

**A special report**

**A  
I  
D  
S**

A large, bold, red word "AIDS" is written vertically. The letter "S" has a red ink splatter or blood-like stain at its base, which spreads outwards.



## Virginia Commonwealth University

April 1988

Dear Readers:

This special report, conceived by June O. Nicholson, assistant director of the School of Mass Communications, does not attempt to cover all aspects of the AIDS disease and its impact on society. To do so would consume hundreds of printed pages rather than the 24 published in this issue.

Instead, students in Nicholson's Specialized Reporting Class in Fall 1987 confined their research and writing to areas that they believed might exhort an awareness of the disease to the Virginia Commonwealth University community.

Information gathered and written by those reporting students has been updated through March 1988 by the Newspaper Management class, which edited and produced this publication under the guidance of Wilma Wirt, associate professor of mass communications.

The cover design for this special report, drawn by student artist David Morefield, symbolizes aspects of the disease. The hypodermic needle represents the transmission of AIDS through intravenous drug use, and the blood reflects the infection of the virus in the bloodstream.

The pink triangle -- especially evident during the national gay and lesbian march in October 1987 in Washington, D.C. -- signifies the importance that AIDS not be identified as a "gay disease." Now a symbol of pride, the pink triangle was assigned to tens of thousands of gay men who were imprisoned in Nazi concentration camps. We chose to use it as a positive reminder that what we have learned is an unfair stigma attached to the gay community because of the AIDS disease.

Although numerous students and sources have contributed to this publication, we want to recognize the Commonwealth Times staff for providing its newspaper as a vehicle to deliver this report to you.

Our gratitude also goes to the School of Mass Communications for allowing us to learn so much about a devastating disease and for giving us the experience -- though often painful and frustrating -- of producing a product of this magnitude for the VCU faculty, staff and students.

This special report has helped us evaluate the impact AIDS is having on the American people -- and it has taught us compassion and understanding for its victims.

We hope it will do the same for you.

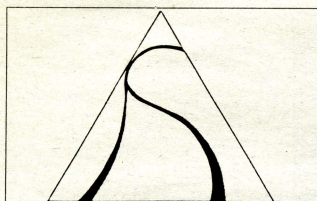
The AIDS PUBLICATION staff

Collen Burke	Linda Livengood
Melissa Davis	Pauline Uhrain
Hope Kessler	Nelson Williams Jr.
Judy Willis	

School of Mass Communications • 901 West Main Street • Box 2034 • Richmond, Virginia 23284  
(804) 367-1260

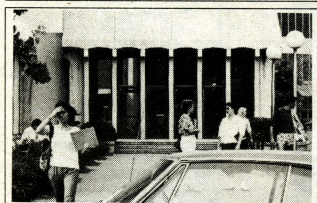
# AIDS

## A Special Report



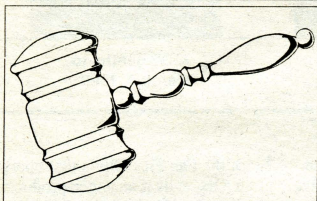
### **Part 1      AIDS and its problems      pages 4-7**

Victims of AIDS deal with the fatal disease as well as the stigma associated with it.



### **Part 2      AIDS and students      pages 8-10**

Colleges attempt to educate and warn students of the dangers of AIDS.



### **Part 3      AIDS and the law      pages 11-14**

Legal statutes protect AIDS victims from unjustified discrimination.



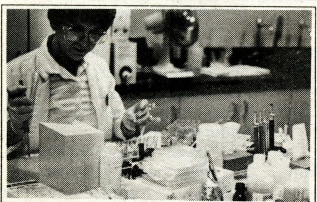
### **Part 4      AIDS and the workplace      pages 15-16**

Employees and employers deal with the fear of contracting AIDS in the workplace.



### **Part 5      AIDS and treatment      pages 17-21**

Although there is no cure, there is care and hope for victims of AIDS.



### **Part 6      AIDS and misconceptions      page 22**

Common knowledge of AIDS is filled with fallacies and misconceptions.

*Published by the School of Mass Communications  
Virginia Commonwealth University*

# AIDS strikes 57,024 people

## Virginia total reaches 679 in March

by Pauline Uhrain

Acquired Immune Deficiency Syndrome, which is more commonly referred to by the chilling acronym AIDS, is a fatal disorder that results from damage to the body's immune system.

First described in 1981, AIDS is probably the result of an infection that began in Central Africa and from there spread to the Caribbean and then Europe and the United States, according to research by Dr. Robert C. Gallo.

By now, as many as 2 million people in the United States may be infected, but in endemic areas of Africa and the Caribbean the situation is much worse.

In sharp contrast to the bleak epidemiological picture of AIDS, the accumulation of knowledge about its cause has been remarkably quick.

"When you see how many strides we've made" in such a short amount of time "it's just incredible," said Linda Lesniak, AIDS education coordinator for the Medical College of Virginia.

"Fifty years ago (had the disease been discovered) this wouldn't have happened. We're at a potentially exciting turning point. Our technology and national attention and resources provide a real beginning," she said.

Only three years after the disease was described, its cause was conclusively shown to be a human retrovirus human T-lymphotropic virus III (HTLV-III), that also is called Human Immunodeficiency Virus (HIV).

When the AIDS virus enters the blood system, it attacks and kills certain white blood cells, the T-lymphocyte cells that form a key part of the body's immune system.

The AIDS disease is the natural progression of infection by the AIDS virus.

The virus attacks a person's immune system and damages the body's ability to fight other diseases. Without a functioning immune system to ward off germs, a person is vulnerable to bacteria, fungi and other viruses that the body would normally fight off, according to the U.S. Department of Health and Human Services.

From its discovery in 1981 until the latest statistics released by the National Center for Health Statistics on March 25, there have been 57,024 cases of AIDS in the United States. As of March 8, there were 679 cases of AIDS in Virginia, according to the Centers for Disease Control. Richmond has had 90 diagnosed cases of the disease to March 8, according to the state health department.

After infection with the AIDS virus, some people remain well and have no physically apparent symptoms. Others develop AIDS-Related Complex (ARC), a condition with a specific set of clinical symptoms.

Signs and symptoms include loss of appetite, tiredness, diarrhea, weight loss, night sweats, fever, lack of resistance to infection and swollen lymph nodes.

Symptoms of ARC patients are usually less severe than those of

someone with AIDS, according to the Centers for Disease Control.

According to the surgeon general's report, the number of people in the United States estimated to be infected with the AIDS virus is about 1.5 million. Of these, an estimated 100,000 to 200,000 will come down with ARC.

It is difficult to predict who will develop ARC because symptoms may take as long as nine years to appear, but scientists predict that 20 percent to 30 percent of those infected with the virus will develop AIDS within five years.

According to the Centers for Disease Control, AIDS is an illness characterized by "one or more opportunistic diseases... that are at least moderately indicative of underlying cellular immunodeficiency."

About 12 opportunistic infections can invade the body, but most commonly seen are pneumocystis carinii pneumonia and Kaposi's sarcoma, which afflict about 85 percent of those with AIDS.

Pneumocystis carinii pneumonia is a parasitic infection of the lung with symptoms that may include a persistent cough and fever associated with shortness of breath or difficult breathing.

Kaposi's sarcoma is a rare form of cancer that arises on the skin as multiple purplish blotches and bumps that look like a bruise but grow and spread.

According to the surgeon general's report on AIDS, the "virus may also attack the nervous system and cause delayed damage to the brain. This damage may take years to develop and the symptoms may show up as memory loss, indifference, loss of coordination, partial paralysis or mental disorder. These symptoms may occur alone or with other symptoms."

Researchers have identified three ways in which the AIDS virus is transmitted: through intimate sexual contact, exposure to infected blood, and transmission from an infected woman to her fetus.

At particular high risk of becoming infected with the AIDS virus are homosexual and bisexual males who have had sexual contact with other homosexual or bisexual males, intravenous drug users who can be exposed to infected blood by sharing hypodermic needles and syringes and children born to women who carry the virus.

Approximately 70 percent of all those diagnosed with AIDS in the United States are male homosexuals and bisexuals.

The groups affected have made it more difficult to accept, said Lesniak.

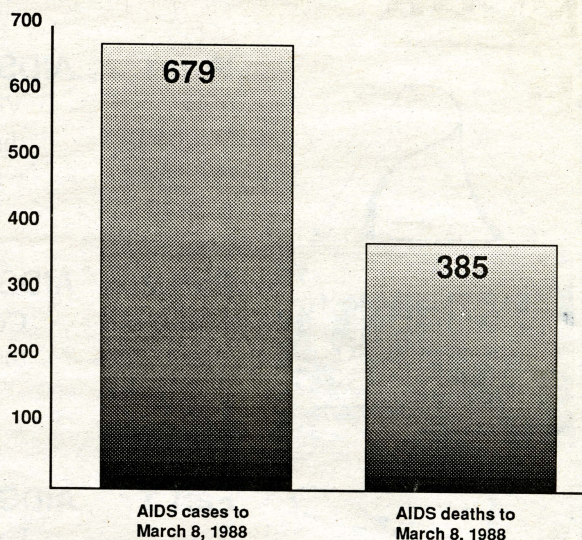
"The reaction to AIDS is not unique, but in our sophisticated society it is hard to accept the hysteria," she said. "There is still a lot of ignorance and anxiety, but it is difficult to tell whether the anxiety is over AIDS or the homosexuality."

Martin Schwartz, a professor in the School of Social Work at Virginia Commonwealth University and a volunteer with the Richmond AIDS Information Network (RAIN), said, "The odd thing about AIDS is that it is not just a physical disease; it's a psychosocial disease."

He said the only difference in AIDS and cancer or tuberculosis "is that this is associated with sex and drug

### DEATH RATE OF AIDS VICTIMS IN VIRGINIA

Source: Virginia State Department of Health



abusers so it becomes a deviant disease."

"These people (with AIDS) have been dealt absolute rejection in the most cruel way," Schwartz said. "People who are told they have a positive (HIV) response feel like the 1980s leper. They can only think about the eventuality — death."

"They feel stunned and shocked and they feel dirty" because society makes them feel this way.

The majority of persons diagnosed with AIDS are in the 20- to 40-age group, which Schwartz said makes the psychological impact of the disease even worse.

"They should not be thinking of death," they should be thinking of living, he said.

Through his work at RAIN, Schwartz has developed his own theory of the phases a person tested HIV-positive goes through. He said it appears to be a four-step process.

The first step he identifies is the isolated "panic" stage, when there is depression and withdrawal and patients keep looking for the next symptoms of the disease.

"Any medical situation seems to be a harbinger of the future," he said.

Step two is the contamination stage. "They feel not only as a leper, but that 'there is a plot to get rid of us,' as one person verbalized it."

Step three is the testing and experimenting stage when, Schwartz said, "(the victims) read and devour information" about the disease.

Step four is the final step, which Schwartz refers to as the moving-out stage, when patients begin to accept the disease and try to learn to live with it.

No known cure for AIDS exists and all those having the disease are capable of spreading the virus.

Norma Schanz, executive director

of the Fan Free Clinic that operates RAIN, calls it an anger-producing disease. "You can't be Miss Sweetie save the world; there's nothing sweet about it."

"The ages (of those with the disease) are getting younger and younger every year," she said.

People are living longer now, but she added that there are about three times as many people who are HIV-positive as have been reported in statistics.

She said the key to slowing down the disease is prevention.

"Open frankness about sex and AIDS is crucial," she said.

Schanz said volunteers and workers at RAIN spend a lot of time answering questions about AIDS and trying to educate people in preventing the spread of the disease.

There is no risk of infection from everyday contact such as that encountered with friends and family.

The preventative measures suggested in the surgeon general's report include avoid using intravenous drugs or sharing needles or syringes, avoid sex with persons who have tested HIV-positive, avoid having multiple sexual partners and use condoms to reduce the possibility of transmitting the virus.

Schanz said she has seen a definite change in people's attitudes about sexual behavior since the discovery of AIDS.

People are becoming more selective of their sexual partners and young people are abstaining more.

"I raised three sons and the last is about to leave home," she said. "I sent the other two out to find their way in the world. I'm sending this one out with condoms."

# Gay victims speak out

**Editor's Note:** When people learn they are dying, they handle their terminal illness in different ways. The following story is the result of a series of interviews with men who have been stricken with the AIDS disease.

Each man offers his own perspective about AIDS and its effects on his life — and each man wants people to understand how he is facing death.

Their full names are not used to protect them, their friends, their family — and their privacy.

by Linda Vogel

For people who have AIDS, the question is not "What is it like to be dying," as much as it is "How will I focus my life?"

Richmond AIDS patients have noted that this philosophy — the choice of many — is learning to live with the disease as opposed to dying with it.

The prospect of dying seems to sharpen their wills to live and to open doors once closed to them.

One person with AIDS, identified only as Jerry, said, "It's too bad in a way that I had to get a fatal disease before I realized how to live."

The 33-year-old black gay is a recovering alcoholic who describes himself as a "near-gypsy." He has lived in a handful of southern cities from Atlanta to Richmond since he quit college — and he has learned about the hardships of life, especially since contracting AIDS.

Acquired Immune Deficiency Syndrome, Jerry said, has forced him to re-evaluate his life, to see it more clearly and to understand its meaning.

The double edge of AIDS, he said,

gives a deeper meaning to his life because of the prospect of death, which has caused him to be a better child to his parents and a better friend to his friends.

"I don't pity myself," Jerry said. "I am a recovering alcoholic and was also recovering from a broken relationship when I learned I had AIDS. But I dealt with it. I finally stood on my own."

In the past year, Jerry has spent some of his time reorganizing his life. A former waiter at a Richmond restaurant, Jerry resigned on his doctor's advice after a 10-day bout with his second AIDS-related hospital stay in mid-February 1987. He then applied for disability and Medicaid because he knew as a part-time employee he would be unable to get health-care benefits to cover his hospital costs.

A third stay at the Medical College of Virginia, which lasted 21 days, physically took more out of him than the other times in the hospital, he said. In addition to another battle with pneumonia, he had a toothache, wasn't eating well and lost his sense of taste.

"I didn't resign myself to having AIDS," he said. "It's not the easiest thing to cope with, but I'm doing it."

"It's tragic maybe. But as with any terminal illness, you get to the stage where you say, 'I'm not dead yet — and I'm going to deal with this the best I can.'"

"(People with AIDS) are not like all patients in hospitals with tubes running all over like you see on television."

"We are living with AIDS as opposed to dying with AIDS."

Much of Jerry's demeanor now, he said, is his attitude in dealing with the disease.

"If I think of myself as being sick, I will be," he said. "Now the only time I feel I'm sick is when I'm in the hospital and the doctor says I can't go home yet."

Psychologically, dealing with AIDS has its ups and downs for the 33-year-old man.

"Sure I have my days," he said. "I call them 'AIDS days.' But I'm lucky in spite of it all. I've learned that I'm a much stronger person than I thought I was."

For Frederick, another homosexual, having AIDS means doing things he previously delayed because he doesn't know how much longer he will live.

"I do things now that otherwise I would have put off until next year," he said, "like visiting old friends."

The 29-year-old man, diagnosed with AIDS in March 1987, said he takes precautions

against getting a cold or other virus and carefully screens his visitors to safeguard against catching contagious infections because he has few resources to fight other illnesses.

If a sick person comes near him, Frederick said he leaves or asks the person to leave. He terms it "ironic" that some doctors don masks to elude the disease when working with AIDS patients.

"It's not so much a problem of what I will give them as it is what they might give me," he added.

Most of Frederick's energy is spent in caring for his health, he said, adding that he would go crazy if he were negative about it.

"If I'm around anyone who is being negative, I just leave the room," he added.

Besides his poor health, Frederick's one major concern is confidentiality because he is afraid he would lose his job if his employer knew he has

AIDS. Therefore, he said, he has told only people he trusts, who include his immediate family and close friends, that he has the disease.

Other people who have AIDS sometimes seek hope and strength through their religion, with one referring to his faith as an "anchor in theology."

Steve, the second oldest of seven children, is one who finds solace in his traditionally Roman Catholic faith. He describes it as his church's view that human souls are in God's care.

"I don't put limits on what God can do," he said.

Churches deserve respect for the way they are handling AIDS issues, Steve said, citing several Roman Catholic ones as examples. Even though they are "walking a tightrope between moral concerns and compassion," he sees their overriding message as a call for non-judgmental action.

This is the reason, he said, he can describe his experience since contracting AIDS as positive though he also has seen some people with the disease being judged harshly.

"The act of judging is left to God," he said. "We are better off pursuing our human course — to treat each other in a moral way."

Unemployment is another consequence Steve has had to accept, he said, because he could not find work that includes health-care benefits after he was diagnosed with AIDS. His financial options are disability and Medicaid, which he said he thinks is "taking money from other people."

Still another compromise Steve said he made is living with his parents when he is 34

years old.

"At my age, the idea of living with my parents was scary," he said. "I had had conversations with my father a long time ago about the fact that I'm gay."

