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Dial AIDS: For Information That  
May Be Hazardous To Your Health

The complete toll-free number is 800 342 AIDS, and it is the AIDS hotline information number of the U.S. Public Health Service in Washington. The recorded voice gives you various facts about AIDS, such as that it is thought to be transmitted via semen and blood. At the end of the tape, you are instructed to stay on the line if you want someone to answer further questions. This promise wasn't kept however, so I was unable to ask: "But what about saliva? Can't AIDS be transmitted via saliva?"

The blue booklet "What Everyone Should Know About AIDS" which I was given at the U.S. Public Health Service office here in Denver, doesn't specifically address the question of transmission via saliva. But it does say that "AIDS IS NOT HIGHLY CONTAGIOUS! There's no reason to suspect that AIDS is transmitted through the air, in food or during ordinary social contact." And the booklet has a drawing of people dining and dancing together to illustrate what is meant by "ordinary social contact." It doesn't specify whether the people eating together are taking bites off each other's plates or whether the dancing couple exchange a kiss at the end of the dance.

I wasn't offered the green booklet "What Gay and Bisexual Men Should Know About AIDS." I found this reassuring but I filched one anyway—surreptitiously. This booklet says "THERE IS NO EVIDENCE that AIDS is transmitted through sweat, saliva, casual contact or that it is spread through the air." Later (p11) it advises homosexual men: "Don't allow contact with your partner's semen, feces, blood or urine." Question (mine): If the virus is assumed to be transmissible via urine etc., why isn't it assumed to be transmissible via saliva?

I put the question to Dr. Franklyn Judson, director of disease control at the Denver Public Health Department. He had been quoted on the front page of the February 24th Sunday Denver Post as making the exact same statement which appears in the PHS green booklet: "THERE IS NO EVIDENCE etc." Before I called him I had visited the clinic operated by his department and had obtained both versions of the AIDS information sheet that they give out. The information sheet for the general public, which is based upon a January 1985 release from the U.S. PHS says: "In addition to blood, semen and saliva [!] have been shown to carry the virus in some infected people." But then it goes on to say: "There have been no cases found where AIDS has been transmitted by casual contact with AIDS patients or persons in the high risk groups. AIDS is not spread through the air like colds and flu, and is not spread from inanimate objects." It seems to be answering the question but why doesn't it say quite specifically that AIDS can't be transmitted by saliva? The other information sheet "Facts About AIDS for Gay Men" is also based upon the January 1985 PHS release and has the "and saliva" addition followed by the "There have been no cases found . . ." statement. But it has a second sheet of cautions, which gay men are advised to observe, including this one: "Refrain from mouth to mouth kissing."

Dr. Judson said that quotation marks shouldn't have been put around the statement in the Post and that he was aware that the AIDS virus might be present

in saliva. Was he misquoted then, and does he think that AIDS can be transmitted via saliva? Not exactly. He does discourage "wet kissing" and the fact that the AIDS virus can be cultured from saliva seems to be good evidence that it can be transmitted that way. But he thinks that "dry kissing" is safe enough and "there have been no cases" where it was shown that AIDS has been transmitted via saliva.

At one of the fern bars I patronize, the avante garde waitress style seems to be exchanging kisses with just about everybody including the homosexual busboys. Also they all seem to drink out of the same glass, especially if it is some concoction with a dozen liquers in it. Would this be classified as "ordinary social contact"? Are they fully aware of the difference between wet and dry kissing? Perhaps they would be if they had been given any information on the subject. But all of the information given to the public on this point has been entirely reassuring. The homosexual busboy wouldn't be aware that wet kissing was any hazard between him and a waitress or between him and another homosexual unless he had made a trip down to the clinic, forthrightly asked for the information sheet addressed to Gay Men and then carefully considered the admonition against "mouth to mouth" kissing. If either he or the waitress had any doubts about the matter, they would be reassured by a glance at the front page article in the newspaper.

Of course, the busboy may not have AIDS and the other homosexual who wants to kiss him may not have AIDS. Supposedly it is a silly prejudice to be so suspicious about it. But recent sample studies are showing that half to two-thirds of the male homosexuals are positive for the AIDS virus and must be presumed to be infectious carriers—infectious to others whether or not they develop the disease themselves. So the line between an incurable and fatal disease and safety may actually come down to the difference between a wet and a dry kiss—unless the assurance that AIDS can't be transmitted via saliva is true.

