

THE AIDS PANDEMIC THE AIDS PANDEMIC THE

Medical experts on AIDS danger

Dr. Ronald Rosenblatt, an internist at Flushing General Hospital, who has treated over 100 AIDS victims, testified before Judge Harold Hyman in the Queens, New York school case. Rosenblatt has worked with AIDS cases at Memorial Sloan-Kettering Hospital. From the court transcript:

Dr. Rosenblatt: It is my opinion that a 7-year-old with AIDS is communicable. . . . I would say it is medically unsound for the child to attend classes.

Question: If a student—the AIDS student—throws up, or gets cut or gets in a fight or cries or has a bloody nose, should caution be used?

Dr. Rosenblatt: Absolutely.

Question: If two children mix cuts . . . and one has AIDS, is there any guarantee that the child—the other child—will get AIDS?

Dr. Rosenblatt: He's in serious trouble.

Dr. Richard Restak, a Washington, D.C. neurologist and medical author:

"Paradoxically, the truly humanitarian position in the face of an AIDS plague is that we *not* identify with the victims and instead cast our lot with what in earlier times was dubbed 'the common good.' . . . Plagues are not new. . . . What is new are efforts by medically unsophisticated politicians and attorneys to dictate policy in regard to an illness that has the potential for wreaking a devastation such as has not been encountered on this planet in hundreds of years. The AIDS virus has no 'civil rights.' Quarantines have been very effective in beating outbreaks of scarlet fever, smallpox and typhoid in this century."

Restak also criticized the directive from Atlanta CDC: "AIDS cases should be evaluated on an individual basis in order to determine whether or not a child should be admitted to school."

Dr. John Seale, a British specialist on AIDS:

"The potential for the spread of AIDS in developing countries is almost unlimited. The overcrowded and unsanitary conditions in which the bulk of the people live, combined with a high frequency of infections, injuries and sores which break the skin, make blood contact among family members practically inevitable, with the transmission of the virus likely."

Peter Piot of the Institute of Tropical Medicine in Antwerp:

"On current data we estimate the incidence of AIDS in

Kinshasa [Zaire] is about 17 per 100,000. This is a minimal estimate and is comparable to or higher than the rate in San Francisco or New York."

L. Kestens of the Institute of Tropical Medicine reported in the *New England Journal of Medicine* that in eastern Africa, 10% of the population have antibodies to HTLV-III, the suspected AIDS virus, in their blood.

Dr. William Mayer, Assistant Secretary of Defense for Health Affairs, announced at the end of August that all recruits entering the Armed Forces beginning Oct. 1 will be given a new AIDS blood test and rejected if they appear to be exposed to the virus. Furthermore, Mayer announced that a Special Army Board may recommend that the tests be extended to *all* the 2.1 million men and women currently in the Armed Forces. Mayer said that to date there have been 100 confirmed cases of AIDS in the armed forces. The tests for recruits will screen the approximately 25,000 men who apply each month, or about 300,000 per year, at an annual cost of \$1 million. The initial \$3 blood test for HTLV-III antibodies will be followed up by a second more expensive test. If the second test is positive, the would-be recruit will not be inducted.

Dr. Lionel Resnik, an AIDS researcher with Mt. Sinai Medical Center in Miami Beach, testifying in the Queens, New York AIDS school case:

"I'd take the conservative approach, and not expose the child to other children, even if the teacher knows.

I emphasize that the 'main danger' could be to the AIDS child who is sent to the school."

Dr. Jose Giron, chief of infectious diseases at Flushing Hospital, testifying in the Queens trial, in response to what would happen if an AIDS child bit another child:

"If his blood is in his mouth it certainly would be a risk. If you have an open cut and blood falls into it there is a potential risk of transmission. . . . I would prefer to be cautious so we don't have it spread to any others who would be innocent victims. I want to minimize the possibility of transmission."

Dr. Jerry I. Brand, senior epidemiologist at the Orange County (Florida) Health Department:

"To admit this child to a kindergarten situation where we have a fairly high rate of illness, would put this child in jeopardy. The AIDS child is indeed in risk—more so than other students are in because of him."

Orange County, Florida has barred a 5-year-old AIDS victim from public kindergarten classes. The action came despite a recommendation by the Florida Medical Association that students and teachers who had AIDS should not be denied access to public classrooms.