His mother found out he was gay when she was told he had AIDS. He said her positive reaction surprised him, but he later learned that she had researched the disease and had talked with other parents whose children have AIDS.

Steve, now a volunteer administrative assistant at the Richmond AIDS Information Network (RAIN), tries to help other people who have the disease. The organization is part of the Fan Free Clinic that provides information, support and advocacy services to AIDS victims, their families and friends.

"This volunteering, which takes 40 hours a week, uses my talents and gets me out of the house," he said. "As humans, we have choices. We can be defeatists or we can be positive. I'm trying to be positive."

Many people think that life ends with AIDS, but Sean, who was diagnosed with AIDS more than nine months ago, said he wants people to know that life goes on for patients like him.

He also said he thinks the public should know that some people like him choose to lead the same life they led before contracting the disease.

"People with AIDS can find happiness in their lives and can make the best of the time they have left," he said. "It is important for people who are diagnosed with AIDS who might be angry, depressed or sick to see that they can fight the disease" and return to a full, productive life.

Sean considers himself lucky because he has the emotional support of his family, friends and lover, who is a Richmond pastor.

After he was told he had AIDS, Sean said, his lover informed friends and family members. And after a 21-day recovery period at MCV and two weeks at home, Sean's job was waiting for him.

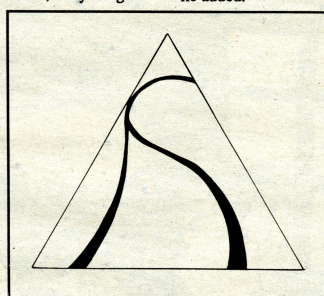
Co-workers, Sean said, welcomed his return and at times become overprotective.

"They constantly ask me if I'm all right. Sometimes this irritates me, and I usually say, 'Do I look all right?' " though he knows they are only asking out of concern for him.

The 35-year-old man said the public needs to hear directly from AIDS patients what their lives are like.

Education is the answer, he said, adding that speakers are needed to give accurate information about the disease.

"We (AIDS patients) are not helpless and don't want to be treated as though we are different from anyone else," he said. "We need the support of our friends, family and community."



Art by David Morefield  
The pink triangle is the symbol for all gay people.

## Glossary

**Azidothymidine (AZT)** - a drug taken in capsule form that appears to slow the reproduction of the AIDS virus in the body. Preliminary studies show that AIDS patients who take AZT live longer than those who do not. Side effects from the drug include nausea, insomnia and anemia.

**Acquired Immune Deficiency Syndrome (AIDS)** - is a serious disorder that results from severe damage to the body's immune system. It is always fatal. AIDS was first diagnosed in the United States in 1981. People with full-blown AIDS suffer from unusual, life-threatening infections and/or rare forms of cancer.

**AIDS-Related Complex (ARC)** - is a condition caused by the AIDS virus in which a patient tests positive for AIDS

and has a specific set of clinical symptoms. ARC symptoms are often less severe than symptoms of AIDS. ARC symptoms may include loss of appetite, weight loss, fever, night sweats, skin rashes, diarrhea, tiredness, lack of resistance to infection or swollen lymph nodes.

**Human Immunodeficiency Virus (HIV)** - causes AIDS and AIDS-Related Complex. HIV attacks white blood cells (T-lymphocytes) in the blood. Other names for the same virus are Human T-Lymphotropic Virus, Type III (HTLV-III) and Lymphadenopathy-Associated Virus (LAV).

**HIV Antibody Test** - a blood test available that tests for the presence of antibody to HIV. The test is not a test for AIDS but to be used to tell if a person is infectious.

# Individual attitudes vary

## *Disease causes few people to change lifestyles*

by Nelson Williams Jr.

It is just after quitting time and the northbound stream of traffic bending toward the Interstate 95 interchange is moving like everyone's a little late for dinner, a show, something. The steady pace decreases drastically, though, several hundred yards from the toll plaza, where things are brakelight-to-headlight.

"Unbelievable," says the driver of the Pontiac, now the second car in one of the non-exact-change lanes. "I always pick the line where somebody's a nickel short."

The woman in the front waits until she hears the toll booth before beginning to look for her 30 cents. The woman finally locates a crumpled bill and thrusts it toward the collector, whose hands appear unnaturally pale, almost white, against her gray uniform.

"Did you see that," says the driver of the Pontiac once his car is clear of the toll chute. "The lady taking the money at the toll booth was wearing rubber gloves."

"Rubber gloves?" asks the passenger, knocking cigarette ashes out the window. "What is she, a doctor moon-lighting as a toll booth lady?"

"No, it's AIDS," the driver responds. "She's scared she's gonna catch AIDS so she wears the gloves."

"You can't get AIDS taking money from somebody at a toll booth," says the passenger.

"A cut to a cut. The transfer of blood. It could happen," says the driver. "I hear the cops and doctors are doing it, too. They're just protecting themselves."

"They're just paranoid," responds the passenger.

"No, paranoid is refusing to date or leave the house for fear you'll catch the disease. Protecting yourself is wearing rubber gloves."

Since 1982, more than 40 people in Richmond have died of the frighteningly contagious and fatal disease that most people hadn't even heard of five years ago. The state health department estimates that as many as 6,600 in Central Virginia are currently carrying the AIDS virus and that by 1991, there will be 1,472 more cases in Virginia alone.

The national numbers paint an even worse picture.

Based on epidemiological estimates that the infection rate of AIDS is 30 to 100 times the number of diagnosed cases — and that 20 percent to 30 percent of those who carry the virus will contract the disease within seven years — some 270,000 people will be affected by 1991, according to the surgeon general's report.

Nationally, the number of cases has been doubling each year.

But how many Richmonders are concerned about this relatively new epidemic, enough so to change their lifestyles? Not many or a lot — depending about whom you're talking, it seems.

The area gay community has, as one homosexual man put it, almost been "scared straight." Many gays reportedly are cutting down on partners and are practicing "safe sex" with those they do



Art by Ken Jordan

sleep with.

Yet heterosexuals haven't been as quick to recognize the dangers of the disease.

"Gays have certainly made a change in their lifestyles as a whole," says Ralph Cole of the Richmond AIDS Information Network (RAIN). "The days of sleeping around and carefree sex are long gone. But while most gays have seen the risk for what it is, I'm not so sure the heterosexual community is ready to change."

"They (heterosexuals) are becoming more aware, but in the talks I've given around town (on AIDS awareness), the feeling I get is that 'I'm young; it can't happen to me.' We say to those people: 'You are at risk. . . you better start taking precautions.'"

In the past several months, researchers at Virginia Commonwealth University, aiming at determining exactly how the disease has affected the city, have conducted an extensive survey of single Richmonders and their knowledge of — and feelings about — AIDS. Scott Keeter of the VCU survey research laboratory said knowledge about the disease is high and the degree to which Richmonders are willing to modify their behavior is directly proportionate to the amount of danger in which they feel the disease places them.

"There is a virtually unanimous belief that if you run into the disease through sexual intercourse, you're going to get it," Keeter says.

"You can look at the survey we conducted and see that only 35 percent of the people have changed their sexual behavior because of AIDS," he added. "But then you have to keep in mind that a small portion (15 percent) aren't sexually active and a larger portion (30 percent) claim to be completely monogamous and at no risk. I don't know whether I can argue with them."

Nine of 10 people in the survey — 409 single people, ages 18 to 39, who were randomly selected by the research team — said that if you have sex one time with someone carrying the AIDS virus, you're going to get the disease.

"Those are obviously odds that you

wouldn't want to play Russian roulette with," says Keeter.

"Almost half of those surveyed — 92 percent who described themselves as heterosexuals and the rest, homosexual or bisexual — believed that there is just a one-in-a-million chance of catching AIDS by drinking from the same glass as an infected person."

"We didn't really know what to expect from the survey," Keeter said. "We felt certain that people who consider themselves at risk would change their behavior because the disease is fatal."

"That isn't to say that many people think they're likely to get the disease. People's perception of how likely they are to run into the infection affects their tendency to change."

And, Keeter admits, he's unsure that heterosexuals who travel in strictly heterosexual circles and engage in monogamous sex aren't correct when they insist the disease won't touch them.

"A lot of people say, 'It can't happen to me,'" Keeter said. "I'm still undecided about that type of rationale. They may be right — depending on their lifestyle. After all, the percentage of heterosexuals that get AIDS through heterosexual sex is very low. Who's to say that their reasoning isn't rational?"

At the root of many heterosexuals' reluctance to change seems to be the myth that AIDS is — and always has been — a "gay disease."

National statistics show that about two-thirds of all cases occur in homosexuals (25,306 as of July 20, 1987) or bisexuals (2,899). But that leaves a large number of cases striking intravenous drug users (6,288) or heterosexuals (1,484) as well as people affected through tainted blood transfusions (348) and babies born with the disease (533).

Although there is no known cure, everyone from the surgeon general to the local pharmacist will say the next best thing to abstinence in the battle against AIDS is the use of condoms. They're turning up in some traditionally unusual places — vending machines in restaurants and hotels to women's purses.

One local manager said his

decision to put condom machines in the men's and women's bathrooms of his restaurant wasn't any great moral dilemma.

A salesman came in the door, he said, and told him he would put the machines in for free and the manager could get a small portion of the profits. The manager responded, "No sweat off my (back)."

Two summers ago, Judith Bradford, a member of the VCU AIDS Advisory Council, conducted a survey exploring the effects of AIDS, then still a widely misinterpreted disease, on the homosexual community. Even at that time — when there had been fewer than 20 cases of the disease reported in Richmond — the community was partially paralyzed with fear, and the homosexuals were changing their ways.

"That first survey showed that 43 percent of non-monomogous gay men changed their behavior in 'high risk' sex activities because of the disease," said Bradford, who is currently collaborating with Keeter on a follow-up study.

Still, lack of knowledge and denial of the disease's danger, she said, caused many not to act. Not one of the hundreds surveyed then knew anyone personally with the disease.

Most gays in the area now know somebody with AIDS, she said.

"It's an accepted fact that most people won't change their behavior until they feel personally threatened," Bradford said. "Until it hits home, it's not realistic that people change. Gays in Richmond have been more afraid but that's not necessarily the case anymore."

Bradford and the survey research department at VCU have been enlisted by the state board of health to conduct a statewide survey of gay men, which should be completed in the next year, giving experts an even better idea of the emotion and actions of Virginia homosexuals.

Bradford suggests that the results will be more of the same — men cutting back on their number of lovers and reducing their participation in sex without the use of condoms or with affected persons.

"More AIDS cases in Richmond have brought the danger home to the gay community," Bradford said.

What many gays don't want on their conscience is the blame for the disease.

Experts vary on how AIDS entered the United States, but agree that while homosexuals have played a role in spreading it, to say they have caused the disease is unjust — and unfair.

"This is a disease everyone needs to deal with regardless of whose fault it ultimately is, if anyone's," says Douglas Durso, 26, vice president of VCU's Gay Student Alliance. "It isn't a male disease or female disease or straight disease or gay disease."

"People can't just ignore the disease and its effects. It's not just a change in lifestyle it will take — but a change in our thinking about love and sex."

# How do media portray people with AIDS?

by Colleen Burke

People hear about AIDS on television and read about it in newspapers. Media coverage of AIDS-related issues has increased, but members of the gay community say the media coverage might be dangerously misleading to the general public.

And homosexuals in Richmond say the media have wrongly portrayed AIDS as a gay man's disease.

One homosexual male said he thinks the media has reinforced the idea that homosexuals are primarily responsible for AIDS.

A retired school teacher, he said a perfect example of the media's bias was in the Oct. 13, 1987, issue of *The Richmond News Leader*, when it spoofed a homosexual AIDS event in a political cartoon.

The cartoon appeared two days after the national homosexual and lesbian march in Washington, D.C., where an estimated 200,000 to 500,000 protested

**People read newspapers to clue in on life, and those who saw the AIDS quilt cartoon were given a very perverted view — one that blames AIDS on homosexuals and drug abusers"**

**— Kevin Moseley, VCU graduate student**

discrimination and demanded more money for AIDS research.

Highlight of the march was the unraveling of the AIDS quilt that bore the names of 1,900 deceased AIDS victims.

The *News Leader* cartoon depicted two figures — one a homosexual and the other an intravenous drug user — sewing squares in the AIDS quilt. Underneath the picture of the homosexual was the word "Sodomy" and under the picture of the drug user were the words "I.V. Drugs."

Beneath the drug user was a minute square titled "Other," which was meant to represent that the heterosexual community comprises only a small percentage of the total number of AIDS cases.

The cartoon also suggested that the homosexual enjoys his position on the quilt, as he was shown singing while his name was being sewn on the quilt.

Kevin Moseley, a graduate student at Virginia Commonwealth University and member of the VCU Gay and Lesbian Alliance, said the cartoon was "a prime example that yellow journalism (sensationalism) has made its return with AIDS."

"People read newspapers to clue in on life, and those who saw the AIDS quilt cartoon were given a very perverted view — one that blames AIDS on homosexuals and drug users."

Moseley called the cartoon "sick," saying that the AIDS quilt was in memory of deceased AIDS victims.

"People are dead from that virus, and the cartoon mocked this event," said Moseley. "It's frightening that a few people (in the media) could actually print it."

Anyone who gets AIDS is innocent, he said, regardless of whether the victim was a homosexual or an I.V. drug user.

However, Ross MacKenzie, the editorial page editor for *The News Leader*, said he didn't think the picture was spoofing the 1,900 people who died of AIDS.

The cartoon, he said, was meant to relay a message to the public "that the disease usually occurs from two basic actions — I.V. drug use and anal intercourse — although I think that they would

**"...I think that the cartoon was more of a spoof on the demands that the homosexuals were marching for."**

**—Ross MacKenzie  
editorial page editor,  
The Richmond News  
Leader**

prefer not to have it called that either.

"I think that the cartoon was more of a spoof on the demands that the homosexuals were marching for."

Judith Bradford, a sociologist at VCU, agreed the media have mistakenly covered AIDS as a strictly gay issue.

"Although the gay community has been greatly affected, the media's portrayal of homosexuals and drug users as the parties responsible for AIDS has led the heterosexual community into false security," she said.

If the media had not portrayed the homosexuals and drug abusers as the only contributors of AIDS, and if the media had had more coverage of AIDS transmission when the disease was first spotted in 1981, then a lot of people might not have AIDS now, Bradford said. "The media should have informed heterosexuals earlier that they were susceptible," she added.

One homosexual male, who is a VCU student, said he believes that the media's conservative attitude — their hesitancy to fully report on AIDS — is a form of what he termed "homophobia" — heterosexuals' fear of homosexuals.

"The media have merely printed or broadcasted the heterosexual's fears of homosexuality, and the media have accomplished this by making AIDS largely a gay disease," he said.

In addition to the media's practice of blaming AIDS on homosexuals and drug users, the gay community also faults the media with having only published information on AIDS within the past two years.

"I had to find my information from smaller, independent bookstores that were gay-owned," said one

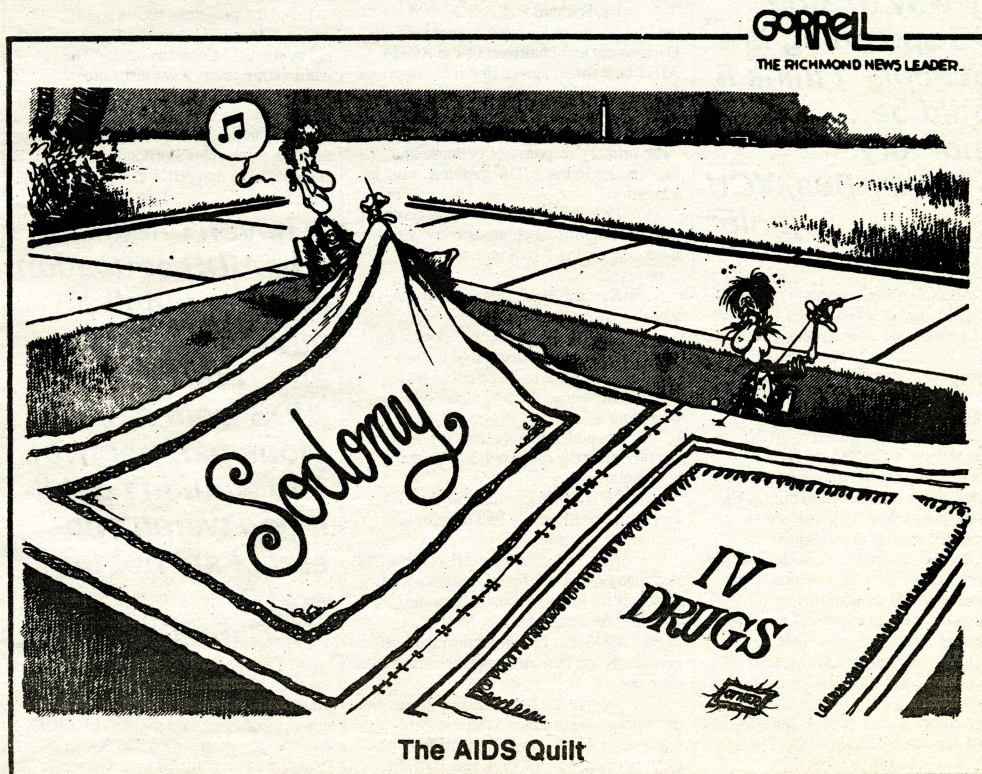
**"Although the gay community has been greatly affected, the media's portrayal of homosexuals and drug users as the parties responsible for AIDS has led the heterosexual community into false security."**

**—Judith Bradford,  
VCU sociologist**

homosexual who recently moved to the Richmond area.