The phrase "and saliva" seems to have been recently added to Public Health Service literature. It is still missing from most of their booklets and from the AIDS hotline tape. It was, anyway, as of 3 pm EST, Friday, March 8 1985. (I mention the time because they are supposed to still be in the office at that hour and they are supposed to come on the line after the tape and answer your questions.) Apparently it was added because of one study made in 1984 by Dr. Jerome Groopman and colleagues which found the HTLV-III (AIDS) virus in the saliva of both healthy and unhealthy homosexuals. The conclusion, as stated in the abstract was: "Although AIDS does not appear to be transmitted by casual contact, the possibility that HTLV-III can be transmitted by saliva should be considered." (The Groopman paper is printed in the Oct 26 1984 issue of Science, page 447.)

Despite the addition of the "and saliva" phrase, the Public Health Service continues to say that AIDS can't be transmitted via "casual contact." Although they never spell it out in just that way, their position seems to be that even though the virus may be in saliva, it can't be transmitted via saliva.

One reason that Dr. Groopman's finding seems to have just been absorbed into the Public Health Service position without basically altering it is that what he demonstrated was no surprise. The possibility that the AIDS-causing virus was present in saliva was assumed from the beginning as probable even though it was often discounted in the swing of the "no casual contact" assurance.

The two assumptions—that the virus is in saliva but that saliva isn't contagious—seem to have been traveling together from the first in Public Health Service literature on AIDS, like a Mutt and Jeff pair of contrasting but inseparable companions. One of the first articles on AIDS to reach the general public, in the October 1983 Readers Digest, contains this paragraph: "Most doctors doubt <sup>to be</sup> AIDS will spread to the general public. Whatever causes the disease appears in blood and possibly in semen, mucus and saliva. 'Transmission requires intimate contact—sex—with an infected person, or contact with infected blood,' says Dr. James Curran, head of the CDC's [Center for Disease Control of the U.S.P.H.S.] task force on AIDS. 'We're not finding the disease in co-workers of AIDS victims, or in people who have routine household contact with them.'" So it is in saliva, but it takes sex to transmit it?

An expanded form of Dr. Curran's argument is given in the January 1985 PHS publication "Facts About AIDS" which I was given at the Colorado Health Department office. Most doctors I talked to seemed to be referring to it as the main PHS argument against transmission via saliva: "No cases have been found where AIDS has been transmitted by casual or normal household contact with AIDS patients or persons in the high risk groups. Although HTLV-III virus has been found in saliva of some persons at risk for AIDS, there have been no cases in which saliva was shown to be the route of transmission. Ambulance drivers, police and firemen who have assisted AIDS patients have not become ill. Nurses, doctors and health care personnel have not developed AIDS from exposure to AIDS patients."

This argument seems to be a pseudo-epidemiological argument based upon a lack of figures which is assumed to have no other explanation. It also shares with the blue booklet an amorphous idea of "contact" which, far from having been scientifically measured and defined, hasn't even been thought about with any degree of common sense.

What sort of "contact" do they assume the average health worker to have had with an AIDS patient? Do we suppose that the nurse strolled into his room, kissed him on the lips, and took a sip out of his water glass? In fact, from the very beginning of the AIDS outbreak, health workers have followed routine precautions in handling the patients, including the use of masks and gloves etc. both to protect themselves and to protect the patient from infections that his immune system could no longer handle. The policemen and firemen were given the same instructions—the Post here is still riding one policeman who took extreme avoidance precautions when dealing with an AIDS patient, but he was only taking literally what the booklet instructed him to do. A number of health workers have quit rather than even go near AIDS patients and the remaining ones have been well aware of the danger of exposure. The fact that they would even try to use such an argument seems to betray a consciousness that their other arguments are very much in need of relief. And they are.



