cause AIDS-like
symptoms in chimpanzees and cats but they are different from the HIV virus.

3) Education: It has been established that AIDS is commonly transmitted through anal and vaginal intercourse, through the sharing of unsterilized hypodermic needles and by a mother to her baby during pregnancy and/or childbirth. This means SEX, BIRTH and BLOOD. Because of the high risk of infant infection and preliminary findings that pregnancy itself may accelerate the development of full blown AIDS in infected individuals, it is recommended that women who may have been exposed to an infected person in the past or have any reason to suspect that they might be infected should seek advice and testing. Blood transfusions have become much safer since the blood banks started screening all donated blood for AIDS antibodies. A common misconception is that there is a risk involved in donating blood, but nothing could be further from the truth. The virus is acquired almost exclusively through reception of contaminated semen or blood, not through giving blood.

Since AIDS is not contracted through casual social contact or even household sharing, authorities have concluded that the virus is not transmitted by bedbugs, mosquitoes, saliva, urine, (although it may be present in minute amounts in saliva and urine), toilet seats, sharing cups, coughing, hugging, or other indirect means.

Clearly, although we always hope for an unexpected early breakthrough in the areas of treatment and vaccination, at present the only approach that can slow down the epidemic is an intensive health education campaign. The social reticence regarding open discussion of sexual behavior has deprived us of our only effective weapon. Many people still believe that AIDS is a problem affecting only homosexuals and drug addicts and do not care to get involved. By now we all should know that “their problem” has become “our problem”. We have reached a stage in which, whether we want it or not, we are all directly or indirectly affected. Even if we feel individually safe because we are in a stable and mutually monogamous relationship, our sons and daughters, our friends and co-workers, may not be. We can expect that AIDS will still be around when our small children and grandchildren grow up. They should be taught about sex and about AIDS before they reach adolescence and develop the urge to experiment with sex. No matter what we teach them, many of them will not abstain from sex and therefore should be taught how to protect themselves.

It is estimated that in 1979, in the U.S., about half of the young women and 55% of young men were sexually active by age 17. This is why the Surgeon General urges parents and schools to begin educating children about AIDS “as young as possible”. We should ask ourselves some very serious questions: Have our children been taught about this risk and how to protect themselves? How much do we know about the sexual practices of our adolescent sons and daughters? Do we know enough to teach them? How comfortable do we feel discussing these subjects with them? Whose responsibility is it to do this teaching? How likely is it that they will follow our advice?

The picture is further clouded because there is a fear that teaching “safe sex” may encourage promiscuity. But it is impossible to teach AIDS prevention without an explicit discussion of sex. We live in a society that has decided that it is permissible to use sex for advertising and selling products, but forbidden to give explicit information on the second best method that can be used to prevent teenage pregnancy and the spread of a deadly disease.

While we lost six years, other countries with a much lower incidence of AIDS, (England, Sweden, Switzerland and France), have launched explicit educational campaigns using all the media in order to alert their people. I am convinced that the war against AIDS is going to be fought in our homes and PTAs; that is why it is so important that everybody, including business and industry, does their share in this educational campaign. We must educate the parents in order to protect them and their children.

In order to be successful, health education programs must be based on realistic goals and conveyed in everyday language. The need for basic information transmitted in understandable terms is overwhelming. The educational campaigns conducted by gay organizations have found that what people do not know can be surprising. (In the case of AIDS, it can be deadly.) Some people don’t know where to buy condoms; some buy them and don’t know how to use them properly. The packages do not include explicit instructions.

Epidemiologists from Johns Hopkins School of Hygiene and Public Health, have pointed out that we must reach out and beyond euphemisms like “exchange of body fluids” when we explain how AIDS is transmitted. They suggest that any health education program for AIDS must
describe the use of condoms in non-medical language that anyone can understand. Diagrams are especially important because, even in the U.S., 20% of the population is functionally illiterate. Yet, pictures depicting condoms might be considered pornographic in many communities.

Public Health students have found that drug addicts being treated at a Baltimore Hospital knew that sharing needles could transmit AIDS, but they did not know that AIDS acquired by needle could be passed on by sex.

Television could be the best source of education on AIDS prevention, but it is incredibly slow in becoming effective. Until a few days ago it carried a taboo on the mentioning of condoms. The stations continue to present sex in a fantasy world, without consequences and without responsibility. Very few TV characters, if any, display ethical or religious misgivings about sexual activity, or become pregnant, or get AIDS.

One of the important questions to be decided is who should be responsible for these educational campaigns, especially those geared to our children. Many parents don't feel comfortable discussing these subjects with their children, except in a very general way. Consequently this has become a societal concern and will have to be dealt with in the schools and businesses.

In theory, AIDS prevention looks like a relatively simple matter that requires no technological breakthrough. A sturdy condom and information on how to use it properly would suffice in the majority of cases. But even under the best of circumstances it will be a formidable task to change the sexual behavior of our population. Already we have seen how difficult it is to convince people to wear seatbelts, or not to smoke, or not to abuse drugs, or alcohol, or food.

