of the epidemic, one certainly would choose these population groups. But for objective scientists the choice of these four cities would leave much to be desired.

Another point to be considered in the data is that among the group of non-monogamous subjects, the average number of sexual partners yearly for was 11.5 for women and 9.8 for men. This number is much higher than the number of average sex partners in non-monogamous females and males in a much more extensive study recently completed in San Francisco. As far as the numbers of undetected contaminated blood samples, Masters, Johnson and Kolodny based their figures on a percentage of their erroneously estimated three million who have been infected. Blood banking statistics show that the rate is one in 640,000 in this country.

It has been repeatedly claimed that prostitutes are a significant factor in the propagation of the AIDS virus, and the authors claim that studies have shown this to be the case. However, looking at the studies objectively, this has not been the case in this country. The first "solid" evidence to implicate the spread of the AIDS virus from the female prostitute to males was reported in The Journal of the American Medical Association by Dr. Robert Redfield at Walter Reed Hospital in Washington, D.C. In this study 10 GIs were found to have AIDS or AIDS-related complex due to sexual contact with prostitutes in various parts of the world; one had multiple sexual partners in New York City, and one had sex with a woman from Haiti. Dr. Redfield, therefore, concluded from this evidence of female to male transmission that prostitutes are a significant source of the propagation of the AIDS virus.

However, this study was disputed by many authorities. No GI in his right mind would admit that he became infected through intravenous drug use or homosexual acts. Subsequently, the U.S. Army tested 15 prostitutes at the U.S. Air Force Base in Honduras, found that five of the women were HIV-positive, and then claimed the study had proven that prostitutes were infecting GIs. At this time Dr. Redfield has disputed that claim. He has said that the viral transmission was more likely to be from the GIs than from the prostitutes because none of the women in this study used IV drugs.

Many studies have shown that virtually all prostitutes who are HIV-positive are also IV drug users. The Los Angeles Times in December 1985 reported that eight heterosexual men in Los Angeles, all of whom had a history of promiscuity including visits with prostitutes, had recently been diagnosed with AIDS. It was difficult to interpret that report because the epidiologic data from that particular report was incomplete.

It is not the intention of this article to dilate on the incidence of AIDS in the armed forces. It is not to make light of the AIDS crisis, nor to say that AIDS is not a crisis. It is not to say that AIDS is not a public health problem. It is not to say that AIDS is not a disease that we need to be aware of.

AIDS in Acadia

Locally, Lafayette is not a low-risk area as one may conclude from looking at the CDC statistics, An estimate 50 to 100 people are infected in this area. Lafayette is a mini-hub city for gay activities in Acadia. We have four gay bars, and, surprisingly, a number of gays do not practice safe sex. Compounding the problem is a relatively high number of bisexuals in this area. Many of the gay pick-ups in places like parks and public restrooms are "straight guys who jump the fence." As a consequence, the likelihood of heterosexual spread is very real.

Masters and Johnson predicted that the next group to be hit hard by the epidemic is the age group of 15-24. There is no disagreement there. This is a more risk-taking group, more likely to experiment with drugs and be sexually active. It is of paramount importance that AIDS education reach them.

Unfortunately, the AIDS education program being given in the Lafayette school system is virtually worthless. The educators cannot discuss sex. This is like spring training for baseball without the bats.

The experience of the San Francisco School Board with AIDS education should teach us that a watered-down program is a waste of time. The watered-down program in San Francisco achieved nothing in three to four years. In a recently completed survey in October 1987, 70 percent of those students surveyed did not know how AIDS is spread, and 90 percent did not know about safe sex. In San Francisco they are allowed to talk about sex, at least on a limited basis. The lives of our children are too important to sacrifice to the pressure groups who oppose sex education. We need to discuss frankly how to prevent the disease.

In summary, education is so far the only effective tool we have to eradicate the AIDS virus. It is up to every individual to protect themselves from possible infection by the AIDS virus from high-risk activities such as IV drug use and unsafe sex. Unless you are absolutely sure, protect yourself. One should not single out any segment of the population as being the problem, use scare tactics or sensationalism, but look at the facts objectively. We should be proactive, not reactive in dealing with the crisis. Use our reasoning, not our instincts. AIDS is our disease, not theirs. We all have to bear our share of responsibility to stop this epidemic.

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