The independent bookstores, he said, seemed to be selling the material mainly to gay men, but now that AIDS is affecting more heterosexuals, the bookstores are selling to everyone.

And finally, "more and more bookstores are carrying information on AIDS," he said.



**The AIDS Quilt**

Gay leaders responded to this cartoon depicting the gay and lesbian march in the nation's capital in October.

# Universities implement special AIDS programs

## Virginia colleges offer information, classes for students

by Melissa Davis

They'll come to your classroom, your dormitory or to your home.

They want to talk about sexually transmitted diseases.

This group of Virginia Commonwealth University student volunteers — trained to educate other students about disease prevention — constitute one of the many Acquired Immune Deficiency Syndrome (AIDS) education programs that Virginia college students are beginning to

**"Most students think those who have AIDS are only drug users or homosexuals... The only way to stop AIDS spreading is education. I think it should be mandatory."**

**—Maury Bas, VCU junior**

see on their campuses.

At VCU, three students make up the peer sexuality group. Trained by Student Health Services, the student educators will speak just about anywhere, to any VCU group about the prevention, detection and treatment of sexually transmitted diseases, including AIDS.

To combat the spread of AIDS, administrators at VCU and Virginia colleges say they recently have instituted new programs or continued existing ones, such as the peer sexuality group and residence hall education programs.

Betty Reppert, assistant director for health promotion at VCU, said one of the controversies is sex education. Sex education, she said, is important to combat the spread of AIDS, but some believe that increased sex education promotes sexual promiscuity. That belief, she said, is unfounded.

Another barrier schools have faced is lack of support by administrators who said AIDS is not a problem on their campuses; therefore, AIDS education is unnecessary.

Doug Conaway, national coordina-

tor of the American College Health Association's (ACHA) AIDS project, said it is the West Coast schools — Stanford and the University of California at Berkeley — that inspired many of the colleges in the East to set up programs on AIDS education for their students.

But Conaway said he thinks many college officials are changing their minds.

"As the threat of AIDS gets worse, colleges are seeing the necessity for these programs," he said, adding that a lot of university presidents are afraid of the controversy.

"They're thinking the subject is too touchy right now, but eventually they're finding people are interested in knowing more," he said.

"While in college, students are doing a lot of risky things — things that increase their chances of contracting AIDS," Conaway said.

"Education," he said, "is essential to stem the tide... to reduce spreading."

Dr. Richard P. Keeling, director of the University of Virginia Student Health Department and chairman of the ACHA AIDS task force, agrees that it is important for more schools to get involved.

In an ACHA special report issued in 1986, Keeling was quoted as saying, "The primary response of colleges and universities to the AIDS epidemic must be education."

Programs, he said, should be aimed at dispelling misconceptions many students have concerning AIDS and ways it is contracted.

Keeling emphasized that the AIDS virus is surprisingly fragile.

"It does not swim, nor does it fly," he said. "AIDS is a disease of behavior — people can choose to do or not to do the things that expose them to a risk of acquiring it."

He added that the risk is not in the classroom or the residence hall or the roommate.

"It is in what is done in the classroom or residence hall or with the roommate," he said.

As of now, no cure exists for AIDS and many questions remain unanswered. Researchers know, however, that the Human Immunodeficiency Virus that causes AIDS can be spread through sexual contact, blood transfusions and intravenous drug use.

And everyone should be aware that campuses are not immune to AIDS, Conaway said. College students may be placing themselves at high risk now, he said, and not know it for years.

This is why, Reppert said, students must know that if they are sexually active

they need to practice safer sex. Using condoms, she added, is one of the ways to reduce the risk of contracting the virus.

"But some have attached a stigma to AIDS," she said. "There is a fair amount of pegging it a homosexual disease. We need to dispel these myths."

And in doing so, some colleges have been active.

Some of the state's college education programs distribute pamphlets and show filmstrips about AIDS in residence halls and campus centers, but other programs are more extensive.

Many larger schools have the resources to research and promote lectures, offer classes, display posters, install condom dispensers in residence halls, train student educators and sponsor AIDS researchers and professionals to visit their campuses.

But smaller colleges have limited health promotion departments and a few students who are willing to volunteer time to make the programs successful.

"In some schools, a lot of students are apathetic," Conaway said. "The administrators can't get institutional support."

One of the major barriers Conaway sees in promoting AIDS education is the idea some school officials and students have that AIDS doesn't affect

**"I haven't heard of any AIDS education and I wouldn't attend if there were any. I think about AIDS from a religious perspective; you wouldn't get it if you weren't liberal. I am not liberal."**

**—Camalita Moore, VCU senior**

young, educated, heterosexuals.

Conaway said the ACHA AIDS project, operating with a \$96,000 grant from the Centers for Disease Control (CDC), began last year to act as a resource center for college administrators and students with questions about setting

up an AIDS education program at their colleges.

"We're setting up workshops and developing a decent list of educational speakers and materials that are available to these institutions," he said.

The ACHA, Conaway added, has planned a five-year program providing workshops targeting various regions throughout the country.

One administrator and one student from each target college will be invited to attend a two-day session to meet with ACHA officials and produce an AIDS educational program designed specifically for their college.

For example, he said, in the spring of 1986, UC Berkeley's Student Health Center designed a manual with ideas and suggestions for colleges who want to set up AIDS education programs.

The manual includes suggested questionnaires, definitions of terms and ways to handle situations and prejudices that may occur on campuses.

Since publication, Conaway said, UC Berkeley has received more than 1,200 orders for the \$8 book from colleges across the country.

Many colleges like VCU are developing written guidelines that state procedures and responsibilities for making decisions when a student or staff member gets AIDS.

Conaway said college policies developed thus far state that AIDS incidences will be dealt with on a case-by-case basis.

"Policies generally are to protect the confidentiality of an AIDS patient and ensure that they are not prejudiced in any way," he said.

While AIDS research and educational surveys conducted primarily at the Medical College of Virginia (MCV) have been ongoing for several years, AIDS education for students just recently has taken hold on the campus.

The 16-member VCU AIDS Advisory Committee formed in 1986 was organized to coordinate all aspects of issues arising out of the potential for all infectious diseases including AIDS in the campus community," said Dr. James Kenley, chairman of the department of preventive medicine at MCV.

Kenley said the advisory committee wants to address needs within the institution.

"We're organizing to do that, but we have a ways to go," he said. "We have had a problem getting students to make AIDS education a priority."

Kenley, who said the committee is looking at ways to involve students in

education, instructs an elective AIDS epidemiology class at MCV. He said the class involves an intense study of many facets of the disease and a visit to the state health department. It has been full every semester, he added.

The committee, Kenley said, now is considering adding an AIDS education class to the academic campus.

Although the advisory committee is campuswide, Kenley said it addresses the educational needs on AIDS to the health professional and health students first.

"There is teaching being done, but it is not yet in a systematic way," he added.

Reppert said she has put AIDS programs in place on the academic campus, but she sometimes is frustrated at the lack of student interest. Distribution of literature — pamphlets and newsletters describing safe sex and AIDS — is

**"Condoms fail, but anyone who has sex without knowing their partner or without condoms are raising their risks ..."**

**—Jo Ann Underwood, health educator, Virginia Polytechnic Institute and State University**

frequent, she said, but there is an attitudinal problem when it comes to AIDS.

"They (students) just don't think seriously enough about it," she said.

And 21-year-old Maury Bas, a VCU junior, agrees.

"Most students think those who have AIDS are only drug users or homosexuals," Bas said. "It is getting bad and the only way to stop AIDS spreading is education. I think it should be mandatory."

Bas said he has seen some lectures advertised on campus and would attend one if asked to do so by an administrator.

However, 20-year-old Camalita Moore, a senior, sees things differently.

"I haven't heard of any AIDS education and I wouldn't attend if there were any," she said. "I think about AIDS from a religious perspective; you wouldn't get it if you weren't liberal. I am not liberal."

But Moore said she thinks AIDS education aimed at the general college population may be beneficial.

The general population, Reppert said, is usually her target for education. Videotapes, pamphlets and condoms are available through the Student Health Services to those who come in for counseling or advice.

Student Health Services also plans to put condom dispensers on selected floors in VCU's residence halls, she said.

"We've tried running an AIDS prevention video cassette in the waiting room. And if students are talking when

the video goes on," Reppert said, "all of a sudden they'll start reading or something."

"I think students are a little uncomfortable hearing about sex. We spend a lot of time, even with the peer educators, getting students comfortable talking about their sexuality."

Like others involved with AIDS education at MCV, Reppert said the academic campus health service employees are trained to administer HIV-blood tests and the staff keeps up-to-date on AIDS research.

AIDS testing is available on both campuses and, Reppert said, students receive pre- and post-test counseling.

"We have a few a week come in for testing," she said.

Before an AIDS test, counselors explain that test results are sometimes inaccurate, advising probable test recipients that it can take three months for a carrier to test positive after contracting the Human Immunodeficiency Virus, Reppert said.

"Most counseling needs to be done before blood is drawn because few listen afterward," she said. "They're either so happy to test negative or so distressed."

Although Keeling reports that few actual AIDS cases are on college campuses, colleges and universities contain a population who are on behavioral grounds at risk. Educational activities are of paramount importance.

"Squeamishness about discussing some topics must not become apathy or resistance," he said.

Judith B. Bradford, who has a doctorate in sociology and is a member of the Virginia Commonwealth University AIDS Advisory Council, believes that fear is caused by insufficient knowledge about the disease.

She said a problem concerning AIDS, now prevalent on college campuses, is students' unwillingness to talk about their sexuality.

Because they were not encouraged to discuss it during elementary, junior high and high school, she said, many college students are uncomfortable hearing about it.

"When I ask someone if they're talking to their sexual partner — asking them to use a condom — they're immediately embarrassed. That embarrassment," she said, "could be dangerous (since) we're dealing with an AIDS epidemic."

Bradford, who has conducted numerous studies on people's attitudes toward AIDS in the metropolitan area, said her first survey in Richmond in 1981 disclosed that people needed "good education and a place to talk about it."

She said that too many still think AIDS is a "gay's disease." A 1987 survey indicated that 33 percent of the general population, most heterosexual, had no fear of contracting the disease.

AIDS, however, is no longer a disease of gay men. The Centers for Disease Control reports that between September 1986 and September 1987, heterosexuals and those contracting AIDS through blood transfusions accounted for 8.1 percent of the new AIDS cases, while homosexuals and intravenous drug users accounted for 91.7 percent.

Education, administrators and researchers say, is the only resource against the disease until more is known about its causes and cures.

"I don't see education on campus as a question of 'why?' " said Bradford. "To me, it is 'why not?'"

Jo Ann M. Underwood, health educator at Virginia Polytechnic Institute and State University, said Virginia Tech has a committee of three students, two physicians and various professors who meet every week to discuss AIDS educa-

tion on campus.

It is preparing a television show dealing with AIDS issues to be aired in the dormitories via a campus cable system.

Tech's AIDS education program started two and one-half years ago, and many groups on campus have been involved, she said. Each month a different group designs a poster to display across campus.

In addition, the school distributes AIDS educational material. Every incoming freshman has an ACHA AIDS awareness brochure sent to them before arriving on campus.

Underwood said that Virginia Tech did not develop a separate policy dealing with AIDS, because it is a communicable disease covered in its current policy dealing with communicable diseases.

"We treat this like it is any other disease, on a case-by-case basis," she said.

Underwood said she stresses to students there is no such thing as safe sex.

"Condoms fail, but anyone who has sex without knowing their partner or without condoms are raising their risks," she said, adding that she encourages separating sex from alcohol.

"On the campus, alcohol is the biggest problem. It makes people do dumb things," she said, explaining that a person is less likely to assess the risks of having a sexual encounter while under the influence of alcohol.

Condoms are sold in the bookstore at Virginia Tech and two students have started a condom delivery service on campus.

At the College of William and Mary, students are able to purchase condoms in some campus bathrooms and at the health center, said Dr. Juliette Carow, Student Health Service Director.

She said William and Mary has a written policy concerning AIDS, but there is lack of interest in the educational programs although literature is available

and AIDS specialists have spoken on campus. Since the college recently hired a health educator, Carow said she hopes the programs will be expanded.

Old Dominion University's AIDS program is similar to VCU's. In effect for almost two years, its AIDS task force keeps abreast of new knowledge and organizes educational programs, said Angela Burks, ODU's health educator.

The ODU Student Health Service sponsors lectures, group discussions and videotapes aimed at the entire campus community.

Randolph-Macon, with slightly more than 1,000 students, offers literature and films to interested students, said Mary Odell, an employee at the Student Health Center.

It has implemented an AIDS task force and is currently drafting a policy concerning the disease, she said.

"But our health center is small compared to VCU's or the University of Virginia's," she added, noting that Randolph-Macon has a less extensive AIDS education program than many larger schools.

The AIDS program at the University of Virginia began in 1982 as one of the first in the state. Since then, its AIDS program expanded to include community organizations.

Keeling said in a speech at Berkeley last year that although he feels the University of Virginia, where he teaches, has made great efforts in AIDS education, he believes Virginia Tech is in the forefront of AIDS education on the campuses in Virginia.

This is because of the high volume of student involvement at Tech, he said.

And Reppert agreed. "Sexuality is one issue that students are uncomfortable with," she said. "But for AIDS education to work, they've got to get involved. Education is our answer at this point."



# College-age students among high-risk groups

## *AIDS education needed for prevention*

by Melissa Davis

At the beginning of the 1985 fall semester Cara Vaughn thought she was the only employee at the University of California at Berkeley who was hearing questions from students about Acquired Immune Deficiency Syndrome (AIDS).

But soon, the public information manager at Berkeley's Student Health Center found out she wasn't.

While talking with several other Student Health Center employees, she learned that they, too, had been receiving two to three calls a week about AIDS.

"When I thought it was just me getting them," Vaughn said, "I didn't think much about it. But when 15 others were getting questions, too, that's another story."

Realizing the need for AIDS education on campus, the employees at Berkeley's Student Health Center embarked on the country's first educational campaign aimed at clearing up misconceptions and providing, to students and faculty members, accurate information about AIDS.

Since then, Berkeley has become the model for a growing number of colleges across the country that have implemented AIDS educational programs on campus.

The programs focus primarily on educating college students and employees about AIDS and its prevention.

College administrators have to quit ignoring the threat of AIDS, Vaughn said.

"Many think (if) their campus has no homosexuals, they have no problem with AIDS. That's a ridiculous notion ... AIDS isn't a disease affecting a high-risk group," she said. "It is spread through high-risk behavior."

College, she said, is a time for students to experiment ... to try new things.

"So students are in an environment where high-risk behavior is not uncommon," she said. "It only takes one person, one sexual encounter to give you AIDS. Then you may go for years spreading it to everybody you're sleeping with."

The Centers for Disease Control (CDC) in Atlanta, Ga., says that as of March 25, 1988, 57,024 cases of AIDS were reported in the United States including 31,836 who have died, and more than one million people may be Human Immunodeficiency Virus carriers.

Because of the high incidence of carriers, college-age students should know how important preventing AIDS is, Vaughn said.

Health officials report that students are safe living in the same dormitory, sleeping in the same bed, eating in the same room and swimming in the same pool with an AIDS patient without putting themselves at risk of contracting the virus.

Sexual contact and sharing intravenous needles spread the virus. Surgeon

General C. Everett Koop said condom usage is essential to reduce the risk of contracting — or spreading — AIDS for those who do not abstain from sex.

Robert J. Haverkamp, an Ohio State University attorney and member of the university's AIDS education and research committee, said he believes education is the only weapon to combat the disease right now.

"We're not likely to see a cure for AIDS in the next decade — and college is a point where sexual activity increases.

"Students," he said, "are at the age where they have a certain view of immortality. They think nothing will ever happen to them — that they won't die."

When students leave home, he said, they experience a feeling of freedom, going through sexual experiments, discovering their gay identity and experimenting with drugs.

If they are not aware of the consequences their actions may have, "this freedom could be dangerous," he said. "Especially when you're dealing with a disease that manifests itself in a period anywhere from six months to five or 10 years."

Haverkamp said it is critical for universities to develop written guidelines to follow when dealing with any issues that may arise involving AIDS.

