

the real world. "It is possible, under lab conditions, to separate a few white blood cells from saliva or tears and to stimulate them, feed them, and so on, and then to find some virus. But this is not the same as saying it can be transmitted that way. If it could, then people in only casual contact with the infection would develop it. And if you look among families, where kissing, sneezing, and coughing are everyday events, you see no evidence for this kind of transmission" (Wilce 1985). Certainly if AIDS could be spread in a casual manner, after over 29,000 reported cases in six years there should be evidence for this, and there isn't.

AIDS Guidelines

In response to a growing need for school districts to have help in dealing with the issue of AIDS-infected students, a number of states have established guidelines. All are similar to recommendations released by the Centers for Disease Control in November 1985, which state that children with AIDS should be educated in an unrestricted environment, unless the child is a preschooler or neurologically handicapped and likely to bite or lose control of bodily functions. "For most infected school-aged children, the benefits of an unrestricted setting would outweigh the risks of their acquiring potential harmful infections in the setting and the apparent nonexistent risk of transmission of HTLV-III/LAV" (Reed 1986). The Centers also recommend that a minimum number of people be told of a child's AIDS diagnosis, that screening blood tests for AIDS not be required for school entry, and that routine procedures for handling blood and body fluid spills be adopted. These techniques include careful handwashing, disinfecting soiled surfaces, using disposable towels, and wearing gloves if open hand lesions are present.

Other organizations such as the National Education Association, the National Association of Independent Schools, and the American College Health Association have adopted similar guidelines. Thus far 17 states have adopted some policy for dealing with AIDS schoolchildren (Reed 1986). Usually these policies suggest that AIDS victims not be automatically

"Despite statements by the Centers for Disease Control that AIDS is not transmitted by casual contact with people who have the illness, public schools are closing their doors to AIDS victims, and parents are boycotting schools by keeping their children at home."

barred from attending school, but be treated on an individual basis by review committees. These policies are generally nonbinding and are meant only to provide general direction in dealing with the issue.

Legal Issues

Among the legal issues to be settled regarding students with AIDS include civil rights aspects of public school attendance, protection for handicapped children, confidentiality of students' school records, and employee right-to-know statutes for public employees in some states.

Florida, New York, and Washington, D.C., have concluded that AIDS is covered under existing federal laws protecting handicapped employees. In the case of another contagious disease, the

AIDS: Educating for Survival

Peggy Brick

Education about Acquired Immune Deficiency Syndrome is more than instruction about a dangerous disease; it is education about how people can make choices that will protect themselves and others. In contrast to scare tactics that have proved to be ineffective educational methods, the aim is to allay students' fears and demonstrate how they can feel more, not less, in control of their lives.

For children eight years old and younger, this means age-appropriate sex education—naming body parts, answering questions about bodies, birth, and babies—that prepares them for the more explicit information they will need as they reach puberty. If educators demonstrate that sexual topics can be discussed with naturalness, children will feel free to raise questions that concern them.

For older students, AIDS education will, ideally, be integrated into a curriculum that views human sexuality from a lifespan perspective—as part of the fabric of life from birth to death. This requires a balanced view of human sexuality, including its joys as well as its dangers. Unfortunately, the AIDS crisis may reinforce the "prevention model" of sex education—focusing only on abuse, adolescent pregnancy, and sexually transmitted diseases. The messages: "Sex is dangerous." "Say no!"

The primary goal of AIDS education is to help students feel competent and comfortable dealing with their own sexuality in a milieu that is provocative, dangerous, and confusing. Most students will first need to *unlearn* a number of myths about AIDS, which teachers can identify by giving a pretest, presenting the facts by lecture, article, or film, and then asking students to correct their own errors. Classroom discussion next centers around the misconceptions and why they may exist. Teachers should go lightly on scientific-medical data and emphasize social and behavioral issues. Overall, the process should alert students to the widespread confusion about AIDS, and help them understand the importance of accurate information.

Armed with the facts, students can evaluate the behaviors that put a person at risk for contracting AIDS and those that eliminate or reduce the danger. A continuum, from abstinence and masturbation on one end, to shooting drugs with shared needles and anal sex without a condom on the other, will dramatize the progression from "safe" to extremely dangerous behaviors.

