

*For a year Surgeon General C. Everett Koop has campaigned for an all-out war against acquired immune deficiency syndrome. The 70-year-old head of the Public Health Service believes that massive research and public education programs are essential if a catastrophic epidemic is to be averted. Rising concern was underlined at a conference in Atlanta two weeks ago when widespread mandatory testing was discussed as a way of identifying AIDS carriers. Koop gave Correspondent Marsha Dubrow an update on the disease.*

**How much worse do you think the AIDS problem will get?**

In the U.S. we think that by the end of 1990 there will be about 170,000 dead, with 54,000 dying in that year, and another quarter of a million people will have been diagnosed. We expect between 50 and 100 million deaths worldwide by the early years of the next century. Ninety-one countries have already reported AIDS. Many nations are loath to do so because of the stigma, so I think all the statistics we get from abroad are on the low side. Even in the U.S. there is underreporting by some states due to incorrect diagnosis and the wish to avoid stigmatizing victims.

**Is there any chance that the AIDS threat might be exaggerated?**

I don't think so. Everything I see scares me more than I was before.

**And yet the Administration's 1988 budget request of \$534 million is only half of what some experts recommend. Do you think the Administration has requested sufficient funding?**

I think so. For this year. I'm very pleased that there's a 28 percent increase in the AIDS budget and that 25 percent of that whole budget goes to public education. I'm sure there will be more next year and more the year after that. There's no doubt that it has to go up because we are facing a problem that we can fight only with education and information. In research, people are naive in thinking that just money will produce the answer. However, we have some excellent people working on the thing we're most concerned about, a vaccine.

**What is the threat to the heterosexual community, which now accounts for only 4 percent of the AIDS sufferers?**

AIDS is going to increase ninefold in the U.S. between now and 1990. But among heterosexuals there are going to be twenty times as many cases, so that perhaps 10 percent of the patients will be heterosexual. The curve for heterosexuals contracting AIDS is going up more than twice as fast because they are not taking the precautions homosexuals have learned are essential. I don't think people realize this: It isn't just the possibility that your prospective sexual partner might have been promiscuous; you are in a sense having sex with all the people that your partner had sex with in the past five to 10 years. That's a huge bunch of people, enough to give anybody pause.

**You have said that blacks make up 12 percent of the U.S. population but 25 percent of AIDS victims. Hispanics, who represent 7 percent of the U.S. population, make up 14 percent of the AIDS cases.**

**Why is this?**

We don't know all the answers yet. Obviously if blacks and Hispanics have a disproportionately high percentage, they are indulging in high-risk behavior. Many are intravenous drug users. It does point out that we have to devise different public information programs to reach the black and Hispanic communities.

**How can people protect themselves against AIDS?**

Let me make this clear. If you go to your partner and say, "I want you to come and have a blood test today," and you stick with him for the next three months, that doesn't help you one bit. He could have been contaminated as long as six months ago. But his test might not show up yet, and that false negative creates a feeling of complete security. The test could turn positive as early as two weeks—unlikely; by three months—unusually; by six months—usually. You've got to keep your eye on him all the time. That's why it's so important to stick to a mutually faithful monogamous relationship.

**When should people take the blood test?**

If I thought I had been contaminated with the AIDS virus I would want to get a test right now. But I would want one in six months, and another six months later, so I would be absolutely certain I wasn't one of those strange people that didn't turn positive for as

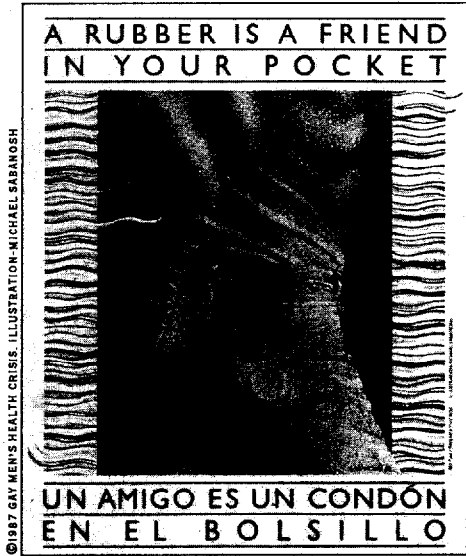
much as a year. This is what makes the blood supply still not totally safe. AIDS-infected blood is undetected about once in 100,000 donations. People who have indulged in high-risk behavior—including homosexual activity, intravenous drug abuse and heterosexual promiscuity—would do well to be tested.