"The sensitivity of the subject may lead to irrational decisions on the part of

administrators if they don't know how these problems should be addressed," he said. "Colleges need to be able to respond in a sensible, meaningful way, without disrupting patient confidentiality or prejudicing the AIDS patient."

Vaughn sees AIDS as a difficult topic to deal with because it embraces many taboos.

"It is clear that people are scared to death and misinformed," she said. "Students on our campuses are thinking if they talk about AIDS, people are going to think they are gay. There are thousands on our campus (UC Berkeley) who are scared and when you're scared and misinformed, you can act in strange ways.

"They're thinking 'that guy looks like a homosexual, I don't want to sit near him. I don't want him in my fraternity.'"

Because AIDS came from Africa, she said, people think it's the Africans' fault for bringing it over here.

"Some think it's a black's disease, some think it's a white's. Misinformation breeds these prejudices," she said.

Students sometimes "get fatalistic and decide that they are going to get AIDS no matter what," she added, so they don't change their behavior.

But, she emphasized, the disease is preventable:

"We have got to make people understand that AIDS doesn't come and get you—you have to go out and get it."

## VCU offers first class on AIDS

by Susan Leshuk

Twenty VCU graduate students are enrolled this spring in the first course about AIDS taught on the academic campus. The course, titled "Social Work Practice and AIDS," is designed to sensitize, educate and prepare students to work with AIDS victims and their families.

It also teaches them ways to provide social work services to assist these people.

"There are so many irrational blocks that show up" when studying the AIDS virus that "you can quickly be disillusioned that nothing can be done," said Martin Schwartz, professor of social work who teaches the class.

He said he focuses the class on "learning how to cope with AIDS."

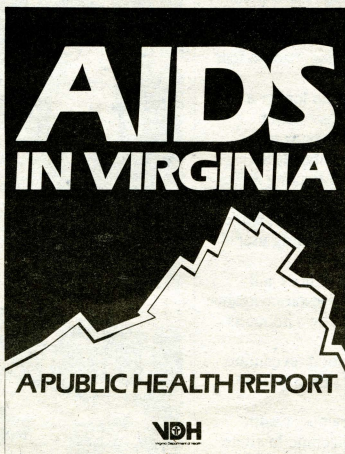
Textbook for the class is "Responding to AIDS: Psychosocial Initiatives" by Carl Leukefeld and Manuel Fimbres.

The course syllabi, which were approved by the university graduate

council, illustrates that students are expected to gain "an increased understanding of the utilization of different social work modalities ... from prevention to direct clinical intervention."

Yet, Schwartz said the course also explores ethics, civil rights, death and dying and ostracism — all relating directly to AIDS.

The big problem with the class, Schwartz said, is to "weave a steady course that still maintains



some optimism" because so many psychosocial issues that accompany AIDS have negative responses.

Schwartz said the class is "always assessing depression as well as optimism."

The course, originally introduced as a topical seminar, educates social work students, mental health workers, nurses, counselors and volunteers in five units of study.

The first unit deals with "general information about positive sero, ARC and AIDS." The second with AIDS

and the social welfare system that includes legalities.

Unit three focuses on the roles and functions of social work in education and prevention of AIDS, while the final two units concentrate on clinical issues and techniques.

Students, faculty and others who enroll in the course will find an extensive list of readings on the syllabi to aid them in understanding AIDS and its problems.

"Students," the social work professor said, "are brave exposing themselves" to a class with this content, which he calls "very difficult."

Schwartz, however, emphasized that the class is an "absolute must" to help develop "prevention programs."

The class, he said, should be open to all students in the future and "content (on AIDS) should be touched in every course" at the university.

For more information about the class, call Schwartz at 367-1044.

# RAIN, 3 lawyers help patients with legal rights

by Judy Willis

The mail and telephone inquiries come every day — the numbers continue to grow. People need help and don't know where to turn. They have questions that need answers.

These inquiries come from people in Richmond who are concerned about Acquired Immune Deficiency Syndrome (AIDS) and their legal rights, said Norma H. Schanz, executive director of the Fan Free Clinic Inc. and the Richmond AIDS Infor-

***"Most will bow under to become part of the welfare system rather than bring further discrimination against themselves and their families."***

**—Norma Schanz**

tion Network.

Now, said Schanz, a service to meet that need — free legal consultations — is available at the clinic every Monday night.

Three Richmond attorneys have volunteered to provide one-on-one informational consultations and referrals regarding all AIDS issues from school and employment discrimination to financial planning of wills and estates, she said.

Schanz said she has found that the legal impact begins with being "perceived" to be connected in any way to AIDS.

"If you are perceived as gay, perceived as a drug user, perceived as a hemophiliac, perceived as a transfusion receiver, perceived to be from Haiti or Africa or have family members with AIDS, you'll know discrimination," said Schanz.

She referred to known cases of hospitalization where selective blood testing was done and the patient wasn't aware of it. Also other cases where the patient had negative test results, yet were still put in isolation. All done because they are perceived to be at risk.

People are refused dental care because they are perceived at risk or have a positive blood test indicating exposure to the AIDS virus, said Schanz. So one of the clinic's primary functions, she said, is to refer these people to physicians willing to treat them.

So far there have been 90 diagnosed cases of AIDS in Richmond, Schanz

said, with an estimated 6,000 people infected by the virus. New cases and cases diagnosed elsewhere are not part of the 90, she said.

Many of the cases involving legal issues against the AIDS victims could be resolved in their favor, Schanz explained, but the problem is that many don't want the added public exposure. She said they want persuasion rather than litigation.

"Most will bow under to become part of the welfare system rather than bring further discrimination against themselves and their families," Schanz said.

So any person connected to AIDS is in a vulnerable and isolated position, she said, and is subject to discrimination.

Protection against discrimination is a well-established function of law. And two laws — one federal and one state — are coming to the forefront in AIDS cases.

In March 1987, in a case before the U.S. Supreme court, the court ruled that a teacher afflicted with tuberculosis, a contagious disease, was a handicapped person protected by the federal rehabilitation act.

While this case wasn't about AIDS, the court stated that a handicapped person couldn't be discharged because of the person's contagious condition or the unsupported fears that others may become infected.

On a state level, AIDS is being treated as a covered handicap under most state handicap discrimination statutes.

The Virginians with Disabilities Act effected July 1, 1985, covers all private employers not subject to the federal rehabilitation act.

Persons with disabilities under this statute, concurrent to the federal act, are ones who have "a physical or mental impairment which substantially limits one or more of such person's major life activities." This includes physical conditions caused by the illness.

Schanz said she thinks the major legal issue is the right to hold a job. Many companies in Richmond are forming affirmative action policies that aren't discriminatory and are developing management and employee education programs about AIDS, she said.

She named Blue Cross-Blue Shield of Virginia, Virginia Power company and DuPont as three companies formulating and providing education and policy in the workplace.

At Blue Cross-Blue Shield of Virginia, human resources' director of community relations, Suzanne Munson, said her company is in the middle of a newspaper campaign offering a free publication to the public titled "AIDS: No-nonsense Answers."

"In less than a week we have had a response of over 200 requests, and the publication is also being sent to our customers," said Munson.

A personnel policy is being drafted, Munson said, as is AIDS information and education for management and employees.

A few AIDS victims have had good

experiences with a support system being provided by their employers and fellow workers, said Schanz. AIDS education, she said, is a key factor in positive experiences.

Yet most will get fired or told they should resign so the workplace will not be harmed by the fact they have AIDS, said Schanz.

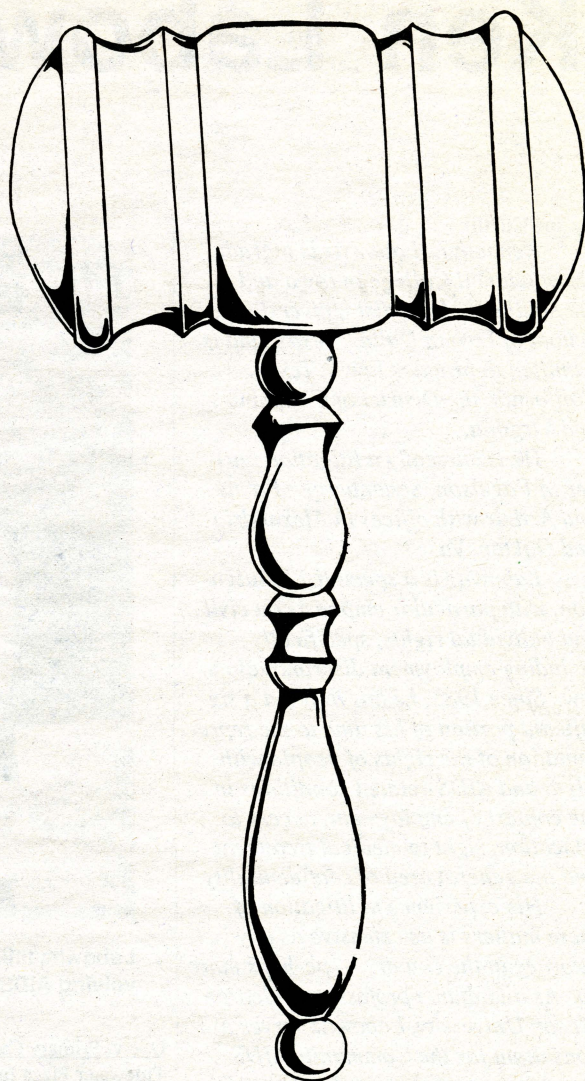
"As the life span of the AIDS victim increases, I do think you will see more litigation," she said.

Schanz predicts that as localities become more familiar with treating and maintaining AIDS patients, the life span will increase.

For instance, she cited that the life expectancy of patients with AIDS was six to nine months when AIDS was first discovered in the early 1980s. This already has increased to one to two years after diagnosis, Schanz said, with some exceptions going three to four years.

***"If you are perceived as gay, ... a drug user, ...hemophiliac, ... transfusion receiver, ... from Haiti or Africa or have family members with AIDS, you'll know discrimination."***

**—Norma H. Schanz,  
executive director of the Fan Free Clinic  
Inc. and the Richmond AIDS Information  
Network**



# Ken Labowitz defends AIDS victims

## Prominent attorney says

by Joe Curtin

*Kenneth E. Labowitz is a graduate of Ginnell College in Iowa and of the Southern Methodist University School of Law in Dallas, Texas, and is admitted to practice law in Texas, California, the District of Columbia and Virginia.*

*He is currently a litigation partner of Fagelson, Schonberger, Payne and Arthur with offices in Alexandria and Oakton, Va.*

*Labowitz is a specialist in litigation, with particular emphasis on civil and individual rights, specifically including employment discrimination law. Since 1985, he has devoted a significant portion of his time to the representation of the rights of people with AIDS and AIDS-related conditions in the context of employment, access to education, right to medical treatment and the general area of confidentiality.*

*His experience in litigation of these matters is as extensive as any attorney in the country — perhaps more so. As an adjunct professor at George Mason University, Labowitz serves as a consultant for the Community AIDS Consultants program at the Center for Health Promotion at George Mason.*

*The nationally prominent attorney also chairs the City of Alexandria Task Force on AIDS.*

*He recently represented a 5-year-old plaintiff seeking reinstatement to Fairfax County public schools because of her AIDS affliction.*

*Labowitz responds to questions asked by Joe Curtin, an urban affairs reporting student.*

**Q. What were three major cases concerning AIDS that you have handled?**

**A.** The first were Goodfellow v. Quinn Patent Drawing Inc., and King v. EDS, Inc. These were the first lawsuits in Virginia and Maryland alleging the discrimination in employment against persons with AIDS. The second case was Rice v. Bloomer. This case was significant in that it was the first suit in the United States seeking reinstatement of a public school teacher with AIDS. Lastly, in



Photo by Joe Curtin

**Labowitz talks about the stigma and hysteria he sees when he handles cases involving AIDS victims. He says it's unlike anything he has ever seen.**

Doe v. Primary Care Corporation and Wolfe v. Tidewater Pizza Inc., these were additional suits alleging discrimination in employment based upon AIDS, among the first in the country in this area.

**Q. What laws do you think need to be enacted to protect AIDS patients?**

**A.** Laws are not the solution to protecting AIDS victims. It's the attitude of the people in this country that is the problem. However, a law protecting the confidentiality of victims with AIDS is necessary. An employer who calls a doctor to determine whether one of his employees has AIDS is wrong. It is really stupid to fire someone because they have AIDS.

**Q. What laws should be established to protect other people such as hospital employees?**

**A.** Hospitals don't need laws; they need to practice good medical techniques to protect employees. I see no risk to hospital employees concerning AIDS if the proper procedures are followed. You don't see laws protecting hospital employees from such diseases as hepatitis B, do you? There are some 200,000 cases of hepatitis B each year in this country and no law exists to protect employees from this disease. Meningitis is a bad disease and again, no law exists concerning this. But a child with AIDS, now that's big news!

**Q. What law are you using to defend your clients with AIDS?**

**A.** There are two laws actually—one federal and the other state. Each are complementary. Under the Rehabilitation Act of 1973, handicapped persons are protected from discriminatory practices. Hence, AIDS patients are protected in the same way as the handicapped. What is becoming a problem is that there is no law governing the confidentiality of AIDS patients.

**Q. How many AIDS patients have you represented?**

**A.** I've represented about 80-90 clients, including two people who didn't even have AIDS. In one of those cases, someone wrote an anonymous letter to my client's employer stating he had AIDS. The employer then notified my client that he must take an AIDS test or be fired. My client simply said "no" and then challenged his employer to get one first. Interesting case. I have also represented six children and 10 to 15 women.

**Q. We've been hearing about AIDS victims finding problems with housing. Why do you think this will continue to happen in a democratic society?**

**A.** This is certainly going to be a long-term problem. The homeless issue of the 1990s will include several hundred thousand AIDS victims.

# Ken Labowitz defends AIDS victims in courtroom

## Prominent attorney says more laws not solution

by Joe Curtin

Kenneth E. Labowitz is a graduate of Ginnell College in Iowa and of the Southern Methodist University School of Law in Dallas, Texas, and is admitted to practice law in Texas, California, the District of Columbia and Virginia.

He is currently a litigation partner of Fagelson, Schonberger, Payne and Arthur with offices in Alexandria and Oakton, Va.

Labowitz is a specialist in litigation, with particular emphasis on civil and individual rights, specifically including employment discrimination law. Since 1985, he has devoted a significant portion of his time to the representation of the rights of people with AIDS and AIDS-related conditions in the context of employment, access to education, right to medical treatment and the general area of confidentiality.

His experience in litigation of these matters is as extensive as any attorney in the country—perhaps more so. As an adjunct professor at George Mason University, Labowitz serves as a consultant for the Community AIDS Consultants program at the Center for Health Promotion at George Mason.

The nationally prominent attorney also chairs the City of Alexandria Task Force on AIDS.

He recently represented a 5-year-old plaintiff seeking reinstatement to Fairfax County public schools because of her AIDS affliction.

Labowitz responds to questions asked by Joe Curtin, an urban affairs reporting student.

**Q. What were three major cases concerning AIDS that you have handled?**

A. The first were *Goodfellow v. Quinn Patent Drawing Inc.*, and *King v. EDS, Inc.* These were the first lawsuits in Virginia and Maryland alleging the discrimination in employment against persons with AIDS. The second case was *Rice v. Bloomer*. This case was significant in that it was the first suit in the United States seeking reinstatement of a public school teacher with AIDS. Lastly, in



Photo by Joe Curtin

Labowitz talks about the stigma and hysteria he sees when he handles cases involving AIDS victims. He says it's unlike anything he has ever seen.

*Doe v. Primary Care Corporation* and *Wolfe v. Tidewater Pizza Inc.*, these were additional suits alleging discrimination in employment based upon AIDS, among the first in the country in this area.

**Q. What laws do you think need to be enacted to protect AIDS patients?**

A. Laws are not the solution to protecting AIDS victims. It's the attitude of the people in this country that is the problem. However, a law protecting the confidentiality of victims with AIDS is necessary. An employer who calls a doctor to determine whether one of his employees has AIDS is wrong. It is really stupid to fire someone because they have AIDS.

**Q. What laws should be established to protect other people such as hospital employees?**

A. Hospitals don't need laws; they need to practice good medical techniques to protect employees. I see no risk to hospital employees concerning AIDS if the proper procedures are followed. You don't see laws protecting hospital employees from such diseases as hepatitis B, do you? There are some 200,000 cases of hepatitis B each year in this country and no law exists to protect employees from this disease. Meningitis is a bad disease and again, no law exists concerning this. But a child with AIDS, now that's big news!

**Q. What law are you using to defend your clients with AIDS?**

A. There are two laws actually—one federal and the other state. Each are complementary. Under the Rehabilitation Act of 1973, handicapped persons are protected from discriminatory practices. Hence, AIDS patients are protected in the same way as the handicapped. What is becoming a problem is that there is no law governing the confidentiality of AIDS patients.

