

of the National Foundation for Infantile Paralysis—founded by President Franklin Roosevelt.

Educators have not taken a similar responsible role in the AIDS epidemic. Rather than keeping abreast of current medical knowledge and discussing this with parents and students, some teachers are refusing to instruct AIDS students. Clearly, communicating well-founded information to the public would do much to disarm the current hysteria. The AIDS issue is indeed a challenge to educators.

AIDS Transmission

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. Of seven detailed studies of 350 family members of adults and children with AIDS, infection has occurred only when the subject was in a known risk group for acquiring AIDS (Department of Health and Human Services Centers for Disease Control 1986). There is also a demonstrated low frequency of AIDS exposure after accidental needlestick by health care workers (DHHSCDC 1986). Of the over 1,700 health care workers directly caring for AIDS patients, only two persons not in known risk groups have tested positively for AIDS. Each case was an unusual circumstance involving a relatively large amount of blood-to-blood contact (Stricof and Morse 1986). Of the over 17,000 AIDS patients reported to the Centers for Disease Control, no family members or other casual contacts have reported any signs of infection, and only two, which involved extraordinary circumstances, have shown laboratory evidence of exposure to the virus (DHHSCDC 1986).

Population studies also support the case for noncasual transmission of AIDS. Over 29,000 cases of AIDS have occurred nationwide, and despite enormous increases in the number of casual contacts with these AIDS patients, the disease is not spreading beyond the well-defined risk groups (Sande 1986).

Basic lab research provides strong evidence against casual transmission as well. HTLV-III/LAV, the known cause

The Issue at Hand: Responding to the AIDS Epidemic

Alex Molnar

AIDS is a terrifying disease that like Camus' plague, threatens to make us all define ourselves in relation to it. The increasing spread of AIDS among heterosexuals is bringing the reality of the epidemic home to middle America. Just as the body bags brought Vietnam to Main Street. Many people seem to prefer to define AIDS in religious terms and to regard the disease as God's punishment for mortal sexual misconduct. Discerning the hand of God in the AIDS epidemic may be an understandable personal response to the crisis. It is not, however, a useful professional response. If Surgeon General Koop is correct that information is the only weapon we currently have to combat AIDS, then our professional responsibility is clear: to learn and teach about AIDS as well and as comprehensively as possible. Although the Reagan administration has spoken of the need to inform the public about AIDS, the U.S. has yet to mount the kind of massive public education campaign that is called for. This being the case, the need for the education profession to take the initiative in informing children and their parents is doubly urgent. We are in a unique position to do more than react. We can help influence whether or not the medical and social consequences of AIDS are amplified or moderated. If we limit ourselves to acting only on the legal and institutional problems that AIDS raises—such as establishing policy guidelines for handling students with AIDS—we will miss the opportunity to contribute to halting the spread of the disease. Few of us will be untouched by the debates AIDS engenders about religion and morality, or will remain unaffected by the public policy decisions made in response to the spreading epidemic. Perhaps in the face of our "plague," we can affirm Camus' words: "... if there is one thing one can always yearn for and sometimes attain, it is human love." A hopeful thought.

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of AIDS, is a blood-borne virus that lives in white blood cells—the cells that help the body fight infection. The fact that this virus is largely confined to the bloodstream accounts for the populations at risk of acquiring AIDS: recipients of blood transfusions, intravenous drug abusers, homosexual men, and newborns of infected mothers. The evidence is also increasing for heterosexual transmission of the AIDS virus; indeed, in parts of central Africa, this appears to be the primary mode of spread.

That body secretions such as saliva and tears have been reported to contain the AIDS virus has been the source of much hysteria about the

theoretical transmissibility of AIDS in the workplace, home, or school. In optimal lab conditions, only one of 83 saliva samples from AIDS patients demonstrated the virus (Ho et al. 1985). And HTLV-III/LAV was isolated in only one of seven tear samples from AIDS patients (Fujikawa et al. 1985). As Dr. Anthony Pinching (senior lecturer in clinical immunology, member of the Department of Health and Social Services (DHSS) expert advisory group on AIDS, and secretary of Medical Research Council Working Party on AIDS in England) states, lab conditions are vastly different from conditions in

"As transfusion-borne AIDS is eliminated, so too will be the majority of instances of younger children with AIDS. . . . The group that will become proportionately more significant is the older AIDS-afflicted student, and this is the population that educators need to assist."

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