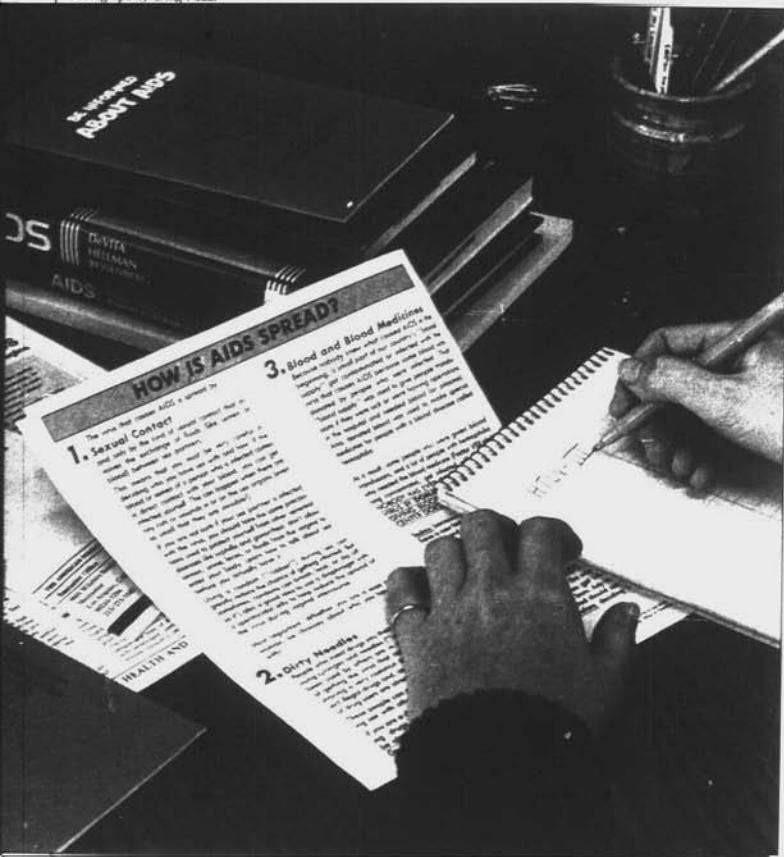


Teaching About AIDS: A Challenge to Educators

Our leadership role is clear:
disseminate accurate information.

Photograph by Craig Pazzi



"I will remember to let my children continue to play and be with their usual companions" ("Polio Pledge" 1952) was the school and community response to the polio epidemic of the late '40s and early '50s. Now, faced with a new epidemic, AIDS (acquired immune deficiency syndrome), communities in California, Florida, Indiana, Maryland, Massachusetts, New Jersey, and New York are responding differently. 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.

Like the polio epidemic, AIDS is now affecting those most precious to us—our children. Also like the polio experience, there is much public ignorance about AIDS and how it is transmitted.

Early in the polio epidemic, the role of education was recognized in providing accurate information. Public education emphasized current medical knowledge and methods of dealing with the disease at school or at home and encouraged normal behavior, as casual contact with infected children was known not to spread the disease. Likewise, parents of victims were reassured that help and support—both financial and emotional—were immediately available from the local chapter

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

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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 (Stricoff 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 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

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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 (Flygar 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-

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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.

AIDS: Selected Bibliography for Educators

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Gong, Victor, ed. *Understanding AIDS: A Comprehensive Guide*. New Brunswick: Rutgers University Press, 1985.

Irwin, Michael H. K. *AIDS: Fears and Facts*. No. 639. Public Affairs Pamphlets: New York, 1986. (\$1.00 plus postage.)

New Jersey Department of Health. *AIDS: Information for Young People*. Trenton: N. J. State Department of Health, 1986. (N.J. State Department of Health, AIDS Program, 3635 Quakerbridge Rd., CN 368, Trenton, NJ 07017.)

Population Information Program, Johns Hopkins University. *AIDS—A Public Health Crisis*. Baltimore: Johns Hopkins University, July-August 1986. (Johns Hopkins University, 624 N. Broadway, Baltimore, MD 21205; \$1.00.)

Quackenbush, Marcia, and Pamela Sargent. *Teaching AIDS: A Resource Guide on Acquired Immune Deficiency Syndrome*. Network Publications: Santa Cruz, Calif., 1986. (Network Publications, 1700 Mission St. Suite 203, Box 1830, Santa Cruz, CA 95061-1830; \$14.95.)

Sex Education Coalition News. *AIDS Prevention Education*. Washington, D.C.: Sex Education Coalition, January 1987. (Sex Education Coalition, 2001 O St., N.W., Washington, DC 20037; \$1.50, 25 or more \$1.00.)