**Q. How many AIDS patients have you represented?**

A. I've represented about 80-90 clients, including two people who didn't even have AIDS. In one of those cases, someone wrote an anonymous letter to my client's employer stating he had AIDS. The employer then notified my client that he must take an AIDS test or be fired. My client simply said "no" and then challenged his employer to get one first. Interesting case. I have also represented six children and 10 to 15 women.

**Q. We've been hearing about AIDS victims finding problems with housing. Why do you think this will continue to happen in a democratic society?**

A. This is certainly going to be a long-term problem. The homeless issue of the 1990s will include several hundred thousand AIDS victims.

Already, it is difficult for AIDS victims to find employment, get insurance, or find other means to borrow money. The federal government is going to spend hundreds of millions of dollars in the next decade alone to care for these victims. Boy, this is going to be a hot issue. AIDS patients require long-term care. Can you imagine 20 percent of MCV resources being dedicated to AIDS patients? What about a hospice center for children or a gay men's AIDS center? Are communities going to tolerate having these facilities right down the street? People in society need to be educated, otherwise discrimination will escalate.

**Q. What rights do insurance companies have to require HIV testing before approving a policy? What is your stand on this issue?**

A. First, it is the role of insurance companies to determine what risks exist before policies are written. The problem I see with requiring HIV testing is that the requirement becomes sort of a disincentive for people to find out if they are sick to avoid losing coverage. In my opinion, the insurance companies are reacting in an economically reasonable fashion. However, we are going to have to pay more for insurance. Additionally, more people with AIDS are going to be placed in public health care facilities—so it's going to cost everyone.

**Q. AIDS victims say they are being denied health-care rights. How much of this is a legal issue now and in the future?**

A. Tremendous! I have a lawsuit pending right now concerning health-care rights. Physicians simply do dumb things. They are not supposed to discriminate; this is against the Hippocratic oath. I imagine some doctors feel they will lose patients because patients do not want to see doctors who treat AIDS victims. I don't understand how our society can accept people with so many diseases, then, turnaround and demand that AIDS victims be treated in separate facilities. This is crazy! AIDS is not a good disease, but it's not as contagious as others are known to be—like hepatitis B.

**Q. Presently, some education officials have denied children carrying the AIDS virus from attending school. Is this a form of discrimination?**

A. Let me put it this way, they are going to get their rearends sued. Henrico County is soon going to face this. There is not a school system in the country that can prevent children from attending classes. Moreover, there is not a reputable doctor in the country who can say AIDS is hazardous to other school children through normal interaction in a school environment. Any school policy designed to prevent children with AIDS from attending classes is counterpro-

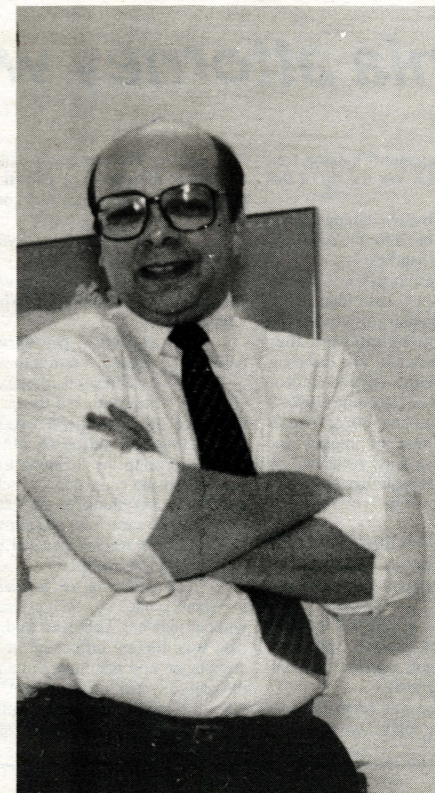


Photo by Joe Curtin

Labowitz stands to emphasize the point that the attitude of people is the major problem in dealing with AIDS cases.

ductive in treating them for the disease.

**Q. What confidentiality or privacy laws exist concerning the positive results of an AIDS test?**

A. Right now, zero in Virginia. There are only ethical guidelines for doctors to follow when considering the release of patient information, particularly for public health doctors. It's going to be an expensive and long-term process, but we're going to make some laws.

**Q. It has been suggested there be a law requiring premarital testing for those seeking a marriage license. How might this help?**

A. It won't! It's a waste of time. Illinois requires this and now everyone goes to Wisconsin to get married. Basically, a law of this nature will influence people to get married where no such law exists. AIDS testing is expensive. Further, those getting married are usually very low-risk carriers of the disease—in fact, about one in a thousand carry the virus. Additionally, a system will need to be established to deal with the trauma of a positive result and the probability that the marriage will fall

through and the emotional distress thereafter. Mandatory testing will simply force people to go underground, so to say.

**Q. How could it become a felony for anyone to knowingly infect another through the sale of blood or through sexual contact with AIDS?**

A. If the legislators say so, then it can become law, however, this is a weird kind of thing. It is extremely tough to prove that someone knowingly and willingly infected another with AIDS. After such a law is passed, what do you do with offenders? Do you set up separate jail facilities for those who are convicted? How about a camp in Henrico County for all the prostitutes carrying the AIDS virus? There are real problems to face with enforcing such a law.

**Q. Overall, what would be the impact of a law requiring patients to be tested for AIDS prior to surgery?**

A. It's a waste of time and no medical basis exist to require this. Look at it from the patient's viewpoint, shouldn't they have a right to know if their surgeon has been tested for AIDS? What about a law requiring nurses to be tested? It's a two-way street as far as I'm concerned.

**Q. What would be the implication of a law requiring all Virginians beyond the age of 5 to be tested for AIDS?**

A. That's a wonderful image, isn't it? Can you imagine the AIDS police trying to gather children out the countryside in Southwest Virginia to see if they have been tested for AIDS. Our Virginia forefathers like George Washington, Thomas Jefferson, and Patrick Henry fought hard to protect the rights of individuals. And now, to even think of requiring our children to be tested for AIDS is absurd. What a waste of money this would be!

**Q. Should there be a law requiring AIDS carriers to inform health-care professionals when seeking medical treatment?**

A. It's a nice thing, yes. However, there is a moral obligation for health-care providers to act responsibly and treat the patient in a respectful environment. To do otherwise is wrong.

**Q. How long do you predict it will take to make people realize the legality of defending AIDS patients?**

A. That's a reasonable question. Although the learning curve is faster than the erasure, I predict it will be a couple of years before we see the blatant discrimination cases that we are encountering now to finally become a rarity.

# AIDS victims in courtroom

## More laws not solution

Already, it is difficult for AIDS victims to find employment, get insurance, or find other means to borrow money. The federal government is going to spend hundreds of millions of dollars in the next decade alone to care for these victims. Boy, this is going to be a hot issue. AIDS patients require long-term care. Can you imagine 20 percent of MCV resources being dedicated to AIDS patients? What about a hospice center for children or a gay men's AIDS center? Are communities going to tolerate having these facilities right down the street? People in society need to be educated, otherwise discrimination will escalate.

**Q. What rights do insurance companies have to require HIV testing before approving a policy? What is your stand on this issue?**

**A.** First, it is the role of insurance companies to determine what risks exist before policies are written. The problem I see with requiring HIV testing is that the requirement becomes sort of a disincentive for people to find out if they are sick to avoid losing coverage. In my opinion, the insurance companies are reacting in an economically reasonable fashion. However, we are going to have to pay more for insurance. Additionally, more people with AIDS are going to be placed in public health care facilities—so it's going to cost everyone.

**Q. AIDS victims say they are being denied health-care rights. How much of this is a legal issue now and in the future?**

**A.** Tremendous! I have a lawsuit pending right now concerning health-care rights. Physicians simply do dumb things. They are not supposed to discriminate; this is against the Hippocratic oath. I imagine some doctors feel they will lose patients because patients do not want to see doctors who treat AIDS victims. I don't understand how our society can accept people with so many diseases, then, turnaround and demand that AIDS victims be treated in separate facilities. This is crazy! AIDS is not a good disease, but it's not as contagious as others are known to be—like hepatitis B.

**Q. Presently, some education officials have denied children carrying the AIDS virus from attending school. Is this a form of discrimination?**

**A.** Let me put it this way, they are going to get their rearends sued. Henrico County is soon going to face this. There is not a school system in the country that can prevent children from attending classes. Moreover, there is not a reputable doctor in the country who can say AIDS is hazardous to other school children through normal interaction in a school environment. Any school policy designed to prevent children with AIDS from attending classes is counterpro-

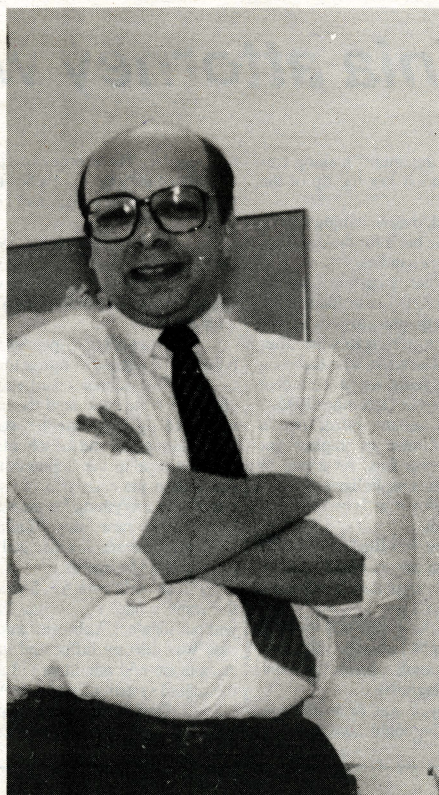


Photo by Joe Curtin

**Labowitz stands to emphasize the point that the attitude of people is the major problem in dealing with AIDS cases.**

ductive in treating them for the disease.

**Q. What confidentiality or privacy laws exist concerning the positive results of an AIDS test?**

**A.** Right now, zero in Virginia. There are only ethical guidelines for doctors to follow when considering the release of patient information, particularly for public health doctors. It's going to be an expensive and long-term process, but we're going to make some laws.

**Q. It has been suggested there be a law requiring premarital testing for those seeking a marriage license. How might this help?**

**A.** It won't! It's a waste of time. Illinois requires this and now everyone goes to Wisconsin to get married. Basically, a law of this nature will influence people to get married where no such law exists. AIDS testing is expensive. Further, those getting married are usually very low-risk carriers of the disease—in fact, about one in a thousand carry the virus. Additionally, a system will need to be established to deal with the trauma of a positive result and the probability that the marriage will fall

through and the emotional distress thereafter. Mandatory testing will simply force people to go underground, so to say.

**Q. How could it become a felony for anyone to knowingly infect another through the sale of blood or through sexual contact with AIDS?**

**A.** If the legislators say so, then it can become law, however, this is a weird kind of thing. It is extremely tough to prove that someone knowingly and willingly infected another with AIDS. After such a law is passed, what do you do with offenders? Do you set up separate jail facilities for those who are convicted? How about a camp in Henrico County for all the prostitutes carrying the AIDS virus? There are real problems to face with enforcing such a law.

**Q. Overall, what would be the impact of a law requiring patients to be tested for AIDS prior to surgery?**

**A.** It's a waste of time and no medical basis exist to require this. Look at it from the patient's viewpoint, shouldn't they have a right to know if their surgeon has been tested for AIDS? What about a law requiring nurses to be tested? It's a two-way street as far as I'm concerned.

**Q. What would be the implication of a law requiring all Virginians beyond the age of 5 to be tested for AIDS?**

**A.** That's a wonderful image, isn't it? Can you imagine the AIDS police trying to gather children out the countryside in Southwest Virginia to see if they have been tested for AIDS. Our Virginia forefathers like George Washington, Thomas Jefferson, and Patrick Henry fought hard to protect the rights of individuals. And now, to even think of requiring our children to be tested for AIDS is absurd. What a waste of money this would be!

**Q. Should there be a law requiring AIDS carriers to inform health-care professionals when seeking medical treatment?**

**A.** It's a nice thing, yes. However, there is a moral obligation for health-care providers to act responsibly and treat the patient in a respectful environment. To do otherwise is wrong.

**Q. How long do you predict it will take to make people realize the legality of defending AIDS patients?**

**A.** That's a reasonable question. Although the learning curve is faster than the erasure, I predict it will be a couple of years before we see the blatant discrimination cases that we are encountering now to finally become a rarity.

# State's AIDS victims find legal assistance nearby

## Northern Virginia attorney winning cases

by Judy Willis

A Northern Virginia attorney, Kenneth E. Labowitz, is gaining prominence and expertise as the plaintiff's representative in most of the Virginia AIDS-related discrimination cases — and he now receives telephone calls and inquiries from all over the country.

Labowitz, with a background in cases dealing with sex and race discrimination, says he has handled six lawsuits and represented 75 people with Acquired Immune Deficiency Syndrome. His clients represent four states, North Carolina, Maryland, West Virginia and Virginia.

Labowitz said all his cases were resolved in favor of the plaintiff, but the attorney said the stigma and the hysteria attached to AIDS is unlike anything he's ever seen.

"As a fatal disease it certainly impairs one's life activities," he said. "So there is no way an employer can get away with trying to dispute it (disability)."

"This is discrimination based on our straightforward handicap law," said Labowitz, referring to federal and state handicap discrimination statutes.

Since his involvement with AIDS clients, Labowitz said he has wit-

nessed "unheard-of treatment" making employment discrimination just the tip of the iceberg.

Widespread, overwhelming fear of AIDS seems to be the basis for the discrimination cases Labowitz handles.

His first client, a case in Virginia that was the second AIDS case filed in the country, concerned a graphics artist who was fired when he tried to return to work after being hospitalized. The artist, who had been with the company 12 years, won a settlement in May 1986. He died in December 1986.

Labowitz's second client had a similar situation. Under an employment contract, the client was fired on trying to return to work after hospitalization. He settled with his employer in July 1986 and died in October 1986.

His next case was filed on behalf of a communications operator, who had been hospitalized with an opportunistic infection associated with AIDS.

When the client returned to work everything was all right, Labowitz said, until the insurance department informed personnel of the medical diagnosis.

The employee was fired immediately and was told he could take his coat,

nothing else. The attorney said the employer terminated the employee's health insurance, which was a clear violation of company policy.

He settled on Dec. 4, 1986, and died three days later.

Labowitz's next client was a special education teacher who had been hospitalized with AIDS.

After being suspended with pay and benefits, he wanted to return to work.

The school board gave him two choices: If he continued the case and was reinstated by the court, he would lose all financial support, and the school board would take the case to the Supreme Court, or he could drop the case, and the school board would pay everything for the rest of his life.

The case was dismissed in June 1987 after the teacher decided to continue receiving his payments.

A child with AIDS was admitted to the same school system on Dec. 1, 1987, without incident, Labowitz said. Since his case was directly influential in the child's acceptance and admittance, Labowitz said the school system now has an AIDS policy.

One of his clients, a pizza maker, was fired without question because "some-

body said that somebody said that he had AIDS," Labowitz said.

The pizza maker was reinstated after a month, when he provided a medical report showing he didn't have AIDS. His case was filed for lost wages and is now on appeal to the Virginia Supreme Court.

The problem with this case, Labowitz explained, is that under the disability law a person has to be physically impaired to be protected.

This particular discrimination case is unusual in two ways. First, his client doesn't have AIDS. Second, the case is going through the trial system.

Most schools and employers don't want to litigate, Labowitz said.

"They can't win. They can oppose it, try to wait it out and resist, or put the financial squeeze on, but they can't win," the attorney said.

However, many AIDS cases are not filed. Filing a case, he said, is an open omission that the person is homosexual, bisexual or a drug user, as far as the public is concerned.

They then are harassed by the media and shunned by everyone else, he said.

# Anti-discrimination policy now in federal workplace

by Judy Willis

The first federal AIDS policy prohibiting discrimination against infected government workers and allowing discipline of those who refuse to work alongside people with AIDS became effective March 24.

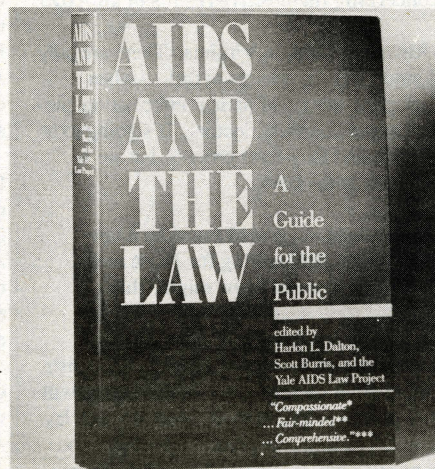
According to the March 22 issue of the Washington Post, the plan now calls for federal agencies to develop ways to tailor and implement the policy.

"The federal government, as an enlightened and compassionate employer concerned with the health and welfare of its employees, has an obligation to show the way in addressing the realities of the AIDS epidemic," wrote Constance Horner, director of U.S. Office Personnel Management, in a memo to agency personnel directors.

