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AIDS and Advocate Science

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There is growing concern in the medical community regarding the reliability of scientific evidence being used to support public health policies regarding AIDS. The acceptance of poorly documented data and the suppression of significant contrary evidence have led to allegations of "advocate science". Much of the conflicting information has been in official AMA publications.

In the April 4, 1986 issue of JAMA, for example, Conant et al. reported that commercial condoms, including the so-called "natural condom" prepared from sheep intestinal membranes, were effective in preventing in vitro transmission of retrovirus infection. Experiments consisted of placing condoms containing mouse retrovirus or AIDS-associated retrovirus over the plunger of plastic syringes, reinserting them inside the barrels of syringes and submerging them in sterile culture media. Minuk et al., on the other hand, reported that when mechanical agitation was added through a battery-operated vibrator and when stretch or tension was added, there was some question regarding the protection afforded by "natural condoms", particularly for small viral particles.\(^2\) The original endorsement of all condoms has been withdrawn in favor of an endorsement of latex condoms only, as affording in vitro protection.

The question persists as to how condoms will perform in vivo. One study
reported a 79% breakage rate for condoms, in use, with the likelihood that anal intercourse would be associated with maximal failure rates. The use of petrolatum or vegetable oil lubricants was alleged to produce aggressive decomposition of condoms with an increase in breakage rates. Although condoms have been reported to protect against some sexually transmitted diseases, the most widely used estimates of failure rate are the alleged 10% failure rate for condoms used as contraceptives. The failure rates in pregnancy will grossly underestimate the AIDS protection failure rates since the sperm cell is 500 times larger than a retrovirus particle and the woman is fertile only about three days a month, but is susceptible to AIDS infection every day of the year. It is also of interest to note that Planned Parenthood spokesmen were using a 40% failure rate estimate for barrier contraceptives during the era when they were promoting the pill as the preferred method of contraception. Planned Parenthood has, in fact, tried to convince the public that abortion on demand was necessary because condoms were so unreliable.

Given the prevalence rate of HIV infection of about 50% among sexually active homosexual males in American cities, it is obvious that condom-protected intercourse constitutes a very high risk exposure to a fatal disease and that the most that can be said about the use of condoms is that they are “better than nothing”. It is likely that condoms are less effective in preventing AIDS than the much maligned filter tip is in preventing cancer.

A highly publicized article by Fischl in JAMA concerning the transmission of AIDS between spouses, alleged that “sexual contact with barrier contraceptives may decrease the risk of transmission” of AIDS. The rate of transmission between couples using condoms was actually 17% over a relatively brief period of observation (one to three years). There was no evidence of seroconversion among eight couples abstaining from sexual intercourse. The real impact of this study was that abstinence prevents the spread of AIDS while condoms do not effectively prevent its spread between spouses. Nevertheless, the summary of the article stated, “Lack of barrier contraceptive use and oral sex were associated with seroconversion”, a misleading, incomplete statement.

Revelations of Another Study

Another study by Mann et al concerning non-sexual household transmission of AIDS, was alleged to “provide evidence against horizontal HTLV-III transmission among (non-spousal) household members”. Rothman, however, pointed out that “actually, their data indicate the opposite”. He accused the Mann group of a statistical error and claimed that “there is no statistical basis for supporting the null hypothesis in preference to alternative hypotheses such as an eightfold or even greater risk of infection among household contacts of patients with AIDS” (emphasis added).

Subsequently, the same group in Zaire published data alleging that the seropositivity to AIDS among health care workers “was not associated
with any measure of patient, blood, or needle contact”. Again, their conclusion was proved to be totally unwarranted when the Center for Disease Control announced that at least three American health care workers had become infected with AIDS virus after their skin or mucous membrane was briefly exposed to blood from infected patients. The CDC, in its weekly Morbidity and Mortality Report, issued a renewed call for health care workers “to adhere rigorously to existing infection control procedures”. The CDC has not called, however, for routine testing of all hospital admissions. Are the protective measures to be used only with known AIDS patients or should the health care worker wear gloves, gown, mask, and goggles with all patients to avoid a possible risk? This is not merely a facetious suggestion, because one hospital has reported finding one to two previously undiagnosed cases of AIDS every week when they undertook an antibody screening program on all admissions.

