

PART II

The Faces of AIDS: What We Are Trying to Prevent

This section attempts to provide the reader with an understanding of the complexity of what it is we are trying to prevent. Some readers may know several persons or at least one person with AIDS, or may be directly affected by the disease. Yet there are many others reading this book whom AIDS has not touched personally. We thought it important to give AIDS a face, not merely its numbers and the target groups, but the human side of how it affects individuals, their families, and our society. In the opening chapter, June Osborn, trained as both a pediatrician and a virologist, provides an excellent overview of the impact of the AIDS epidemic. This is followed by two firsthand accounts of people directly affected by AIDS. The first is the story of a young gay man who must return home for assistance with his health care. The story illustrates what happens in a context of love, ignorance about AIDS, and life-style conflicts. The second is the account of a wife who discovered, shortly after her marriage, that her husband was developing AIDS symptoms. Her commitment and struggle to make his remaining life easier make personal and real the problems of daily support of a person living with AIDS, particularly outside an AIDS epicenter. Both of these first-person accounts illustrate the human tragedies that lie behind the statistics of the epidemic.

This section also provides the reader with a detailed picture of the magnitude of the disorder both in the United States and worldwide (Hulley and Hearst) and an in-depth look at the HIV virus and its effects on the immune system (Hall and O'Grady).

Dr. Osborn touches on many of the major themes that must be heard more widely. She makes it clear that the disease reminds us forcefully of the worldwide interdependence of people. The dependence of the Moslem world and of Japan on imported blood and blood fractions resulted in the spread of infection in those countries. The appearance of the disease in more than 100 countries of the world threatens freedom of international travel and commerce as countries belatedly try to throw up emergency barriers to reduce the

threat to their populations. And many current public pronouncements provide major examples of denial in operation. The seriousness of the growing epidemic was denied for a long time; currently we are hearing reassurances about the unlikelihood of heterosexual transmission becoming a major vector of infection. Dr. Osborn's frank discussion of the "irreversible beachhead," as well as warnings of the homophobic undertones inherent in discussions of AIDS, should be required reading for everyone concerned with the epidemic.

Professors Hulley and Hearst clarify the epidemiology of AIDS geographically (with cautions about problems of underreporting), by age (it strikes the young adult primarily during the most productive time of life), by sex, race, targeted populations, and so on. They remind us again that the disease is transmitted by behavior that touches on powerful human satisfactions, but behavior that may be modifiable with education and knowledge.

For some there are thoughts that the real answer to this epidemic lies in the development of a vaccine. Too often, manuscripts about AIDS begin with "until a vaccine is developed, education is the primary method of prevention of HIV infection." The reality is that in spite of available vaccines for the likes of hepatitis B and measles, we are in the midst of a measles epidemic. Drs. Hall and O'Grady give us a glimpse of the difficulties inherent in vaccine development for the AIDS virus through their discussion of the effect of the virus on the immune system.