Employees infected with the AIDS virus are to work "as long as they are able to maintain acceptable performance and do not pose a safety or health threat." The policy requires that these workers be treated in the same manner as employees who suffer from other serious illness.

The guidelines stipulate that employees who refuse to work with someone with AIDS because of medical reasons may be subject to corrective or disciplinary action.

Horner's directive to the federal agencies



stressed employee education "to increase their understanding of AIDS and to facilitate the proper handling of personnel situations where AIDS is a factor."

Since serious concerns and fears of AIDS in the workplace exist, the policy provides for appropriate

information and counseling.

These guidelines were established after the government came under sharp attack for having no policy for dealing with cases of AIDS in the federal workplace. It developed the new policy with help from the ranks of civil servants attempting to deal on an individual basis with AIDS cases.

OPM deputy associate director of personnel systems and oversight Anthony F. Ingrassia said they "will have a more receptive audience" to the policy, which will offset problems in the workplace before they arise with employee education.

OPM's guidelines list four major parts: maintenance of confidentiality, education, invoking existing government regulations for protecting the handicapped, and prohibiting discrimination.

Quoting the National Centers for Disease Control, OPM reported that casual contact normally occurring among employees, clients and consumers in the workplace doesn't pose a risk for the transmission of AIDS.

Insurance coverage will continue, but not increase, after an employee infected with the AIDS virus becomes seriously ill, according to the guidelines.

If their medical condition warrants, employees with qualified years of service may be eligible for disability retirement, the policy stated.

# Rescue workers handle patients like other victims

by David Morefield

For some people, AIDS is more than a distant threat or an occasional headline. It's a constant concern that affects them every time they go to work.

These people work for emergency and medical services that could expose them to the AIDS virus at any time.

"We have to be constantly alert," said a worker at Tuckahoe Volunteer Rescue Squad Inc., on Horsepen Road. "In the cases where someone tells you they have AIDS, it's no problem (helping them), but many times a victim is unwilling to tell us. Or perhaps he is unable."

Because of this, the worker said, it becomes necessary to treat all patients as if they had the virus. "We don't go overboard though, no masks or gowns," he said. "All our (rescue) units are equipped with rubber gloves, and that's really enough."

The gloves, he said, are needed "be-

cause there's a chance that while using some equipment or administering first aid, you could receive a cut on your hand, and the virus could enter the wound."

As a result, rubber gloves have become important "really, within just the last year," he said.

Other precautions against AIDS, such as continually sterilizing equipment, have been standard practice for some time.

"People today are very conscious of AIDS and how to avoid it," but we've always taken steps to avoid the spread of any infections. There are a lot of viruses, like hepatitis and meningitis, that are much easier to catch than AIDS, and we've been sterilizing against them all along."

Special equipment, he explained, often eliminates the need for prolonged physical contact with patients. For example, a device placed down the trachea to aid in breathing takes the place of mouth-to-mouth

resuscitation.

"General research says that saliva isn't really a threat in spreading AIDS," he said, but added that when the occasion does arise where mouth-to-mouth is needed, "I won't say the thought (of contracting the virus) doesn't enter your mind."

County rescue squads, the worker said, receive training in AIDS treatment and keep up with research through Henrico's Emergency Medical Services Department.

Has the public fear of AIDS cut down on the number of volunteers for rescue work?

"Possibly," he said, "but the kind of person who's willing to stick it out through the training course is not going to be put off by AIDS. Ninety percent of time, they'll help a person out before they even think about asking."

Another group at risk from AIDS is police, who are often the first on the scene of an accident and frequently deal with people who are losing blood.

Last year in Henrico, an attempt by police to prevent a suicide left three officers exposed to the AIDS virus. Events like this have created an interest in forming police procedures for dealing with AIDS victims.

Richmond safety officer Francine Young consults with the police on AIDS safety procedures. She said current precautions involve primarily the use of rubber gloves.

"Right now, all police officers are issued disposable gloves," she said, "which they wear in a little billfold-type device on their belts. There is a mouth-to-mouth apparatus which is also disposable."

Young said that, as yet, there is no official police policy for dealing with AIDS patients, but one is expected. Similar procedures are in the works for all city employees, she said.

"Right now we're at the stage of sitting people down and trying to draw up some guidelines," she said. "We have received some information from the Centers for Disease Control, but it's really not that helpful as far as drawing up an actual step-by-step procedure."

Once finished, the guidelines would apply not only to police, but to "refuse collectors, persons in public works, in recreation and parks — anyone who works out in the environment on a daily basis."

She said the current policy is simply to "encourage employees to wash their hands and provide rubber gloves for those who want them."

Young said part of the new plan could involve having all city workers in high-risk jobs, like the police, tested for AIDS at Stuart Circle Hospital where most city workers are usually treated.

"That way we can create a baseline," she explained. "If a person tests negative then but tests positive later after some event on the job, we can possibly establish a relationship showing they did get AIDS on the job, and that would entitle them to worker's compensation."

Whenever an injured person is delivered to an emergency room, still more people run the risk of exposure to the virus — hospital workers.

Trina Clarke, a nurse at St. Mary's Hospital, said AIDS can be avoided by observing basic rules of common sense in the emergency room.

"Of course, rubber gloves are a standard precaution," she said, "but they're as much for the safety of the patient as for the doctors. Disease can spread easily whenever bleeding is involved."

Clarke said that hospital procedures were designed to control contagious diseases like hepatitis, "and the average person has a 300 percent greater chance of contracting that" than AIDS.

If hospital workers are not told in advance that they are working with AIDS victims, "there are a number of clinical signs to look for — certain types of pneumonia, extreme weight loss, and other chronic medical problems," she said.

"If AIDS has had an effect on how we work, it's probably that it's made us more aware than ever of basic rules of safety. A good rule of thumb is to treat all patients in the emergency room as if they were AIDS carriers."

Precautions against the AIDS virus extend into the blood laboratories as well. Laura Cameron of Richmond Metropolitan Blood Services said care must be taken in analyzing blood for medical tests after donation.

"Many times people are not aware that they have been exposed to the AIDS virus, and so it's essential to test all donated blood before using it," she said.

And when dealing with potentially infected blood, certain precautions are only logical.

"I think you'll find that gloves are a lot more prevalent in blood labs than they were just a few months ago," Cameron said. "Any number of instruments could cut a lab worker and expose them to the virus, but with the gloves the risk of that is much less."

And so the ability of medical and rescue workers to deal with AIDS would seem to count on two things — faith in the findings of medical research and a good supply of rubber gloves.

As one rescue worker put it, "Those gloves are back-ordered something like six months. You know those guys who make them must be making a fortune."



Ambulance personnel now wear gloves to protect themselves against all infectious diseases.

Photo by Colleen Burke

# Concerns, precautions still linger in workplace

by David Morefield

Avoiding AIDS can be relatively simple in private life, but what about the workplace? What are the chances of contracting the disease while in the office?

Linda Lesniak, AIDS education coordinator at the Medical College of Virginia, said the chances of contracting AIDS in the office are pretty slim. However, she added, fear of the disease calls for education of workers and rules to protect those with AIDS from discrimination.

AIDS, she said, is not spread by casual contact with coworkers.

"You can't get it by using the same bathroom, the same office or the same phone," she said. "The fact is there have been less than a dozen people worldwide who have gotten AIDS from being exposed in the office and even those would be hard to prove."

AIDS is a problem that recently has gained much attention from the private sector and many organizations have decided to create education programs for their employees.

"We do consultative work with people in personnel departments who want to do education but don't know where to get the materials like brochures and films," Lesniak said.

When requested by a business, Lesniak will inform workers "from management to labor" often through informal "brown-bag seminars" with question-and-answer sessions.

The biggest part of her job, she said, is "training health-care workers at reducing their exposure on the job. We tell them what the real risks are and how to avoid them."

She said a "real risk" for nurses and doctors employed by private businesses is "needle sticks."

"In a health care office," she said, "needle sticks are not uncommon. There are a lot of diseases that can spread that way, but none has scared people as badly as AIDS."

Others affected by AIDS, she said, are a special personnel placed throughout plants and trained in first aid who have walkie-talkies and respond to medical emergencies.

"They need to know what sort of precautions should be taken," she added.

Caroline Tatum, a nurse at Virginia Power company, said AIDS is handled like any other illness there.

"We feel that people with AIDS are entitled to the same medical benefits as everyone else," and if a person should have to leave the job, "his benefits will not be cut off," she said.

To educate workers about the disease, Tatum said the company used an infectious-disease specialist and sponsored educational sessions with a videotape and a question-and-answer period.

The session was optional, but it had a substantial turnout, Tatum said. "People here are very interested in the subject of AIDS."

Tatum said Virginia Power employees need not fear losing their job because they have AIDS.



Art by Ken Jordan

**Research shows fear of contracting AIDS from casual contact with co-workers is unfounded.**

"We will continue to employ a person as long as he is able to perform," she said.

Lesniak called the program at Virginia Power "very good," saying the company has jumped in with both feet and made a real effort.

"I deal with a lot of AIDS patients

discrimination problems will continue until Virginia has clear laws against it.

"Right now," she said, "it's not against the law in Virginia to fire someone because they have AIDS."

However, she added, since AIDS is an issue of great public concern and since some question remains about whether to

final decision of informing an employer about having AIDS rests with the employee.

Lesniak said the state's policies were designed "as a model for the private sector."

Also, she said, a recent federal court ruling classifies federal workers with AIDS as handicapped, entitling them to all handicapped benefits. As a result, state agencies with any federal funding must comply with this ruling.

"That carries a lot of weight with private industries, too," she said, since many of them receive federal funding as well.

"It's similar to the 55 mph ultimatum," she said, wherein states faced a loss of highway funding if they failed to comply.

Lesniak summed up the situation by saying that some work was being done with AIDS in the workplace but not enough.

"Discrimination," she said, "still exists, and it will continue to exist until the laws are drawn and put to the test in court."

"The problem is, a person with a year or 18 months to live doesn't have the time or the resources to take a case to court."

"And realistically, even if the case comes out in their favor, what have they really won?"

**"You can't get it by using the same bathroom, the same office or the same phone."**

**—Linda Lesniak, MCV AIDS education coordinator**

who feel they've been discriminated against," she said. "They think they've lost their jobs because of AIDS."

The problem Lesniak encounters is conflicting reports.

"There's what the businesses say they're doing, and there's what the employees say is happening, and they're not always the same thing," she said.

The employee, she explained, probably really is being discriminated against, but the employer probably really is being fair too.

"The problem is that fairness is just too difficult to ensure on a grassroots level," Lesniak said, adding that she thinks

classify AIDS victims as handicapped, "most agencies are very cautious. They don't want to get involved in litigation."

Smaller businesses, she said, "aren't always so conscientious. The laws don't apply to them as well."

One of the city's major employers is the Commonwealth of Virginia. Recently state officials have written employment policies to protect AIDS victims.

Under these policies, a state employee cannot be fired simply for having the disease, and a person with AIDS cannot be rejected from employment solely on that basis. AIDS victims are eligible for medical leave with full benefits, and the

# MCV takes lead in treating AIDS patients

by Pauline Uhrain and Linda Vogel

From 1981 to July 1987, 451 cases of Acquired Immune Deficiency Syndrome were diagnosed in Virginia. About 160 of those cases are being treated at the AIDS clinic at the Medical College of Virginia.

MCV has the largest structured service for the treatment of AIDS in the state, said Linda Lesniak, AIDS education coordinator for the infectious diseases clinic at MCV.

The AIDS clinic, which is a part of the infectious diseases clinic, handles everything from routine checkups to treating patients who are seriously ill with AIDS, said Jane Settle, nurse clinician for the clinic.

The clinic serves adults ages 19 and older on an appointment basis. To attend the clinic, a patient must be documented by a physician as HIV-positive and have a preliminary appointment with one of the staff physicians to determine the type of services needed.

The patient then has an "intake interview," including a physical exam, and is connected with clinic services that may include financial, employment, family or grief counseling, and home health care arrangements, psychiatric or medical care, or group work on death and dying.

AIDS patients at the clinic and in the hospital are treated the same as any other patients, with no segregation from other patients because of the disease, Settle added.

As of February 1988, 185 were active, living patients whose cases are being followed.

A breakdown of the AIDS population at the clinic shows 39 percent to be black males, 44 percent white males, 4 percent Hispanic males, 11 percent black females, and 2 percent white females.

A breakdown by risk factor shows that 56 percent contracted AIDS through homosexual male contact, 19 percent through intravenous drug use, 7 percent

through both, 4 percent through blood product contact, 12 percent through heterosexual contact (as compared with the national figure of 4 percent) and 2 percent have a risk factor of unknown origin.

Patients who have tested positive for the AIDS virus but show no symptoms of illness will visit the clinic maybe twice a year. Other patients, depending on the severity of the illness, may visit the clinic weekly, Lesniak said.

"One of our goals is to keep as many (patients) as possible out of the hospital so we see just about everything," Settle said. "We (at the clinic) can cover just about everything that can happen."

Settle said a clinic visit may take from an hour to most of the day, but many patients visit the clinic for reasons other than medical. The staff helps patients deal with financial, employment, family and bereavement issues.

"A lot of what we do is promote psychological comfort. They feel they need to see us," Settle said.

The AIDS clinic, which began in April 1986, operates one day a week with a staff of four infectious diseases physicians, nurses, social workers, laboratory personnel, chaplains, psychiatrists and a host of others who are called as needed.

"We depend on so many services, the staff varies each week," Settle said, depending on the needs of the individual patients.

No totals are available on the cost of AIDS to MCV, but Settle said a study is in progress to assess those costs.

As a state institution, MCV offers indigent care to people not covered by medical insurance and have no other means of paying for medical treatments, including treatment of AIDS.

The first case of AIDS was seen at MCV in 1983, but Settle said, the numbers continue to increase.

"It's been a steady increase all the way along," she said. "Our numbers began to increase dramatically at the point that the HIV testing became available, which was in the spring 1985."

HIV testing determines the presence of the Human Immunodeficiency Virus that causes AIDS.

Settle said the number of patients seen each week at the clinic is constantly rising, although the staff is already being overburdened with the current patient load.

But, she said, the hospital has neither the funds nor the personnel to increase the size of the clinic.

Settle said she is the only full-time employee at the AIDS clinic, and other staff members work in the clinic in addition to their other duties in the hospital.

"We don't really know what's going to happen" concerning the ever-increasing patient load and insufficient space and personnel, she said.

According to data from the state department of health, AIDS, which has an incubation period of two to seven years, has claimed 385 lives in Virginia as of March 8. Nationally, 57,024 cases of AIDS have been reported including 31,836 known deaths from AIDS.

## An AIDS network

Call:

Fan Free Clinic Inc	804-358-6140
Richmond AIDS Information Network (RAIN)	804-355-4428
Tidewater AIDS Crisis Task Force (TACT)	804-423-5859
Public Health Service National AIDS Hotline	800-342-AIDS
National Sexually Transmitted Diseases Hotline/American Social Health Association	800-227-8922
Virginia Department of Health Hotline (Virginia AIDS Hotline)	800-533-4148
National Gay Task Force AIDS Information Hotline	800-221-7044
Medical College of Virginia Nelson Clinic	804-786-9711
Richmond Health Department	804-780-4211
Fairfax County Health Department	703-691-2161
Roanoke City Health Department	703-983-7600
Virginia Beach Health Department	804-523-8890
Whitman-Walker Clinic Washington, D.C.	202-332-5225
Lake Taylor City Hospital Norfolk, Va.	804-461-5001
VCU Department of Social Work Dr. Martin Schwartz	804-367-1044
VCU AIDS Task Force Dr. James Kenley	804-786-9785
VCU Student Health Services Academic Campus	804-367-1212

or Write:

U.S. Public Health Service Public Affairs Office  
Hubert H. Humphrey Building, Room 725-H  
200 Independence Avenue, S.W.  
Washington, D.C. 20201

American Red Cross  
AIDS Education Office  
1730 D Street, N.W.  
Washington, D.C. 20006

Tips on Avoiding AIDS  
Department 588T  
Consumer Information Center  
Pueblo, CO. 81009

Kenneth Labowitz, attorney-at-law  
3211 Jermantown Rd., Suite 210  
Oakton, VA. 22124  
Phone: 703/385-828?



Photo by Colleen Burke

Dr. Lisa Kaplowitz, director of the AIDS clinic at MCV, is widely known for her work in AIDS research.

# AZT offers hope, treatment

## Retrovir only approved drug for AIDS patients

by Pauline Uhrain

Since the discovery of AIDS in 1981, many treatments have been tested. Only one, azidothymidine, more commonly known as AZT, has offered any real hope.

Although AZT is not a cure for AIDS, said Martin Schwartz, a volunteer sociologist working with the Richmond AIDS Information Network (RAIN), it has been phenomenal for those people where it works.

"In 1981, we used to talk about dealing with death; now we are talking about living with AIDS. That's a big change," he said. "Many are taking the position that, 'Maybe this AZT will keep me alive long enough until there is a cure.'"