The argument about household contacts etc. isn't any better. The statement seems to imply that some investigation has been made into the household or office contacts of AIDS victims, but clearly none has. Since almost all of the victims are adult, male homosexuals (away from New York City, where there is an epidemic among needle junkies, more than 90% of AIDS cases are male homosexuals) the reasonable assumption is that their room mates are also homosexuals and perhaps their co-workers as well, especially in cities like San Francisco. Obviously any spread by casual contact to other homosexuals won't appear as such in the reports because they are already part of the "high risk" group. The fellow office worker argument also relies upon another undefined notion of "contact". An active TB case may work in an office with a dozen people and none of them catch it because he is a polite fellow who sticks to his own coffee cup<sup>and</sup> doesn't cough in their faces. Does that show that TB isn't contagious? Obviously that is an entirely different contact situation from one where people share wine bottles and are superstitious about restraining a cough. In the absence of any investigation of contact circumstances there is no basis for the PHS line of argument. Since you really know nothing about the degree of contact, you know nothing about the degree of contagiousness.

These arguments also ignore the time lag in the development of AIDS cases which is from one to four years. Even if you are exposed and aren't able to resist it, it may be years before you come down with the disease. The fact that Dr. Curran was making the same argument in 1983 only a year or so after the first handful of AIDS cases was reported (only 239 cases were reported in the United States in 1981) shows how rash the whole line of argument has been.

The other main argument against the transmission of AIDS via saliva is that in no case has it been shown to be the route of transmission. This is the same argument that the American Tobacco Institute still uses to argue that the link between smoking and cancer hasn't been proven because in no case has the direct biochemical link ever been demonstrated.

Saliva hasn't been shown to be the "route of transmission" but neither has semen or feces "been shown" to be the route of transmission. Because all of them are involved in the homosexual encounter, all of them are equally suspect in the absence of any tests that eliminate one or the other. Common sense medicine says that the virus is in all three and all three must be supposed to be probable routes of transmission. The only AIDS cases in which the route of transmission has been established for certain are those in which a blood recipient got AIDS from a blood donor. Since a pint of blood (or a blood product) was their only "contact" it had to be the route of transmission. Clearly the thousands of cases which have been caused by homosexual encounters cannot be assumed to be the result of semen, but not saliva, any more than they can be assumed to be the result of feces but not semen. The tubercular waiter brings you your lunch, coughing all &&&

The contradiction between saying that the AIDS virus is in saliva but isn't transmissible by saliva is one of several similar contradictions in the AIDS literature put out by the U.S. Public Health Service. The contradictions mostly show up when you put together information being given out

&&& the way from the kitchen. A week later you come down with TB. Was it the sandwich, the soup, or the salad? The sensible assumption is that it could have been any one of them, or all three of them.



to one group with information being given out to another group. Information being given to the general public says one thing, that given out to homosexuals says another. Then the instructions given to health workers dealing with AIDS patients give a third picture and those given to laboratory workers dealing with AIDS-contaminated materials and AIDS-infected experimental animals give a fourth and much more frightening picture than any of the others.

"There's no reason to suspect that AIDS is transmitted through the air" says the PHS blue booklet published in 1983 and still being given out to the general public. The general information sheet given out by the Denver Health Department says: "AIDS is not spread through the air like colds and flu." But, if the virus is in saliva and you cough, won't that put infectious droplets out where someone else could breathe them in? Dr. Judson said no, because "there wouldn't be enough virus in the droplet." A current PHS seminar booklet advises health care workers how to deal with an AIDS patient who may be coughing: "Patients with AIDS are not a danger to the general hospital community; there is no evidence of transmission via casual skin contact or airborne spread via respiratory droplets. The cooperative hospitalized patient who is not coughing or having a severe diarrhea need not be isolated." (?) But, if you aren't worried about respiratory droplets, why isolate him just because he is coughing? Finally, in another article in the same booklet, workers are instructed how to deal with AIDS-infected experimental animals: "Certain non-human primates, such as chimpanzees, are prone to throw excreta and to spit at attendants; personnel attending inoculated animals should wear molded surgical masks and goggles or other equipment sufficient to prevent potentially infective droplets from reaching the mucosal surfaces of their mouths, nares, and eyes." So flying saliva is a serious danger or no danger at all, depending upon which PHS booklet or article you read.

