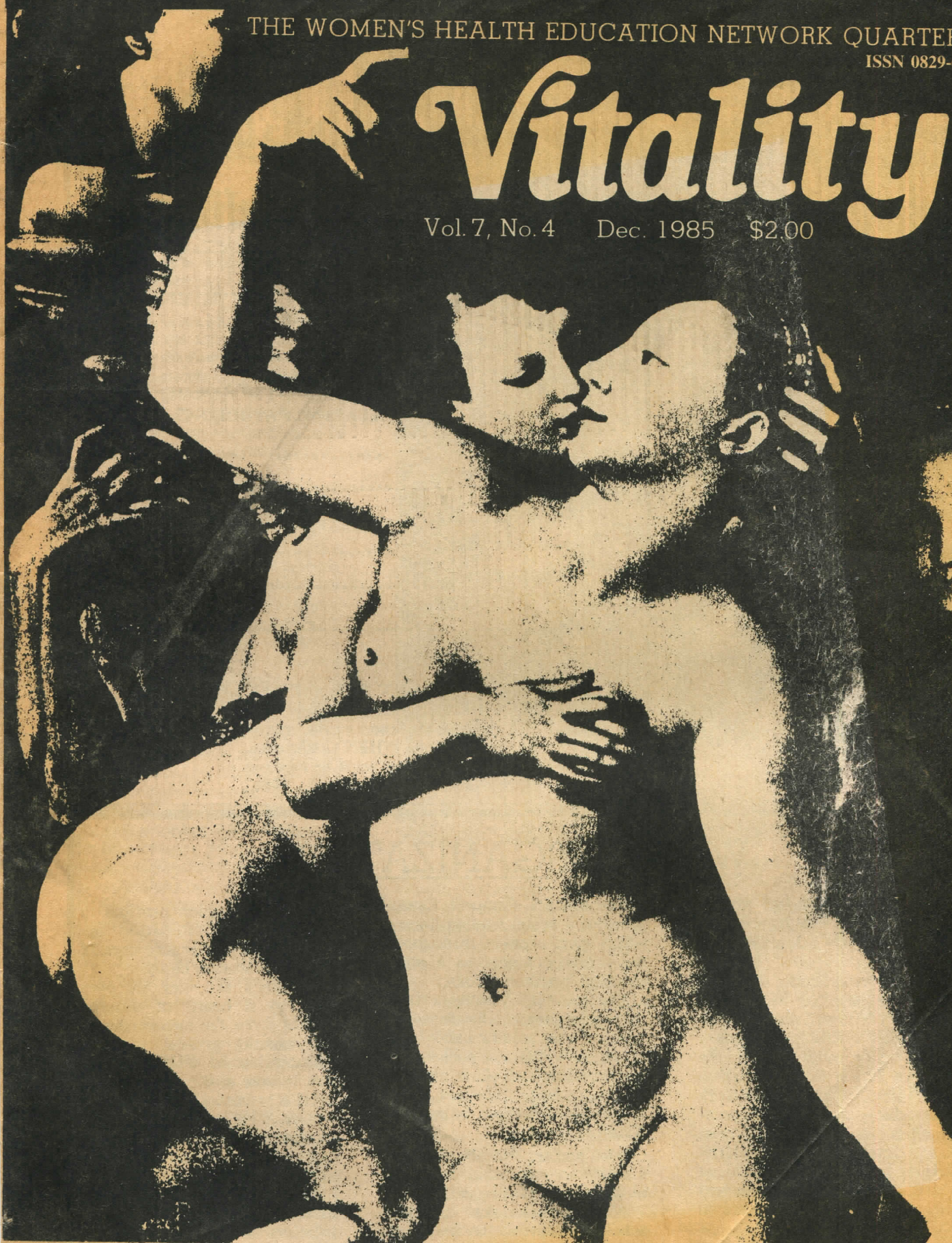


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IS THERE SEX AFTER FORTY?.....HOW TO TELL YOUR KIDS
ABOUT SEX AIDS..... SHOULD YOU TAKE THE PILL?