U.S. Court of Appeals ruled in September 1985 that a Florida teacher afflicted with recurring tuberculosis was indeed protected under the Rehabilitation Act of 1973 (U.S. Congress 1973) and therefore could not be dismissed from her teaching position (Flygare 1986).

Students are also covered under laws protecting the handicapped. Because the disease has been shown not to occur by casual transmission, excluding a child with AIDS from regular classroom activities unless the student is disruptive or unable to do the work would seem to be a complex matter. The legal issues are far from settled, however. The Kansas legislature, for example, is considering a bill that would specifically exempt "contagious disease" from the definition of handi-

"Contrary to what one might believe after reading the lay press, the issue of AIDS communicability is clear: no case of casual transmission of AIDS has ever been reported between family members, school children, or children in a day care center."

Clearly, teachers will need inservice training that prepares them for such analyses of sexual activities that are often avoided in school settings, including the homophobia that currently surrounds the subject of AIDS.

Through writing, discussion, and role-playing, students can rehearse their responses to life-threatening situations. In groups of three, one student plays the "self," one acts as a "friend," and one is an "observer." The teacher describes hypothetical situations: "Your friend is developing a close sexual relationship with a person who has had many previous sex partners. You say . . ." or "Your friend is a drug-user and shares needles with others. You say . . ." Students role-play the encounter and then discuss the interaction. Finally, the teacher brings the whole class together to examine and evaluate each group's responses.

Even if students have mastered the most recent information on AIDS, tomorrow's headlines may revive their feelings of powerlessness. Therefore, education must also examine the social context of the disease, including analysis of media coverage. Research assignments such as the following will help students glean the facts.

1. Listing the titles of all articles on AIDS in the *Reader's Guide to Periodical Literature* during the past five years will highlight changing knowledge and attitudes.
2. Collecting news articles from a variety of papers and magazines will reveal differences in reporting the same news conference or research discovery.
3. Comparing headlines with their news stories will expose sensationalism.
4. Developing a true-false questionnaire to survey adults and peers will uncover common misconceptions. In short, by learning to locate reliable resources students will be able to stay smart about AIDS after they leave the course.

Students can extend their understanding and their social responsibility by developing projects to educate others about AIDS. Classes can create and distribute flyers and posters that debunk common myths. Individuals can write letters to the editors of local newspapers. School papers can print articles that identify local resources and hotlines. The possible strategies are endless, but the message is basic: AIDS can be prevented. Education about the disease must show students how each individual's behavior contributes to the growing worldwide campaign against this dreaded disease.

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capped under the state's fair employment practice law. How this would affect the status of students with AIDS remains to be seen.

Public Response

Despite substantial scientific evidence against casual transmission of AIDS, public misinformation is legion. A CBS poll in September 1985 found that 47 percent of those polled believe it is possible to contract AIDS by sharing drinking glasses; 32 percent think it is possible to get the disease by kissing; and 28 percent think AIDS can be contracted from a toilet seat. A Harris poll in October 1985 showed that more than 50 percent of those questioned believe AIDS can be spread by "casual contact" (Reed 1986).

Why are people so misinformed? Clearly, education and health professionals are not doing enough to educate the public and quell the current hysteria. In fact, rather than learning the facts and acting in a reasonable manner, education and health professionals are sometimes guilty of adding to the furor. In Texas, "Dallas Doctors Against AIDS" are lobbying for the return of anti-gay laws, contending that by eliminating all contact between homosexual males, AIDS would be eliminated (Cowell 1985). In Rochester, New York, "Citizens for a Decent Community" advocate not only eliminating all laws protecting gay civil rights, but closing all gay businesses and organizations as well (Cowell 1985). And there are innumerable cases of health care providers refusing to deal with AIDS patients, teachers refusing to teach AIDS students, and school administrators barring children with AIDS from attending classes.

Groups such as these ignore the facts: (1) AIDS is spread through other population groups as well, most notably intravenous drug abusers whose habits are notoriously difficult to change; (2) the increasing incidence of AIDS in the gay community has markedly slowed down due to self-imposed alterations in lifestyle indicating major changes in sexual practices (DHHSCDC 1986); and (3) the reintroduction of anti-gay legislation would most certainly not eliminate all contact between gay men, and would not encourage the necessary changes in sexual practices already happening within the homosexual community.

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