"John," who preferred that his real name not be used, is one of those people.

A homosexual male in his mid- to late- 20s, John was diagnosed as having AIDS last fall. He began taking AZT about six months ago on his doctor's advice.

John said that before taking AZT, he was tired and had little appetite. Now he is eating more, is more alert and is no longer tired all the time.

He said he has had no side effects from the drug and has had no hesitations about taking it.

"I feel AZT is prolonging my life and it makes me stronger and more alert," he said.

AZT is manufactured under the brand name Retrovir by the Burroughs Wellcome Co. of Research Triangle Park, N.C.

In 1986, of 281 patients enrolled at 12 centers in the United States, 160 were diagnosed as having Acquired Immune Deficiency Syndrome, and 121 with AIDS-Related Complex were randomly assigned to receive a 250-milligram capsule of AZT or a matched-placebo capsule.

AIDS-Related Complex (ARC) is a condition caused by the AIDS virus that results in a specific set of symptoms such as weight loss, fever, night sweats, skin rashes and lack of resistance to infection. The symptoms are less severe than those with the AIDS disease.

After 24 weeks, the study by the Burroughs Wellcome Company ended after the interim analysis showed that only one death occurred among 144 Retrovir recipients compared to 19 deaths among 137 patients on placebos.

Because of the high mortality rate in the placebo-control group, researchers said it would be unethical not to treat all the patients being tested with Retrovir.

The drug was put on the market in March 1985 for use by adult patients older than 13 years of age who exhibited symptoms of Human Immunodeficiency Virus-infection and who had T-4 lymphocyte cell counts of less than 200.

The T-4 cells, which are white blood cells that form a key part of the body's immune system, are killed by the

AIDS virus, thus making a person infected with AIDS much more susceptible to illnesses that normally are not serious.

Retrovir has thymidine as one of its primary ingredients, which until recently was only available from salmon and herring sperm, thus limiting the quantities of Retrovir the company was able to produce.

Lisa Berhens, consumer relations specialist for Burroughs Wellcome, said that because of the limited supply of Retrovir when it first was on the market, Burroughs Wellcome distributed it only to doctors who submitted a written form to the company requesting the drug for a patient.

Now the thymidine is being manufactured synthetically making it possible to produce as much Retrovir as needed.

During mid-September 1987, Burroughs Wellcome lifted its restricted distribution systems, allowing any physician to prescribe Retrovir to patients who might benefit from the drug.

Although there is now sufficient supply of Retrovir at \$188 per bottle of 100 capsules to wholesalers, it translates into an expensive drug for consumers. It costs approximately \$7,000 to \$10,000 a year for a person taking the maximum dosage.

"It's a very expensive drug," said Berhens, but as yet Burroughs Wellcome is seeing no profit from the drug.

She said the company committed between \$180 million and \$200 million to the development and marketing of AZT.

The price being charged for the Retrovir was determined by the cost of research, development and marketing of the drug, she said. At this point, it is impossible to determine how much Retrovir will ultimately cost the company.

"It's hard to get a cost on Retrovir because we had only two years to do (testing) that normally takes 10 to 15 years," she said, pointing out that a lot of the costs are still ongoing in tests.

"Tests will be going on for a very long time," Berhens said, predicting it will be years before a cost to the company can be determined.

Burroughs Wellcome is experimenting in more than 40 clinical long-term tests using more than 5,000 people, which are three to five years from completion.

Here in Richmond the high cost of Retrovir has not presented a major problem, primarily because patients who are not covered by medical insurance are treated at the Medical College of Virginia, a state-operated institution.

MCV has 30 patients from throughout the state on AZT, said Linda Lesniak, AIDS education coordinator at MCV.

Patients whose medical insurance does not cover the cost of the AZT are charged on a sliding scale, dependent on their ability to pay, Lesniak said. Those unable to pay may apply for indigent care funds.

In June 1987, \$30 million was appropriated by the federal government under Medicaid to assist people who were

not qualified under the state disability or reimbursement program to cover the cost of AZT.

The Burroughs Wellcome Co. also has a limited patient-assistance program, which Berhens said is not unusual for a large company when it concerns a life-saving drug that is unusually expensive.

Dr. Kurt Link, a Richmond physician specializing in internal medicine, has 25 patients who are either HIV-infected, have AIDS-Related Complex or AIDS. He said the cost has been a major concern of the four patients he has on AZT.

"None of them can afford it if it's not covered by insurance. I had one patient who had to go to MCV so she could get the AZT, which she could not afford," Dr. Link said. "All my other patients on it have had 80 percent or better insurance coverage."

Dr. Link began treating patients who have AIDS or test HIV-positive about two years ago and is confident of AZT's usefulness.

"The studies look good and the condition is serious, so I did not hesitate to use it," he explained. "Ordinarily I don't use new drugs, but it has shown to be of some help and it's all we've got."

Although he has no hesitations, Dr. Link said many of his patients have

problems can be averted.

For that reason, patients on AZT are required to have blood tests on a weekly basis, she said, which allow the physician to adjust dosage levels before toxicity becomes serious.

Preliminary data suggests that mortality in Retrovir recipients is likely to be 10 percent to 15 percent after one year of therapy.

In contrast, according to statistics from the Centers for Disease Control, mortality in AIDS patients who have had pneumocystis carinii pneumonia is estimated to be about 40 percent to 50 percent after one year.

Schwartz, a sociology professor at Virginia Commonwealth University, said of the patients he works with, those who are HIV-positive and are feeling well and those with AIDS-Related Complex "have ambivalence" to taking AZT, but those with AIDS do not.

"Denial (of the illness) is the biggest thing they struggle with and initially the reactions will be questioning whether (going on AZT) is the right thing to do," Schwartz explained. "There is a lot of unknown that they have to live with constantly, even with the AZT."

Dr. Link said a lot of the unknown comes from the limited time the AZT has been on the market and the lack of test results available.

He said the interaction of AZT with other drugs also is a problem.

"That is a whole unknown area and these patients are on so many drugs (for opportunistic infections). You can call Burroughs Wellcome and say 'I've got someone on so and so,' and they won't know if it will react" negatively with the Retrovir, Dr. Link explained.

It is known that the use of acetaminophen while on AZT decreases its usefulness, but interaction with other drugs has not been studied in a systematic manner.

Although there is no knowledge what the long-term effects of AZT will be, and there are still many unanswered questions, many health-care professionals like Dr. Link have a positive outlook.

"It seems to be putting off the occurrence of AIDS in patients who are HIV-positive. It's a very toxic drug ... I think everybody knows that," he said. "It is certainly not a panacea. I'm certain there will be better things coming along."

But, Dr. Link added, "There is a lot of optimism from doctors about AIDS in general. Everybody recognizes that AZT is a limited drug, but it's all we have at this point."

Other drugs are being tested, which include dideoxycytidine, a close relative of AZT with fewer side effects, and acyclovir, which is being tested for use with AZT.

But whatever the results, researchers report that no drugs or vaccines to cure or prevent AIDS in the general public will be available until well into the 1990s.

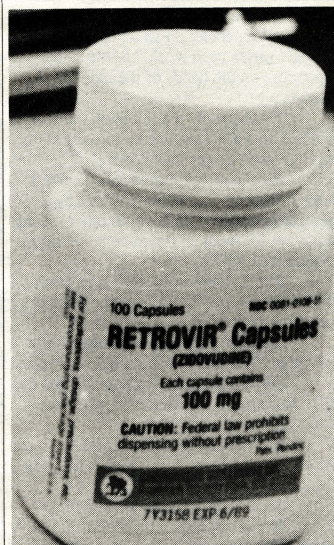


Photo by Colleen Burke

"They are reluctant. They are very wary of the side effects. ... Then when you are talking about the costs besides, they are very reluctant."

Link said the longest he has had a patient on AZT is three months, and he has not had to take any off the drug because of adverse side effects.

AZT is considered a very toxic drug with side effects ranging from headache, nausea, insomnia, vomiting, fever and a severe anemia that may require transfusions and could be fatal.

Lesniak said getting the correct dosage is like a balancing act, but by monitoring the blood marrow closely

# AIDS verified through virus testing

by Colleen Burke

For concerned Americans — heterosexual or homosexual — taking a test for AIDS would seem to be a "sure-fire method" of ending the question of whether one has AIDS.

But for some, not knowing is preferable.

Many members of the male homosexual community, the largest group affected by AIDS, have not taken the test because it could mean confronting the possibility of death.

This test, which determines the presence of the AIDS antibodies, is called the Elisa test. To ensure the certainty of the results, the Elisa test is given a second time if the first test is positive.

If the second test also is positive, an additional one, called the western blot, is performed. The western blot is a more extensive, time-consuming test used to detect the AIDS virus.

Those who test positive on the Elisa and western blot are assumed capable of transmitting the virus. A positive test result does not mean that they have the disease.

Instead, a positive test could mean that the person has AIDS antibody

indicating that the body has been exposed to the AIDS virus.

Medical experts say about 60 percent of the people who have tested positive for the virus have developed AIDS.

"Why bother putting yourself through the agony of the test?" asks one homosexual male, saying that only the person with a negative test will feel safe.

"Those whose test indicates that they have been exposed to AIDS, but still don't have a full-fledged case of AIDS," he said, "will still worry about whether they will someday develop it and die."

Another homosexual student who took the AIDS test, said the two-week wait for his test results were the longest two weeks of his life.

"I thought, my God! What am I going to do if it comes back positive?"

He said he was tested even though he was reasonably certain that he didn't have AIDS because he got caught up in the AIDS mass hysteria. He said he had read so much literature on AIDS that he was "bombed" with the message that homosexuals were at high risk.

Because of the anxiety of waiting for the test's results and the possibility of it being positive, Kevin Moseley, a graduate student at Virginia Commonwealth University and member of the VCU Gay and Lesbian Alliance, said he is opposed to the government's proposal for mandatory AIDS testing.

"I don't think the government is prepared to deal with the psychological and social ramifications of the testing's aftermath."

Moseley said he believes the government lacks the facilities and counselors to counsel all those who would test positive.

"And what will the government do with the millions of people who would lose their minds over a positive AIDS test?" he asked.

One homosexual who said he has not taken the test, a 35-year-old Richmond attorney, said he's "pretty sure that the Elisa will come back negative."

He has not bothered taking the test because he is in good health, and he said



Photo Bob Helber

**A worker tests for antibodies in the blood at the Virginia Blood Services.**

that he hasn't been involved in a sexual relationship in a year. But if he does become involved, he said he plans on practicing safe sex.

Another test on the minds of male homosexuals in Richmond is Donny Connor's test, aimed at determining the psychological impact of AIDS on gay men.

Connor, a licensed, professional counselor in Richmond, is studying the impact of AIDS on the homosexual community.

His study, targeted at gay males because they are the highest risk group, consists of 91 questions that focus on four areas:

- 1) Do gay men in the Richmond area have information on AIDS and is it accurate?
- 2) As a result of having information on AIDS, have gay men changed their sexual practices?
- 3) As a result of AIDS, has the intimacy level in gay men changed?
- 4) What impact will AIDS have on gay men's self-concept?

Judith Bradford, a sociologist at Virginia Commonwealth University who performed a similar study in 1986, found that there were changes in the homosexuals' behavior. She said Connor's test is basically an update of her doctoral dissertation.

Bradford, who is working closely with Connor, said his questionnaire is geared at determining the amount of information that gay men have now compared to the amount of knowledge gay men had in 1986.

"His dissertation will be written on the differences or similarities in information from my study," Bradford said.

Connor, who has handed out the questionnaires at meetings of various gay organizations, said he has no predictions of the outcome of the tests.

Many of these questionnaires are being filled out by Richmond's male homosexuals, and Connor said he also has

examined the results of similar studies in San Francisco and New York City, which have large gay communities.

He said the San Francisco study showed that gay men were very knowledgeable about AIDS, especially about the transmission of the disease.

Connor said that the San Francisco study also showed that a significant number of gay males had changed their sexual relationships by becoming more involved in monogamous relationships and forming more permanent relationships.

The San Francisco data, Connor said, revealed that the stronger a person's self-concept and the better people feel about themselves, the more apt they are to practice safe sex.

"Based on my clinical experience, I think that we'll find that there has been a change to fewer partners and more use of condoms here in Richmond," he said.

Similar studies have been and are still being done in New York City, Connor said. In New York, one in every two homosexuals has been infected, he said, and nationwide, 1.5 million men and women already are infected. Of those, 500,000 are in New York City.

Connor said he eventually expects his Richmond questionnaire to be distributed to male homosexuals throughout the state. He chose Richmond homosexuals because his office, as well as the survey and logistics labs are here. Also, he said Richmond has a large gay community outnumbered only by Northern Virginia and Norfolk.

According to the U.S. Census Bureau, Richmond, excluding the outlying counties, has a population of 217,000, which means the homosexual population is about 21,700.

"I think there might be more than 10 percent, because homosexuals tend to migrate to larger metropolitan areas where they encounter more acceptance and less discrimination," Connor said.

## Many steps to test, approve AZT

by Pauline Uhrain

In 1964 at the Michigan Cancer Institute, a Detroit chemist looking for a drug to cure cancer created azidothymidine that proved ineffective and was discarded.

Little did he know that less than 20 years later his discovery of AZT would prove to be the most promising drug available in the treatment of the fatal disease Acquired Immune Deficiency Syndrome.

In 1984 the Burroughs Wellcome Co. of Research Triangle Park, N.C., which owns the patent on AZT, began testing it as an anti-viral drug. It discovered AZT had some positive results against Human Immunodeficiency Virus infection in laboratories.

Effectiveness tests began as part of the new drug requirements by the Food and Drug Administration.

The results, being the most significant of any drug then being tested for the treatment of AIDS, prompted the FDA to speed its approval for public use.

To receive FDA approval, a drug normally must undergo years of testing.

First, is preclinical testing that

involves laboratory and animal testing for one to two years.

Application for human testing then is submitted to the FDA, which has 30 days to make a decision.

Once approved, the lengthy clinical testing begins. Healthy subjects are tested first, which takes a year or less. Then patients with the disease undergo controlled tests for about two years.

After this, extensive trials, which take about three years, are started on 1,000 to 3,000 volunteer patients of practicing physicians in hospitals and clinics throughout the country.

Finally, when all testing is completed, an application for approval is submitted to the FDA.

The application involves a review of the drug structure, scientific rationale, tests, production and marketing plans. It usually takes two to three years.

On the average, it takes seven to nine years for new drugs to get from the point when they first are tested on humans to final approval by the FDA for commercial use.

In the case of AZT, the approval took a year-and-a-half.

# Hospitals, hospices, homes offer special care

## AIDS patients accepted in many health facilities

by Hope Kessler and Linda Vogel

When Donna Jarvis visited a Medical College of Virginia hospital room, she said the terminally ill patient was immediately drawn to her.

"He told me I was the first face he had seen in days," she said. "He said everyone else wore goggles, gowns and gloves."

The patient is one of 679 in Virginia who have had the disease Acquired Immune Deficiency Syndrome (AIDS). Of the recorded 679 cases, 385 have died, according to the Virginia Department of Health.

When she moved to Richmond in 1986, Jarvis volunteered for the Richmond AIDS Information Network (RAIN), a program of the Fan Free Clinic formed in 1982 that acts as a hotline and support network for people with AIDS, their families and "significant others" in their lives.

As part of her graduate thesis at MCV on AIDS, Jarvis spent several clinical hours working with AIDS patients.

"I truly believe you don't need all that gizmo—apparatus in the patient's room unless you are in contact with blood," she said.

Her thesis dealt with attitudes toward AIDS and the importance of knowing the facts about the disease. She said she felt inclined to do something to support people who contracted AIDS.

"I was living in Washington, D.C., and had lots of gay friends," she said. "I became interested in AIDS about 1983 when the panic hit and I thought what if this happens to one of my friends? I felt it was my responsibility to get involved."

RAIN offers a hotline, an outreach

program to aid in educating the community and several support services. Jarvis works as a coordinator for volunteer advocates, who are paired as a friend and companion with someone with AIDS.

"It is a one-to-one system, and the contract, if you want to call it that, lasts until the person dies," she said.

To be an advocate, prospective volunteers go through a training program consisting of education on the disease and dealing with death.

"We make sure we have people who have healthy, good attitudes, so they will be good for the client," Jarvis said, explaining that once a week the advocates get together to support each other, discuss issues and help each other through the frustrations and depression of working with dying people.

"If the patient is in the hospital, the advocate tries to visit every day. We have some that will sit with them for hours," she said.

RAIN provides outreach, educational and AIDS prevention programs, which include presentations, special events, projects and a hotline that receives calls from 10 a.m. to 10 p.m. weekdays. The support services offer self-help groups headed by counseling professionals for people who are HIV antibody-positive, people with AIDS and "significant others." RAIN's bereavement groups are open to those who deal with grief.