The Surgeon General has repeatedly emphasized that education and information are “the sole defense against this disease”. Within the Reagan administration, we have the paradoxical situation where the Surgeon General calls for education and Education Secretary Bennett calls for mandatory antibody testing. What is the evidence that the call for education is more than a platitudinous panacea for all ills? Presumably the focus of education would be on high risk individuals. It might start with trying to convince male homosexuals to avoid anal sex and/or wear condoms. When a highly educated and allegedly highly motivated group of homosexual men were subjected to such education programs by Goedert and his colleagues in New York City and Washington, DC, the following “behavioral changes” occurred: 1. 48% continued to have anal sex; 2. 77% of those practicing anal sex did not use condoms. In the San Francisco Men’s Health Study of 1,034 single men, HIV seropositivity was 71% among promiscuous homosexuals, 17.6% among homosexuals who were less active sexually and 0% among heterosexuals. Only receptive anal/genital contact among all sex practices had a significantly elevated risk of HIV infection.

Confidence in Education

If education directed at a sophisticated and motivated high risk group which calls for something less than heroic alterations in sexual behavior is ineffective, what kind of education deserves our confidence? The Surgeon General has called for sex education for nine year olds as a means of controlling the epidemic as a long range strategy. What is the basis for such a recommendation when sex education programs for the last 60 years have been uniformly ineffective, if not counterproductive, in eliminating sexually transmitted diseases and unwed pregnancy? Someone has compared the expected ability of a third grade sex education program to prevent AIDS infection with a third grade memory course to prevent Alzheimer’s disease. It has been reported that AIDS education among homosexuals was successful in reducing the incidence of anal gonorrhea.
Unfortunately, gonorrhea and AIDS are so different that little comfort can be drawn. Unlike gonorrhea, AIDS cannot be cured, is almost certain to be carried for life and is uniformly fatal. The risk of transmitting AIDS must be completely eliminated, since there is no acceptable level of risk. The reduction of risk is a totally unsatisfactory goal. When so-called educational efforts are directed toward mass audiences, there is even less evidence of impact on behavior. Even though condom advertising is now allowed on many radio and television stations and several cable networks, there is no evidence of the increased use of condoms. Crain's Chicago Business reported in its May 25, 1987 issue that the expected soaring of condom sales had failed to materialize.

In disagreeing with Secretary Bennett in his recommendations for mandatory testing, Surgeon General Koop has expressed fears that “high risk groups will go underground and will not present themselves for early treatment.” This is a strange concern for the control of a uniformly fatal disease. Early treatment has not been shown to be any more effective than late treatment. Is it likely that an individual suffering from the ravages of this horrible disease will “go underground” to avoid discrimination in housing or employment? It is particularly incomprehensible to hear health care authorities oppose mandatory pre-marital screening. This is a grotesque extension of the right to confidentiality. Does the potential wife of a high risk man not deserve to know that her prospective spouse carries an infection that will probably kill her and most of the offspring born of the marriage?

The federal government has proposed the random testing of 45,000 persons and the mandatory testing of immigrants and federal prisoners. There is evidence of backlash against what law enforcement authorities apparently consider too permissive a system.

Nevada and California have had laws introduced to increase sanctions against prostitutes and sexual criminals who are HIV positive and the Army has court-martialed a sergeant who deliberately exposed two women and a man after being informed that he was infected with AIDS.

There is evidence that laws against testing of high risk groups are leading to fraud. Forty-four percent of individuals who died of AIDS had purchased insurance within two years of death as compared with seven to eight percent of those who had died of all other causes.10

HIV antibody testing has been documented to be extremely sensitive and accurate.11 We have already tested 10 million blood donors and two million applicants for the Armed Forces without serious adverse consequences. Widespread voluntary testing and mandatory testing of high risk groups can define standards of sex which preclude the spread of a lethal epidemic.12 Testing can also give us a standard against which to evaluate the effectiveness of public health measures aimed at the control of the AIDS epidemic. Identifying the extent of the problem is long overdue and offers the best solution to fear and hysteria based on ignorance and an exaggerated concern for civil rights.
References