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## AIDS Prevention - Too Little, Too Late

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# AIDS Prevention - Too Little, Too Late

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## **Abstract**

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**KEYWORDS:** AIDS, prevention, American

# AIDS Prevention — Too Little, Too Late

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In 1988 virtually every American knows there is a major AIDS epidemic. Indeed, almost all Americans know how the AIDS virus is primarily spread: by unprotected sexual intercourse or by sharing injectible drug equipment. So it would seem easy to dramatically slow the spread of the virus. Unfortunately too many individuals who know they should protect themselves, and know how, fail to do so. Further, there is no commitment from Society to assist individuals at risk. So this terrible epidemic will continue to grow — needlessly — with an incredible toll financially and in human suffering.

I will examine the barriers to a major slowing of the spread of the AIDS virus and attempt to explain Society's failure to realistically overcome those barriers.

## Sexual Spread of the Virus in Gay Men

AIDS was first described in 1981 in gay and bisexual men (I will use the term "gay" for gay and bisexual). About 73% of the people with AIDS have continued to be gay men although 8% also use IV drugs. While AIDS is primarily a disease of heterosexuals in most countries, it has been and will continue to be considered a "gay disease" in the U.S. Additionally, because the first gay men with AIDS had very large numbers of sexual partners, it has been perceived to be a disease of "promiscuous" gay men. These two perceptions have led to an incredible amount of denial among many people at risk.

Many gay and bisexual men erroneously believe that if they limit their number of sexual partners, avoid bath houses and casual sex, they will avoid infection. Sadly, infections are continuing to occur among couples in loving relationships. Too often precautions are taken at the beginning of the relationship, as in casual sex, but get forgotten, at least sometimes, as the relationship strengthens (it seems too difficult to believe that "good people" like a lover could possibly cause harm during loving sex).

For some men, alcohol or drug use weakens the resolve to avoid

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high-risk sex. Many men who have sex with other men do not consider themselves gay, bisexual, or homosexual, especially if they do not practice receptive anal intercourse. This is especially, but by no means exclusively, true for Black and Hispanic men.

A study of gay men at an STD Clinic in Albuquerque, New Mexico showed that 14% are already infected with the AIDS virus, yet only 10% consistently use condoms, while 76% practice receptive anal intercourse. Thus there is denial in small cities that AIDS will be a problem. So, of course, the virus will continue to spread, especially in those cities, as the virus slows in New York and San Francisco.

### Sexual Spread Among Heterosexuals

Heterosexual spread in this country currently has resulted in about 4% of the people with AIDS. It has been estimated that that figure will rise to 5% within a few years. Because AIDS is seen as a "gay disease" denial is even easier for heterosexuals — even if they know their partner is infected.

In a presentation at the 3rd International AIDS Conference, Dr. James Goedert described 24 couples where the men were infected by blood product transfusions. The wives were uninfected and both members of the couples were informed about the risk to the wives. Nevertheless 18 couples continued intercourse without condoms.

In a report in the journal of the AMA, February 6, 1987, Dr. Margaret Fischl et al described 32 heterosexual couples where one member had AIDS and the other was uninfected. 24 couples continued intercourse, 14 without condoms and 12 of those 14 partners became infected.

In San Francisco, where the most dramatic changes have occurred in sexual behavior as a result of the AIDS epidemic, primarily among gay men, two things have been most effective in changing behavior: knowing someone with AIDS, and participating in small groups that promote low risk behavior. For heterosexuals who have sex with a partner or partners who are or might be infected with the AIDS virus, knowing someone with AIDS will likely be too late, and there seems to be no mechanism for developing small groups for millions of people. But with so many lives at stake and with incredible potential financial impact — medical costs, insurance, loss of productivity, etc. — there would seem to be a tremendous potential benefit to prevention.



## The Political Response to AIDS

Because AIDS is seen as a "gay disease" and we are a homophobic and sexophobic society, there is a tremendous reluctance to fund prevention programs for AIDS. Indeed it is only in the last 2 years or so that the seriousness of the AIDS epidemic has been widely appreciated (translation: non IV drug using heterosexuals are at some risk). It is with this recognition that spending money for research has finally become politically acceptable. Treatment for people who are ill or dying has been legally unavoidable and, of course, compassion for people who are dying is considered appropriate, even while condemning their prior behavior.

What remains unacceptable at all levels of government is the funding of programs that would prevent the sexual spread of AIDS. Repeatedly these programs are referred to as condoning or promoting homosexuality. Thus numerous attempts to reduce spread among gay men have been prevented, and in some instances, interrupted. The polite interpretation is that politicians are willing to see the virus continue to spread among gay men. The less polite interpretation is that some people are willing to see the death of large numbers of gay men.

Sadly, politicians who are sympathetic to the gay community and/or to people with AIDS have, with rare important exceptions, been unwilling to speak out forcefully for major increases in funding for AIDS prevention. Perhaps they fear being too far out front on this issue.

