

AIDS: Facts and Fears

by Virginia E. Allen

One of Jim's sisters tells her friends her brother died of liver cancer; the other tells her friends he died of leukemia. A mother whispers that her son has "that disease." A woman wants information on where she can get the AIDS virus antibody test because she just found out that the man at the next desk is gay. A mother puts plastic covers over all the furniture because her son has AIDS and is returning home. A husband won't let his wife in the kitchen around the food because she has AIDS. A father is forbidden to see his children. A major corporation refuses to let an employee whose spouse died with AIDS use the restroom facilities because the employees are frightened they'll catch AIDS. A mother threatens to keep her children home from school because she just learned there are other children in this city dying of AIDS.

What all these scenarios have in common is that they are all true, they all occurred within the last year, and they are all based on irrational, unfounded fear. This fear has many faces: the fear of contagion, the fear that others will find out you or a loved one has AIDS, and homophobia (the irrational fear of lesbians and gays).

All groups affected by AIDS, people with AIDS related illnesses, people who test positive for the AIDS virus antibody, and their family, friends, and loved ones have experienced the terror of the physical aspects of the disease and its ramifications, as well as the fear and prejudice of society.

Fear of contagion

The fear of contagion is based on lack of knowledge about the disease and the virus. Fear of transmission is causing increasing concern. The irrational fear is due to the notion that the AIDS virus is a super-germ, impervious to everything medical science can use against it, and transmitted as easily as the common cold.

In part, the anxiety and confusion surrounding AIDS is a result of the histrionic language of the media. Headlines such as "Lethal Scourge," "Gay Plague," and "Mysterious Epidemic" effectively capture the fears of

Facts

The information about how AIDS is transmitted has remained basically unchanged for several years. As the evidence stands, except for rare cases of transmission by blood transfusion, at birth from an infected mother to her infant, or by accidental needle stick, AIDS is transmitted only by sexual acts or sharing drug-abuse equipment. It is not transmitted via air, food, insects, touch, or any casual contact.

AIDS is a bloodborne, sexually transmitted disease that is not spread by casual contact. Although the AIDS virus has been found in other body fluids such as tears and saliva, there are no reported cases of the virus being transmitted through either tears or saliva. The AIDS virus does not have the ability or strength to penetrate the skin. So, if someone with AIDS were to spit on a healthy person, there would be no danger to the healthy person. In studies of over 300 household contacts of people with AIDS, no one other than sexual partners or

infants who acquired the infection before birth from their infected mothers has developed AIDS or even had a positive result on the AIDS antibody test.

Except when it is circulating in the blood, the AIDS virus may be much more vulnerable to disinfectants than other viruses. It does not have the strength or ability to stand up to household bleach. It also appears that the AIDS virus is less infectious than the hepatitis B virus. It is a fragile virus that is quite powerless outside the human body.

You cannot get AIDS by being in the same room with someone with AIDS, by touching them, hugging them or kissing them on the cheek. You cannot get AIDS by using the same glasses or dishes used by someone with AIDS. You cannot get AIDS by using the same restroom facilities. There are many ways you cannot get AIDS and only a few ways you can get it. Those ways are sexual transmission or sharing needles in IV drug use.

society. Each story emphasizes the endless uncertainties of the disease. These sensational stories, with tones of sin and retribution, underestimate the progress that has been achieved and the knowledge that has been gained.

Children

The amount of attention that has been given in the media and the courts to school-age children with AIDS obscures the actual numbers. Fewer than 5% of the cases reported are pediatric. Nonetheless, since last September, when parents "demonstrated" their concern about the schooling of children with AIDS, millions of healthy children have been exposed to the fear, prejudice, and misinformation that surrounds AIDS. It would seem that exaggerated, inappropriate fears related to AIDS represent a much greater threat to the emotional well-

being of children than the likelihood of contracting AIDS threatens their physical health. There has been a lack of age-appropriate discussion about AIDS. In the absence of information about the disease, children will conjure up their own ideas about what AIDS is and about its danger to them.