A RATIONAL LOOK AT

AIDS

By Mary Petty

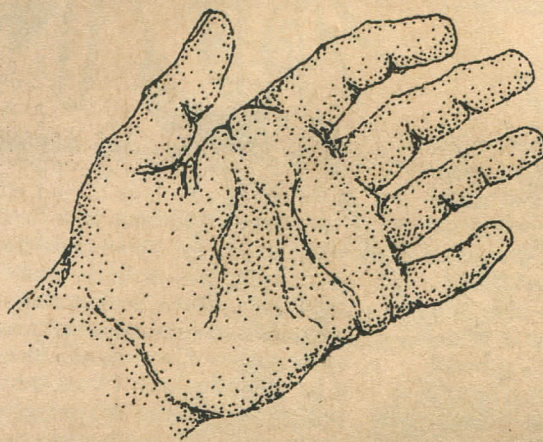
In 1983, two years after Acquired Immune Deficiency Syndrome (AIDS) had been identified in the U.S., I participated in a candlelight vigil held in Washington, D.C. Most of the speakers—young men who had been diagnosed as having AIDS—spoke that night about the desperate need for funding AIDS research. They also spoke about the emotional pain of receiving this death sentence in the middle of life, about losing family and friends' support while they were sick and dying. None of these men are alive today.

THE PRESENT SITUATION

In the U.S., there are approximately 13,000 known cases of AIDS; 6,500 have died. There are a thousand new diagnoses each month. In Canada, approximately 150 people have died from AIDS. There are about 350 diagnoses at present. Increases are so rapid that Canadian authorities predict by 1988, there will be 10,000 cases here. In Nova Scotia, several cases of AIDS have been documented, and, as in other parts of the country, we can expect to see increases. The majority of persons with AIDS are gay and bisexual males, and IV drug users. Two other risk groups are identified as Haitians and persons with hemophilia.

THEORY OF ORIGIN

A disease which was called the "gay plague", AIDS is now understood to pose a threat to heterosexuals as well. Although AIDS research is young and, at best, sketchy—a current theory is the disease originated in the green monkey of Central Africa. Researchers believe it spread to humans who then carried it to the Caribbean, North America and Europe during the 1970's. The virus, which was isolated in the green monkey and is identified as "human T-cell lymphotropic virus" (HTLV-3), is understood to be the cause of AIDS. The green monkey apparently carries the HTLV-3 virus, but does not get AIDS symptoms. Some researchers feel a cure for AIDS may arise from the monkey's immunity.



Documentation about Central Africans who have AIDS has led some investigators to conclude that the spread of AIDS through the gay male community in North America was a fluke. In Zaire and Rwanda, approximately half of the people with AIDS are women, and they are not IV drug users. Most of these cases appear to have been transmitted through heterosexual contact.

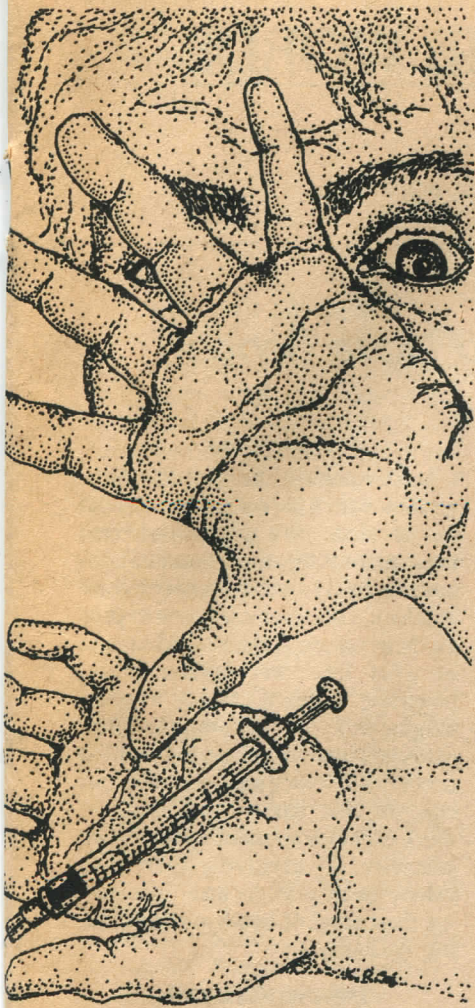
TESTING FOR AIDS

In 1984, a blood test which shows the presence of HCLV-3 was developed. The test has been used to screen blood supplies, thus reducing the risk of viral exposure through transfusions. Many problems of discrimination and confidentiality arose around the use of the test in the U.S. A question now is whether or not those persons who test positive will actually develop AIDS. Some investigators believe twenty-five per cent of those exposed will develop ARC (AIDS-related complex) and one in ten of those exposed to

HTLV-3 will eventually develop AIDS. Some who hold this theory feel other factors such as stress and substance abuse will affect whether or not a person develops AIDS. Authorities in the U.S. believe one to two million people have already been exposed to HTLV-3.