SIECUS (Sex Information and Education Council of the U.S.). *AIDS: An Annotated Bibliography of Print and Audio-Visual Resources*. New York: SIECUS, January 1986. (SIECUS, 80 Fifth Ave., New York, NY 10011; \$2.00 with self-addressed, stamped envelope.)

Yarber, William L. *AIDS: What Young Adults Should Know*. Waldorf, Md.: American Alliance Publishers, 1987. (This is a 3-lesson curriculum with 12 activities. American Alliance Publishers, P.O. Box 704, Waldorf, MD 20601; teachers guide: \$8.95; student workbook: \$2.50, 30 or more, \$1.00 [prepublication estimates].)

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The issue of students with AIDS will soon change. As of 1 January 1986, 231 cases of AIDS had been reported in the pediatric population (DHHSCDC 1986). This includes children who acquired the disease in utero, youngsters who received contaminated blood transfusions, and adolescents who themselves are either intravenous drug abusers or sexually active gay men. Since March 1985, however, all donated blood has been screened for the AIDS virus. Transfusion-borne AIDS may well be eliminated in several years (because AIDS can lie dormant for a number of years, it necessarily takes several years for the effect to be seen).

As transfusion-borne AIDS is eliminated, so too will be the majority of instances of younger children with AIDS. Of total pediatric AIDS patients, 76 percent were infected in utero and will die before they are old enough to attend school (DHHSCDC 1986). The group that will become proportionately more significant is the older AIDS-afflicted student, and this is the population that educators need to assist. Youth need strong role models within

the professional communities to turn to for support and guidance.

The Role of Educators

As youth view teachers, doctors, lawyers, and school administrators participating in discriminatory practices, is it any wonder that the cycle of partiality is so difficult to break? The very people who are needed as role models for dealing with the current epidemic are often part of the problem. This behavior is criminal. It is an insult to the professions we practice, and the people we serve. The only socially responsible position for educators to take is to become leaders in disseminating accurate information about AIDS.

As educators, we need to get the message across that the disease is not transmitted by casual contact with an AIDS victim. But, perhaps most important, we could take advantage of the opportunity to discuss alternative lifestyles, safe sexual practices, drug abuse, and so on with our students. If we close our eyes to the reality that AIDS exists, and that adolescents will experiment sexually and pharmacologically despite the current epidemic,

we are compounding the problem. Let us actively participate in helping ease and eradicate this epidemic. □

References

Cowell, Susan. "AIDS and Community Health Issues." *Journal of American College Health* 33, 6 (June 1985) 253-258.

Department of Health and Human Services Centers for Disease Control Reports on AIDS. Published in the Morbidity and Mortality Weekly Report June 1981 through February 1986. Atlanta DHHS/CDC, 1986.

Flygare, Thomas. "Are Victims of AIDS Handicapped Under Federal Law?" *Phi Delta Kappan* (February 1986) 466-467.

Fujikawa, L. A. Palestine, R. Nussenblatt, S. Salahuddin, H. Masur, and R. Gallo. "Isolation of Human T-Lymphotropic Virus Type III from the Tears of a Patient with Acquired Immunodeficiency Syndrome." *The Lancet* ("September 1985) 529-530.

Ho, D., R. Bvington, R. Schooley, T. Flynn, T. Rota, and M. Hirsch. "Infrequency of Isolation of HTLV-III Virus from Saliva in AIDS." *The New England Journal of Medicine* (19 December 1985) 1606.

"Polio Pledge." *Exceptional Children* 18 (May 1952) 240.

Reed, Sally. "AIDS in the Schools: A Special Report." *Phi Delta Kappan* (March 1986) 494-498.

Sande, Merle. "Transmission of AIDS: The Case Against Casual Contagion." *The New England Journal of Medicine* (6 February 1986) 380-382.

Stricoff, Rachel, and Dale Morse. "HTLV-III/LAV Serconversion Following a Deep Intramuscular Needlestic Injury." *The New England Journal of Medicine* (24 April 1986) 1115.

U.S. Congress, House. *Rehabilitation Act, Section 504*. P.L. 98-473. 98th Congress, 1st Session, 1973.

Wilce, Hilary. "AIDS: Facts and Myths." *The London Times Educational Supplement*, 27 September 1985, 10.

Autors' note: We thank Gilroy Wolf and Myrtle Gallagher for many stimulating discussions on this topic, and we acknowledge the assistance we received from the Rochdale Foundation in the formative stages of this project.

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