Dr. Peter Heseltine, codirector of the AIDS program at the L.A. County-U.S.C. Medical Center, recently stated to the L.A. Times: "Before the birth control pill, it seemed like every man in America went around with a shrivelled rubber in his wallet. Well, I think we should go back to that." Fear of AIDS causes many people to avoid activities that are perfectly safe, such as dining in a gay-operated restaurant. Those same individuals, however, may indulge in other activities that are risky, such as unprotected sex.

The following are a series of rules to protect you and your family from AIDS. They are drawn from experts in the field and from the U.S. Surgeon General's Report. It should be apparent from the information in this article why the instructions must be explicit, even though this may be distasteful to some people.

Going through these instructions brings back memories of World War II when the chaplain used to advise the troops to avoid sex and then the medic would get up and say "Don't do it — but if you do, here are a few tips."

1) The best way to avoid AIDS is to refrain from intercourse until, as adults, you are ready to establish a mutually faithful monogamous relationship, in which neither partner uses intravenous drugs. The real issue is multiple partners, though nobody wants to hear that. Contrary to earlier thought, masturbation is a safe outlet for the sexual drive.

2) Anyone who chooses to have sexual relations outside a faithful monogamous relationship puts themselves and their partners at risk of infection. However, the extent of that risk can be decreased by using condoms from start to finish of both vaginal and rectal intercourse, limiting the number of sexual partners and selecting sexual partners at low risk of infection. Some authorities believe condoms should also be used for oral intercourse. While condoms are important they are not fail-safe. They may break or leak. Make sure you know how to use a condom correctly; many people do not put them on early enough, securely enough, or with enough room at the tip so that semen won't break the condom. The condom must be held in place on withdrawal to prevent spillage of semen. Spermicides containing nonoxinil-9 used outside the condoms may provide extra protection; but by themselves, spermicides are not enough. Never use oil-based products, like Vaseline Intensive Care, Crisco or baby oil for lubrication of a latex condom. They make the latex porous and destroy its effectiveness against the virus. Water based products, like KY don't damage condoms. Don't use saliva as a lubricant because it may carry the virus. If a lubricant is used, it should be applied to the outer surface of the condom. They make the latex porous and destroy its effectiveness against the virus. Water based products, like KY don't damage condoms.

3) When entering into a new sexual relationship use a condom. Remember that when you go to bed with somebody you are also exposing yourself to all previous sexual partners. You do not have to be a homosexual, a prostitute, or a drug addict to get AIDS.
4) Remember that most people who carry the AIDS virus have no apparent symptoms and probably do not know that they are infected. Use of a condom will reduce your risk of infection.

5) If you have reason to think you might be infected, tell your partner. Encourage your partner to be honest with you. Infected people do not need to live celibate lives, as many fear; but they and their partners do need to be very careful, observing the precautions spelled out above.

6) If you think you may be infected and wish to have your blood tested, do not donate blood to find out. In most areas, your best bet is an alternative testing site, where technicians will be experienced and results confidential. Most major cities now have these testing centers. Call Information and ask for the AIDS hotline to find out where the AIDS Testing Center in your community is located. If you do not want to be tested but think you may be infected, use a condom as described in item 2.

7) Tell your children: "AIDS is a new disease. AIDS kills, and there is no cure. This is not something the grownups are saying just to keep you pure." Be sure your children are aware of AIDS and condoms long before you think they might become sexually active. Encourage them to tell their friends.

8) If you shoot drugs, stop the use of intravenous drugs, or, at a minimum, don't share needles and/or syringes.

9) If AIDS comes to your family, remember that you can only get AIDS if you have unprotected sex with an infected person, or if you share a needle or syringe with the infected person. Hugging and caring for a person does not transmit the infection.

10) If you belong to a high risk group avoid getting pregnant. Remember that an infected woman who gets pregnant is risking both herself and the baby. If you get pregnant and think you may be infected, consult your doctor immediately.

As far as promoting changes in other practices that may favor the spread of the disease, there are two important issues for which we should lobby.

1) Buying condoms should be facilitated by installing vending machines in public restrooms. Manufacturers should provide explicit instructions in the packages.

2) Needles and syringes should be obtainable without prescription. The incidence of AIDS among drug addicts is much lower in countries where needles and syringes are easily accessible. If somebody wants to shoot drugs, he or she is not going to be deterred by the relatively small extra expenditure of buying a syringe and a needle from the drug dealer. When syringes and needles are readily available, there is no incentive to share them. Many drug addicts support their habit by engaging in prostitution and this is one of the ways in which AIDS spreads into the heterosexual community. Female drug addicts infected with AIDS are giving birth to an increasing number of infected babies. I believe that serious consideration should be given to the repeal of regulations that require a medical prescription in order to buy syringes or needles.

It is clear that if a total effort is not developed and sustained, subsequent generations of Americans will inherit an expanding rather than a confined infectious disease problem.

As the incidence of AIDS continues to rise, so will panic. If fear and education are able to alter people's most private habits, the epidemic will be conquered. Let us do our part to make education work before panic grips our society.