Counting all participants in its program, RAIN served more than 23,000 people in 1987. Thirty-six people, ranging in age from early adolescence to post-retirement who were diagnosed with AIDS, are served by RAIN's advocacy program. Sixty-one percent are black. The percentage of women is higher than you would

expect, said Norma Schanz, executive director of the Fan Free Clinic.

"This is just the tip of the iceberg in terms of the number of people in Richmond who are carrying the AIDS virus or who will get AIDS," she said.

People learn of RAIN through methods such as brochures that are distributed to providers and educational outreach programs.

But word of mouth works better than anything, Schanz said, because people with a stigmatized disease won't use the

***"This is just the tip of the iceberg in terms of the number of people in Richmond who are carrying the AIDS virus or who will get AIDS."***

***—Norma Schanz, executive director of the Fan Free Clinic***

agency until they have learned that it is safe. Or, she added, until they become so desperate they are willing to take a chance with an unknown.

The disease AIDS, which attacks the body's natural immune system, usually involves opportunistic infections caused by germs found in the everyday atmosphere such as bacteria and fungus, Jarvis said.

Two common diseases affecting AIDS patients are Kaposi's sarcoma, a cancer of the tissues beneath the skin and pneumocystis carinii pneumonia, a pneumonia accompanied by high fever, shortness of breath and chest pains.

Although RAIN provides psychological and emotional support, it gives only one aspect of care to persons with AIDS.

Medical care, estimated at more than \$100,000 a year per patient, is needed when infections and diseases related to AIDS occur.

Care for persons with AIDS begins with the testing process, said Jane Settle, nurse clinician for the infectious disease clinic at MCV.

"We advocate that people be informed when a physician is going to test them," she said, noting that physicians are not required to inform patients that they are taking blood to test it for Human Immu-

nodeficiency Virus antibodies.

"It's frightening enough for people who are being tested," she said. "Imagine the reaction of people who didn't know and thought the doctor was just taking another tube of blood."

She said some people don't want to be tested and they should have a choice.

Although some are tested by private physicians, the state's five free testing locations—the Nelson Clinic at MCV, and the Richmond, Fairfax, Roanoke and Virginia Beach health departments—are busy.

Many who test positive are advised to seek medical care immediately. MCV treats most AIDS cases in the state and has 170 patients in the infectious diseases clinic, according to the state health department.

Forty of the 170 have confirmed AIDS, which means they have tested HIV-positive and have developed symptoms of the disease.

Cheryl Epperson, epidemiology representative for the Virginia Department of Health, said 10,313 people were tested for the AIDS virus at the Virginia sites from September 1986 to August 1987.

She said 15-minute counseling sessions are given before and after the test. The session before the test explains what the person will be tested for and tries to discuss how things will change if the test is positive.

"When they first come in, we sit and talk with them, their partners and families," Settle said. "It's important that the family understands priorities and what kind of precautions they should take."

Settle said she explains the facts and myths of how they, too, can become infected.

"We talk to them about what the disease is going to mean in terms of their present lives," she said.

Three to four new patients come into the clinic each week. Settle and another nurse organize inpatient and outpatient services for them such as getting them in touch with home health care and support services.

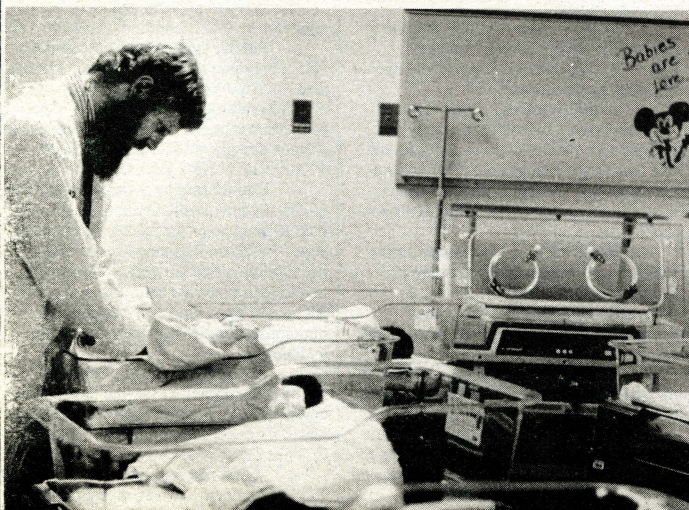
In addition to RAIN, the Tidewater AIDS Crisis task force in Norfolk, the Whitman-Walker clinic in Washington, D.C., and the Roanoke AIDS Project in Roanoke, offer support services to help a person with AIDS deal with the emotional impact.

A state AIDS hotline at 1-800-533-4148 provides AIDS statistics and directs people to testing sites and proper medical facilities.

At MCV, AIDS patients are urged to use these available services, Settle said.

"We have as many as 15 in the hospital at one time," she said.

In July 1986, 20 patients were in the oncology clinic and five of the 20 were confirmed as having AIDS.



Dr. David Phillips carefully checks on sleeping infants.

Photo by Bob Heiber

"Although it is hard to separate the medical and socio-psychological issues, we look at the whole patient when trying to handle their needs," said Settle.

Helping to handle the financial burden is one of these needs and an essential aspect of the care.

Settle said some patients at MCV have been eligible for Medicaid, which has allotted funds for indigent patients. But many, depending on the progression of the disease, have private insurance because they still are working.

**"By the end of 1991, an estimated 270,000 cases of AIDS will have occurred in the country. An estimated 145,000 of these will need health and supportive services at a cost of \$8 billion to \$16 billion."**

**— the surgeon general's report on AIDS**

"Some classify as self-pay, which means they are usually still employed at the time and are eligible for financial screening through the hospital.

"They pay on a sliding scale, which means, depending on their situation, they pay what they are able to pay," she said. "From the grant we get through the state legislature for indigent care, we pay the difference."

Dan Williams, budget director for the state Department of Medical Assistance Services, said \$4.2 million for AIDS patients has been included for the fiscal year 1989, \$5.1 million for 1990 and \$6 million for 1991.

St. Mary's Hospital in Richmond has treated 13 AIDS patients since 1981, said Peggy Johnson, infection control nurse there. Sometimes, she said, there are two or three at a time and at other times the hospital doesn't have any.

Johnson said St. Mary's allows for a certain number of charity patients a year, but so far, all the AIDS patients there have been able to pay.

The patients are scattered throughout the hospital, she said, and its hospice also will take patients.

"There's never been any question of whether we would take AIDS patients," Johnson said. "My feeling is that in the future, there is going to have to be community assistance as far as places for AIDS patients to live goes."

Psychiatrists are available to all patients at St. Mary's and MCV Hospitals.

Like other health-care workers, nurses and physicians at St. Mary's experienced their share of anxieties in caring for AIDS patients.

Johnson said at one point physicians said they would not take care of AIDS patients, and one was confused about the proper protection to wear into an AIDS patient's room.

"I told him 'nothing,' you're just

listening to his chest," she said. "Most people have worked through their feelings."

Fears among health-care workers are combated by dozens of people attempting to educate them and the community about AIDS.

The Centers for Disease Control (CDC) in Atlanta, Ga., recommend mandatory universal guidelines for workers dealing with blood and bodily fluids, said Epperson.

"Health-care workers don't know who has the virus," she said. "CDC recommends not recapping needles, wearing gloves whenever drawing blood — especially in an emergency room — and wearing a mask, goggles and gowns if they expect any splashing of blood."

She said if these precautions are followed, there is no reason for workers to fear being infected.

The Virginia Department of Health included \$2 million in this year's budget for AIDS prevention, which includes education, testing and counseling, said Susan Thorne, AIDS health educator/trainer for the state.

AIDS education also is being introduced to drug users, who account for 35 percent of AIDS patients at MCV, reported Debra Haller of the MCV division of substance abuse medicine.

"There are a certain number of people who respond to the information," she said, "but only one-third change their behavior after being exposed to education."

She said the information can have some impact, but only on those who come through the system.

"The others, if they don't come to drug treatment centers, can't be reached," she said.

While most patients are being treated in hospitals, Maston T. Jacks, deputy director of the state Department of Human Resources, said the DHR is working with the nursing home community to improve access.

Only one nursing home in Virginia, Lake Taylor City Hospital in Norfolk, takes AIDS patients.

"Treating an AIDS patient in the hospital is most expensive and not good for

the patient's mental condition," Jacks said. "All information today says the most cost-effective setting is a nursing home or less institutionalized setting."

Jacks advocates keeping the patients at home and part of the community as long as possible.

Home health care agencies, such as the Instructive Visiting Nurses Association and the Richmond Health Department's Home Health Services, help contribute to this goal.

Patients are referred to IVNA from a hospital or social worker, said Helen Nunley, director of professional services.

"By the time they get to home health care, they are recovering from one of the major symptoms or are in the dying stage of the disease," she said.

**"Health-care worker's don't know who has the virus. CDC recommends not recapping needles and wearing gloves whenever drawing blood ... and wearing a mask, goggles, and gowns if they expect any splashing of blood."**

**—Cheryl Epperson, epidemiology representative from the Virginia Department of Health**

The non-profit agency, funded by United Way and by Medicaid, started working with AIDS patients in 1985. Depending on the stage of disease, IVNA's home health care can cost \$100 to \$400 a day.

"The nurses are educating, drawing blood, looking at white blood counts, instructing them on their diets and providing as much support as they can," Nunley said.

Social workers employed by the agency try to find additional resources, do follow-up work and provide counseling.

For those who have not been able to cover all expenses, money is available at IVNA through their United Way endowments.

The agency now works with five cases.

Home Health Services of the Richmond Health Department also provides nursing care.

Nancy Allen, the backup supervisor for the department, said it has had only two or three AIDS patients. Like Nunley, she said patients are usually terminally ill by the time they turn to home health services.

She said AIDS patients, as far as pay is concerned, are treated the same as others.

"The ones we have worked with have no income and are not charged," said Allen. "We will not refuse to care for anyone because of their inability to pay."

As AIDS reaches epidemic proportions, everyone in the health-care profession will be touched by the disease, experts say.

By the end of 1991, an estimated 270,000 cases of AIDS will have occurred in the country, according to the surgeon general's report on AIDS. An estimated 145,000 of these will need health and supportive services at a cost of \$8 billion to \$16 billion.

Surgeon General C. Everett Koop said in his report that people must overcome their fears of caring for AIDS patients by becoming educated.

"We are fighting a disease and the country must face this epidemic as a unified society," he said.



The Medical College of Virginia is the major hospital in Richmond that treats AIDS patients.

Photo by Colleen Burke

# Fallacies about AIDS create fear

## 1. What is AIDS?

Acquired Immune Deficiency Syndrome is a contagious disease that attacks the victim's immune system. Without the ability to fight infection, the person is vulnerable to life threatening illnesses and may die from common diseases that could be resisted by a healthy person.

Symptoms may include a persistent cough, fever, shortness of breath, pneumonia, and Kaposi's sarcoma (a cancer). AIDS also may attack the nervous system and cause delayed damage to the brain.

## 2. What causes AIDS?

AIDS is caused by a human retrovirus that attacks the body's white blood cells. It frequently is called HIV for Human Immunodeficiency Virus.

## 3. How is AIDS transmitted?

AIDS is transmitted through sexual contact, by sharing intravenous needles with an infected person or through blood transfusions. Babies whose mothers are IV drug abusers are at great risk of contracting AIDS in the womb or at birth. It's possible the virus can be spread shortly after birth through breast-feeding.

## 4. How can I protect myself from AIDS?

Persons who are in a mutually monogamous sexual relationship with a partner free of the AIDS virus are at no risk. If either partner engages in a sexual relationship with another person, both partners could be at risk. A condom provides some protection.

Make sure that the condom is made of latex, not a natural membrane. Use a reliable brand. Use a spermicide, too. One that has at least 6.5 percent nonoxonyl-9 as an ingredient. It may offer some additional protection, since laboratory studies have shown that this substance may kill HIV.

Blood administered for transfusion is tested for the presence of HIV antibodies. Blood testing positive is not used for transfusion, reducing the risk of acquiring AIDS in this way. Before reliable testing was available, persons who need a large number of transfusions, such as hemophiliacs, were at great risk and many contracted AIDS through transfusions. In a few cases, health-care workers have contracted AIDS by bringing virus-contaminated material in contact with an open wound.

## 5. Is there a cure for AIDS?

There is currently no cure for AIDS. There is no vaccine to prevent AIDS. Although scientific research is ongoing to develop a vaccine that will work, it's unlikely that a proven vaccine preparation will be available before the mid-1990s if then.

## 6. What is ARC?

AIDS-Related Complex is a condition caused by the AIDS virus in which the patient tests positive for AIDS infection and has specific symptoms that are usually less severe than those of AIDS. This condition still is quite serious.

Symptoms include loss of appetite, weight loss, fever, night sweats, skin rashes, diarrhea, tiredness, lack of resistance to infection, swollen lymph nodes.

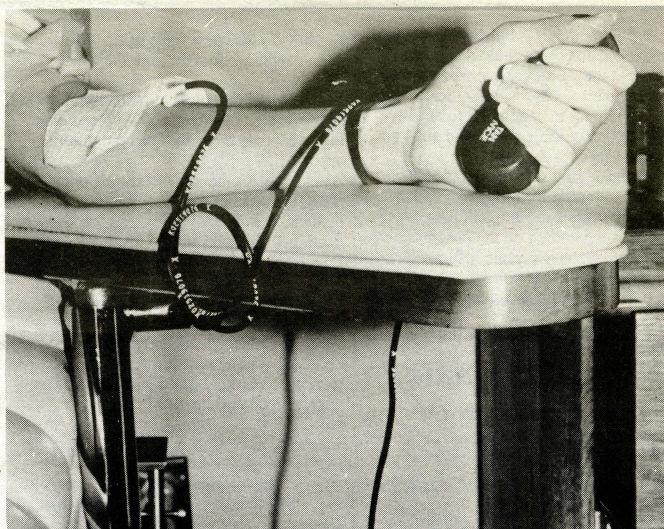
## 7. How can I know if I have AIDS?

A positive blood test indicates the formation of antibodies to HIV. A negative test does not mean a person is free of the virus. The AIDS virus normally forms within six to 12 weeks. During this time, a person may test negative for HIV. Therefore, retesting in three to six months after a possible exposure to the virus should be considered just to make sure.

A person who has been infected carries the virus for life and has the potential to infect other people although he or she may show no signs of illness.

## 8. Who is at risk of contracting AIDS?

In the United States, two-thirds of AIDS cases among adults and adolescents occur in homosexual or bisexual men, 24 percent in intravenous drug users, 4 percent among heterosexuals, and 3 percent resulted from transfusions with contaminated blood or blood products. For the remainder, the cause of AIDS has not been determined.



It is a fallacy that AIDS can be contracted by giving blood. Needles used in giving blood are not reused.



Lab workers test blood for AIDS antibodies. Testing blood is the only method to accurately determine the presence of the virus.



Photos by Bob Helber and Colleen Burke

Many stores offer a variety of condoms, which are the only known form of protection against the disease during sexual relationships.



# People comment on AIDS

"(AIDS is) a megatrend that needs to be addressed."

Ed Millner,  
VCU assistant professor

"I'm here to express my outrage at an administration that is willing to pour funds into mandatory testing but not AIDS research, treatment or education."

Michael Bedoe, activist at the October 1987 march on Capitol Hill

"For human reasons and economic reasons (education is important). It's an extremely good way to prevent a catastrophic expense in the future."

Fred M. Hawkrige, VCU professor

"A university is a good place to inject that sort of information (AIDS education). Students are young, impressionable people coming into their sexual awareness."

Bill Sands, VCU graduate student

"I've got girlfriends who say the 'the next guy I start going out with is going to have to take an AIDS test or he's not touching me' and after the third date they're sleeping together."

A woman in a local bar

"It's getting to the point where you almost have to close your eyes and hope (your partner doesn't have AIDS)."

A woman in a local bar

"You hear Dr. Ruth (Westheimer) say when you sleep with someone you're sleeping with their last 20 partners also. What can you do to combat that?"

A woman in a local bar

"I haven't (changed behavior because of AIDS). I'm not very promiscuous but I'm scared. I yell at my friends a lot."

Jeffery Arthur, VCU student

"The university has to have a strong commitment (to AIDS education). Programs must be round-the-clock, round-the-university."

John Leslie, VCU student

"The first wave will consist of gay and lesbian demonstrators protesting civil rights and sodomy laws. The second wave will be all women's groups protesting human rights issues like apartheid, U.S. intervention in South America and legal oppression of all people. The third and final wave will include AIDS victims and activists demanding increased funding for research of the disease."

Karen Haeferman,  
member of Gay and Lesbian Alliance, speaking from the October 1987 march on Capitol Hill

"AIDS can be worse than the bubonic plague."

Ed Millner, VCU assistant professor

"Eventually it (AIDS) will indirectly affect everyone."

VCU student

# AIDS

A SPECIAL REPORT  
from the  
School of Mass Communications  
at Virginia Commonwealth University