Pre-paid health plans show a similar remarkable unwillingness to aggressively promote AIDS prevention. This is primarily due to a reluctance to be seen as an AIDS health plan which would result in more people at risk for AIDS (translation: gay men) joining their health program. If that occurred, it would, of course, raise their costs putting them at a disadvantage with their competitors. So, the organizations which have the most to gain financially from AIDS prevention do little.

Insurance companies have bemoaned the costs that AIDS will cause to their industry. But they too have done little or nothing in terms of prevention.

## Antibody Testing

While most politicians spend as little as possible on AIDS prevention, they talk about AIDS testing. There are 2 major reasons that Antibody testing is proposed. The first is to save money as with insurance companies and employers, like the military. The second reason is that testing is seen as a way to prevent the spread of AIDS — pre-



marital testing, testing of prisoners, prostitutes, etc.

What public health officials recognize (especially from the studies of heterosexuals cited above) and politicians do not, is that testing alone prevents nothing. Counseling, with voluntary testing as an adjunct, can decrease spread. But since politicians can not fund counseling programs they advocate widespread testing. Those programs are likely to increase in number, waste needed resources and contribute nothing to AIDS prevention.

### Intravenous Drug Users

It is repeatedly noted that IV drug users will remain the major source of spread to other heterosexuals in most cities. Great concern is expressed for the "innocent" women and children (as opposed to the "guilty" gay men or IV drug users) who will develop AIDS as a result of sexual contact with IV drug users. Those IV drug users are given little thought except as vectors of disease. There is, of course, little political clout among IV drug users. Thus the drug programs that are needed to help IV drug users stop using drugs, are sadly deficient in number. Sexual counseling for IV drug users and their sexual partners is essentially non-existent.

The unfortunate reality is that many IV drug users are not anxious to stop using drugs. However, in a drug program in London, many of those who continued to use drugs stopped sharing needles. In Amsterdam where sterile needles are made available, there is no evidence that drug use has increased as a result, however, needle-sharing has decreased significantly.

At the time of this writing New York City is preparing to start a pilot study of 200 IV drug users to provide them needles. This is in a city with over 12,000 people with AIDS, and an estimated 250,000 drug users, over half of whom are thought to be already infected. This token, but brave, effort is the only one in the U.S. today.

### The Response of Physicians

In the absence of major community prevention programs, the primary care physician is in the unique position of being able to take a sexual and IV drug history and counsel on low-risk behavior. Because of their own homophobia and sexophobia most physicians refuse to do this. Frankly, most physicians do not want to know who their gay male patients or IV drug users are. And their patients, sensing the physi-



cian's discomfort, and fearing rejection, (with good reason) do not volunteer the information.

In response to the epidemic, however, some physicians have advocated testing programs — testing their patients — so that those physicians will think they know which patients to try to protect themselves against. As a result of this physician behavior, an incredible potential resource in AIDS prevention continues to be unutilized.

### Adolescents

While adolescents make up almost 1% of the people with AIDS, people in their 20's represent 21%. Many of those were undoubtedly infected in their teens. Adolescents are known to be sexually active, with resultant pregnancy and sexually transmitted diseases. Additionally many experiment with drugs. Thus they are at considerable potential risk for AIDS.

The proposed solution for adolescents in terms of sex has been the same as for drugs: "Just say No". Don't teach about condoms. Don't teach adolescents how to discuss using condoms or how to use them properly. The lesson to teenagers is simple: AIDS is spread by sex and drugs. If you do either one and get AIDS it is your fault. We warned you.

While it is possible to understand the denial that exists among teenagers about AIDS — they have always considered themselves immortal — it seems incredible that parents allow their children to be at risk. They have allowed most school boards to avoid the tough issues of AIDS: Teaching the use of condoms for those who are sexually active and not sharing drug equipment for those who use drugs.

So teenagers will continue to be at much higher risk than is necessary, with a potential threat to the future of our Society.

### Too Little Too Late

For all segments of Society, the response to AIDS has been too little too late. It is currently estimated that about 1.5 million Americans are already infected and 20-30% will develop AIDS within 5 years of infection — even if the spread of the virus stopped today.

It is not unreasonable to believe that over the next few years that total will rise to perhaps 4 million infected. With a major commitment of resources that total could perhaps be reduced to 3 million. While that is still a frighteningly large figure, the prevention of 1 million in-



fections would be incredibly beneficial. But there is no commitment to that goal. Too many people believe that a medical solution will be found before the epidemic becomes widespread among heterosexuals. It is a gamble with frighteningly large stakes and it may well be lost. So prevention is not a major concern of most people. People talk about education. Most people are educated. Almost all the people who will become infected in the next few years know how the virus is spread. They know how to protect themselves. But they don't believe AIDS virus infection will happen to them, so they don't always protect themselves.

What is needed are very large numbers of counseling programs for gay and bisexual men, for IV drug users, for adolescents, for hemophiliacs and infected blood transfusion recipients and for the sexual partners of all of these. Because this is not likely to occur, the virus will continue to win. And more people will become infected. And more people will die. And more articles about AIDS and its impact on America will continue to be written. And more AIDS conferences will be held and . . .