Children are exposed now to an epidemic of fear; fear about AIDS, kidnapping, sexual abuse, etc. Just as they are educated about prevention and rational reactions to these other threats to their well-being, so should they be educated about AIDS. Their imaginings of this newest "bogey man" are much worse than the reality. Children have already reasoned that AIDS could kill them, their parents or another loved one. They should be educated that AIDS is not a lurking

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monster waiting to take their lives. Accurate information is essential, however. After all, these same children are only exposed to fear now, but in five to ten years, their sexual habits may expose them to the virus.

Homophobia

Because AIDS has affected gay men predominantly, fears of homosexuality and fears of contagion are often intertwined. Homophobia is evident in the AIDS issue in the refusal to shake hands with gays, to be served by a gay waiter, to visit a gay doctor. Homophobia has also served to confuse the issues of disease and gay rights.

Many family members of persons who have AIDS also report negative responses from friends, religious organizations, neighbors and other groups that would normally provide sources of support. For both the person with AIDS and their family, public disapproval, fear and social stigma further complicate the usual issues surrounding diagnosis with a terminal illness.

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Family members often experience very painful feelings of anger, guilt and fear. They may also feel very isolated and alone because of extreme fear of AIDS in their communities, the lack of a clear understanding of its transmission and superstition. (Even the lepers of the past were provided with some shelter and support.) Those of us who believed that technological advances, education and sophistication would protect us from the superstitions of our predecessors have seen this belief evaporate in the face of a prejudice that AIDS is a curse, a punishment visited on the many for the sins of a few. So, a father holds up under the death of his only son because of his notion that the death of that son was God's punishment for the sins of the father or some other ancestor. And, families of people with AIDS are asked

to find another church, to move from their apartments, not to touch their sister or brother or son or daughter.

One of the most damaging effects of homophobia in the AIDS crisis is the smugness it engenders in us. As long as people continue to believe that all males with AIDS must be promiscuous gays and all females with AIDS must be prostitutes, we feel we will not be affected. If we can pretend AIDS and safer sex practices apply only to others, we don't have to look at our own behaviors and can continue to gamble with our lives.

Productive fear

Please don't misunderstand; AIDS is frightening. But, there are two kinds of fear: one is productive, the other counterproductive. One is a reasonable fear among people whose behavior puts them at risk for AIDS. This fear may motivate us all to change the behaviors that put us at risk for AIDS, as well as other sexually transmitted and bloodborne diseases.

However, the other fear: the fear of friends, family and coworkers, is counterproductive. This is the fear we need to do away with. This can only be accomplished through education. Accurate information for caregivers, families, people with AIDS and the general public is the single most important element used to destroy counterproductive fear.

While researchers battle to find a treatment and cure for AIDS, it is incumbent upon us to use the available treatment and cure for AFRAIDS: education and compassion. It is my naive desire that future history books will look back on us in this era of crisis and marvel at the depth of our compassion and love. The sharing of information and age-old values just might help release us all from this epidemic of fear and prejudice.

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Forum

YES

Richard Siminis

Insurance companies should have all the necessary information to properly set rates for each applicant, or the economics of insurance could be lost forever. Insurance underwriting is an objective process of determining whether the applicant meets certain criteria to be worthy of the rates which the insurance company has established. The rates are developed through the use of mortality tables (for life insurance) or morbidity tables (for health insurance) coupled with expense and yield factors. Then, through proper underwriting, it is determined whether the applicant falls within the accept-

NO

Theodore M. Knapp

Since the technology has become available to perform the HIV (Human immunodeficiency virus)(1) antibody test to screen blood donations, numerous groups have attempted to use the test for purposes other than those for which it was developed. This test, known as ELISA, detects the presence of antibodies to the AIDS (acquired immune deficiency syndrome) virus in a person's blood. It is not a test for AIDS; it does not predict whether an individual will ever develop any symptoms or will ever be diagnosed with AIDS-related complex (ARC) or AIDS itself. Furthermore, positive test results do not indicate the presence of the AIDS virus in the individual tested. A negative ELISA result indicates that there is a 99% probability that one has not been exposed to the virus; a positive result indicates a 90% probability that one has been exposed to the virus and one's system has developed antibodies. Despite the fact that ELISA-HIV test is not a diagnostic