There is a similar range of contradictory statements as to whether AIDS can be transmitted via inanimate objects. No, says the literature given to the public. But an article about AIDS among drug addicts warns that even boiling the needle doesn't make it safe. Lab workers are instructed to sterilize any objects that have been in contact with AIDS patients with chemical and then with the autoclave, which subjects glass and metal objects to steam and high heat in a sealed enclosure. So is it a danger to the public health to have an AIDS case working in a restaurant? Don't be silly. It's perfectly safe so long as you autoclave anything that comes into "contact" with him!

Instead of relying upon doubtful assumptions as to the not-very-contagious nature of AIDS, why hasn't the Public Health Service used some of the millions of dollars appropriated for AIDS research to try and resolve the question? Why don't they want to settle the matter once and for all? If contagion tests worked out as they have presumed, it would put everyone more at ease—especially them.

The item about the AIDS-infected chimpanzee suggested a question which I put first to Dr. Fred Wolf, the director of the venereal disease program at the Colorado Health Department. Why hadn't they tested whether saliva was contagious by taking some from AIDS-infected chimpanzees and transferring it to healthy chimpanzees? Because, he said, "experiments like that are expensive." And if someone does get a research grant he wouldn't use it on that because

it wasn't a "primary question". I couldn't get Dr. Wolf to explain clearly why the question about how AIDS is transmitted isn't a "primary" question. "It would be up to the researcher," he said.

I got a similar answer from a medical epidemiologist with the AIDS Task Force at the PHS Center for Disease Control, Dr. John Ward. Tests for saliva contagion in chimpanzees hadn't been done he said because "chimpanzees are expensive". When they did experiment with chimpanzees they used them to try and answer research questions "with a higher priority" such as identifying the AIDS-causing virus.

Dr. Ward's explanation is apparently his own attempt to find a good reason for the absence of saliva contagion research. If his reply doesn't make much sense, it is because the PHS policy makes no sense. They could have done this experiment 5 years ago since it was a simple contagion experiment that didn't need to wait on identifying the AIDS virus. They have had an enormous amount of research money— 48 million just in 1983— and AIDS has supposedly been the number one priority of the U.S. Public Health Service since early 1983. What good reason can there have been for not pursuing this research question as well as the question of identifying the AIDS virus?

Why, anyway, would identifying the virus have a priority over containing the epidemic by making sure what all the routes of transmission were? The PHS is supposed to be a public health authority whose first responsibility is to protect the public health by containing the spread of serious diseases. Identifying the virus may eventually lead to a cure, but the most urgent priority is to minimize the number of those needing to be cured. Actually there is no guarantee that they will ever find a cure and it is almost certain to take some years even if they do because AIDS is a "retrovirus" and no successful retrovirus vaccine has ever been made yet. In the meantime, with the number of AIDS cases increasing at an alarming rate, they are still just going by their old assumptions as to how it is transmitted. They seem to have simply ignored what has always been the standard operating procedure of a public health authority faced with the outbreak of a deadly disease for which they had no cure—quarantine it and contain it, so people won't die from it during the long years it may take to find a cure. Finding out for sure how the disease was transmitted should have had the priority, if any choice had to be made, but they obviously had enough money to do both.

In effect, the Public Health Service has been testing its murky hypothesis about "casual contact" on the public, instead of on chimpanzees. And they seem to be in no rush to learn the results of the experiment. What the "there is no evidence" argument means is that AIDS cases haven't appeared which could be definitely certified as not ultimately due to a sexual encounter with a homosexual or bisexual male. To prove the hypothesis wrong, you have to find a woman AIDS case who can prove she hasn't had sex at all or else can prove that her boy friend isn't a "bisexual" and that her boyfriend hasn't had sex with another woman who may have acquired AIDS from a bisexual lover. If a man acquires AIDS, he is ipso facto a homosexual or else he has had sex with a woman who has acquired AIDS from a bisexual. He really can't be sure himself that this might not have happened, and, anyway it would just be his supposition against the weight of the PHS official position. The simple answer to the PHS

\* in Atlanta Georgia —

statement that they haven't found any cases attributable to saliva, coughing, etc. is that they haven't looked. Instead they are waiting for the cases to come and find them. They'll be slow to answer the door when they do show up.