PROGNOSIS

No one who has been diagnosed as having AIDS has survived longer than three years. The average incubation period is believed to be five years. Life expectancy after an AIDS diagnosis is one year. The severely depressed immune system which is symptomatic of AIDS may produce the following signs of the disease: persistent fatigue, fever, chills, night sweats, weight loss, persistent diarrhea, white patches on tongue, purple blotches on skin (if not explained by another illness).



Death results from "opportunistic infections" which would normally be fought by the body's immune system. A rare form of cancer, Kaposi's sarcoma (KS) and pneumocystis carinii pneumonia (PCP) are often the cause of death. Early documentation (around 1979-80) in the U.S. was based on clusters of KS which were showing up among previously healthy, mostly young, gay men in San Francisco and New York.

RISK TO WOMEN

Women are approximately 7 percent of persons with AIDS in the U.S. Slightly over half of these women are IV drug users and the rest were exposed to AIDS by sexual contact with men in high risk groups. In Canada, the proportion of women is slightly less and most are Haitian women or women with Haitian partners.

AVOIDING EXPOSURE

Just as theories of the origin of AIDS are speculative at this point, advice about how to avoid exposure is, at best, probable. Over the past two years, the spread of AIDS has enabled investigators to make well documented guesses about how AIDS is transmitted. The most widely accepted theory is that AIDS is transmitted through blood-to-blood contact or through blood-to-ejaculate contact. Unprotected (i.e. no condom used) anal intercourse is understood as the sexual activity of highest risk because anal capillaries provide access to the bloodstream. Although the virus has been isolated in the saliva of persons with AIDS, there are no confirmed cases of AIDS transmitted through saliva. There have been no cases of AIDS in people who took care of AIDS patients. A few health workers are known to have HTLV-3 antibodies in their blood, after having been punctured by needles which were used on AIDS patients. So far, there have been no documented cases of AIDS among women who may have been exposed through donor insemination, and there have been no cases of AIDS transmitted by lesbian sexual relations. About two per cent of the AIDS cases in the U.S. are believed to have been transmitted through blood transfusions prior to the time blood banks began screening.

Women who wish to reduce their risk of exposure to AIDS are given the following advice:

*Women who are IV drug users should not share needles.

*Women who have sexual relations with men or women in risk groups should avoid having blood, semen, urine or feces enter their mouths, vagina, rectum or open cuts. Condoms should be used.

*Women who are considering donor insemination using donors from risk groups should get detailed histories on their health and sexual practices.

POLITICS OF AIDS

The social ramifications of AIDS are tremendous. It is not surprising that people are afraid; after all, AIDS is an infectious disease about which relatively little is known. What we do know is it spreads at alarming rates and it is ultimately fatal. The emergence and spread of AIDS through the gay men's com-

munity and to a lesser extent, the Haitian community, has resulted in discrimination against gay men and Haitian people—whether or not they have AIDS. People who have developed AIDS are being denied the medical, financial, social and psychological support they need. Publicity around the disease has, in many cases, served to reinforce homophobia and racism rather than to inform the public about the research to date. In the U.S. there has been virtually no federal funding for public education about this major public health issue. Homophobia has been supported by the assertion from "moral majority" leaders—that AIDS is "God's revenge" against homosexuals. Of course, this explanation fails to account for the fact lesbians are not considered a risk group.

MORE RESEARCH NEEDED

When I was involved in a support group for people with AIDS, I was often asked, "Why bother?" At the time, people felt (whether they believed it was God's revenge or not) this was a problem limited to the gay male community—they would have to take care of it themselves. To those of us who considered ourselves health activists, AIDS was clearly a concern which we all shared. Moreover, many of us brought our experiences from grassroots organizing around such issues as women's health and gay and lesbian rights into this work. Two years later, many have died from AIDS and the numbers increase rapidly. Public awareness may have increased, but destructive misinformation and panic persist. AIDS research must be adequately funded and recognized as a priority health issue. For those who have AIDS, we must ensure they receive proper medical attention and compassionate and supportive care.

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