**So abstinence is the only guarantee of safety?**

Abstinence is the only sure method of preventing AIDS. But abstinence, I think we all know, is not a realistic goal. However, it certainly is a realistic goal for very young people. Then they could look forward to finding a mutually faithful monogamous relationship. But if you have failed at both of those endeavors, you've got to protect yourself with a condom.

**How safe are they?**

Studies on the use of condoms for contraception most frequently find a 10 percent failure rate. But if you study groups of intelligent people who were taught how to use a condom correctly, that failure rate drops to 2 or 3 percent. The average person who uses a condom for birth control goes through a period of foreplay, puts on the condom, ejaculates, then may not disengage himself early enough from his



©1987 GAY MEN'S HEALTH CRISIS. ILLUSTRATION: MICHAEL SABANOSH  
**Once targeted at homosexuals (above), explicit posters advising safe sex are now being directed at the heterosexual community.**

partner; he loses his erection and the condom comes off. That's what the failure rate stems from. You should use a condom from start to finish: That means before you have any genital contact at all, the condom is on.

**But even then won't there be some failure rate in AIDS prevention?**

It should be about the same as contraception. The same 2 to 3 percent risk. Think of it the other way—97 to 98 percent safe.

Why doesn't the government require that partners of AIDS patients be notified, as it does in cases of venereal disease?

We have not followed the usual practice that goes with a sexually transmitted disease because we don't think it would stay the epidemic. With AIDS you don't have any treatment to offer, just more stigma. If we try to follow the contacts of someone who is known to harbor the virus, we could drive underground those very people we're trying to reach.

**Might the country eventually quarantine known AIDS carriers?**

How are you going to find the people to quarantine? You would have to test the entire population, 240 million people. Suppose you found three million carriers of the AIDS antibodies, what are you going to do to them? And why? And is it fair? Suppose in that group of three million you have 1,000 irresponsible people who are spreading the virus; should all the others be locked up for the rest of their lives?

**How soon do you expect a vaccine?**

It took 17 years to develop a vaccine against hepatitis B, and my virology friends tell me that was an easy virus to understand in comparison to this one. I don't see a vaccine in the foreseeable future. □

**Fear of tainted transfusions triggers a boom in the bank-your-own-blood business**

If Ronald Reagan had needed a transfusion during last January's prostate surgery, he would have had on hand at least one uncontaminated pint of blood—his own. And when the Prince of Wales tours Commonwealth countries in Africa this month, he reportedly will bring along a supply of his own Type O blood. Increasingly the risk of AIDS, hepatitis and all the other infectious diseases transmitted through contaminated blood is causing the cautious to bank their own blood for future need. The process is known as autologous (from the Greek, meaning "related to self") blood transfusions.

Commercial blood banks that will take and freeze your blood until you need it are a growth industry. In the last year more than 10 have opened across the country. "AIDS has gotten people to pay attention to problems in

the nation's blood supply that were there all along," says Dr. Joseph Feldschuh, 51, medical director of Idant Laboratories, a Manhattan-based private autologous blood bank. "People have been told that our blood supply is safe, which is an absolute lie. It is not."

"An absolutely safe blood supply is currently an unattainable goal," says Dr. Joseph Bove of the American Association of Blood Banks committee on transfusion-transmitted diseases. Testing for the AIDS virus is not foolproof (see Dr. Koop's comments).

At Feldschuh's laboratory in the heart of Manhattan, technicians will take and store a pint of your own blood for \$155 per year. The blood is held in refrigerated chambers at -120° F. The bank is staffed 24 hours a day to meet emergencies.

The risk of infection with the AIDS vi-

rus from tainted blood is still slim—estimates range from 1 in 10,000 to 1 in 40,000 transfusions. Nonetheless, customers are flocking to the private blood banks. When it was announced in January that Idant had contracted to store blood for 8,000 employees of Warner Communications, stock in its parent company tripled in value.

At the moment, only 1 percent of the 14 million blood transfusions performed annually in the U.S. are in the owner-donor category, but that figure is expected to increase fivefold over the next few years. Fear will likely prove a powerful spur. "It has been estimated that there are 500,000 people walking around New York City alone who are carriers of the virus," explains Dr. Feldschuh. "Some are donating blood not even knowing that they might be carrying the disease." □