But why wait for AIDS cases to develop when you have a simple test which can show whether a person has been exposed or not? The test has been certified for general use only since March 2nd of this year, but it has been used since at least 1983 to detect HTLV-III (AIDS) exposure. The PHS could offer a free test to the employees of a few fern bars, or they could send a mobile unit down to collect blood samples this afternoon. Obviously it has to be a place where AIDS-positive people have been in daily and fairly chummy contact with low risk people. The results should at once verify the PHS hypothesis about "casual contact"—if it is ever going to be verified.

The test detects the antibody to the HTLV-III virus. If you test positive, it shows that you have been exposed to the virus and probably are still carrying it, because it is a very tough and tenacious virus. Because of that you have to assume that you may be AIDS-infectious to other people. The test doesn't tell you whether or not you are going to develop AIDS. It isn't a 100% reliable test—few laboratory tests are—and it can produce both false positives and false negatives. On the other hand, there are several back-up tests that can be used to check on doubtful results.

So despite any caveats about the test, it is a simple and reliable way to find out whether a person has been exposed to AIDS or not. Taken together with a common sense definition of "contact" it could quickly verify—or disprove—the PHS hypothesis that AIDS isn't being spread by casual contact, saliva, coughing, inanimate objects etc.

The test has been used in this way in some places, although not the right places. A group of 18 laboratory workers was given the test and all proved negative. It shows the persistent idiocy of the AIDS literature that this result was taken as indicating, not that masks, goggles, gloves and gowns are adequate safety precautions, but that AIDS isn't very contagious! It also shows, I think, a kind of desperate reaching out for some verification of an assertion that many people in the PHS don't believe privately, even while they have to keep saying it publically.

So why haven't they done any of this? Why have they relied upon doubtful assumptions, instead of really trying to find out? Why have they ignored good evidence that saliva may be contagious, made an opposite assumption, and then neglected to test their assumption by readily available tests? What is the reason for these obvious contradictions in the AIDS literature as to how it is transmitted?

I think the answer is that Public Health Service policies and positions on AIDS have been dictated from the very beginning by political pressures rather than by medical considerations. The situation of Public Health officials is perhaps analogous to the dilemma of scientists at the Atomic Energy Commission in the 1950's who had to keep insisting publically that fallout wasn't dangerous, despite any evidence to the contrary, and despite what they may have really thought about it in private.



In such a situation, there is pressure upon everyone in the organization to support the official position, and even those who might dissent tend to defer to the conformity of opinion or they find themselves ignored, if they do try to make an objection. If you can't in good conscience continue to support the official position and keep your doubts to yourself, you have of course the option of resigning. Which isn't a tempting alternative to anyone who can't be sure of a job on the other side of the issue. I think that is why everyone I talked to seemed to be alternately affirming and denying that AIDS is probably contagious via saliva. As spokesmen for a Public Health organization they had to defend the official position that AIDS can't be transmitted by a "casual contact". As medical scientists who aren't dopes, they had to concede that contagion via saliva was far more likely than the alternative opinion which is required to prop up the "no casual contagion" assurance which has been imbedded in the official PHS position from the beginning.

It is this kind of dilemma that causes intelligent people to say stupid things. The Vietnam era general who said that the U.S. military "had to destroy this village in order to save it" was trying to come up with a plausible way to reconcile the official position that they were there to protect the people with the fact that they were uprooting the people and torching their village.

Does Dr. Judson of the Denver Health Department really think that coughing won't spread AIDS because "there isn't enough virus" in a droplet? ("But what if it is a really BIG goober, Doctor?") Does Dr. Ward at the Center for Disease Control in Atlanta really think they didn't test saliva contagion in chimpanzees because "chimpanzees are expensive"? (Wait until he sees the bills for the lawsuits against the CDC; he'll become an instant convert to the doctrine that chimps are relatively cheap.)

Like other people in the Public Health Service, they are forced to think up logical reasons for illogical policies. They have to think up medical reasons for positions that have been determined by political reasons.

I don't pretend to have an insider's knowledge of the policy-making councils of the Public Health Service. But I think the years I spent in medical research gave me an understanding of the ways in which personal, social, and political pressures can determine positions which are supposedly based only upon objective science. Also, of course, you can work back from the evidence presented by public policies and statements and make reasonable deductions as to their origins. If congress passes a bill raising the dairy products subsidy, you can reasonably deduce that dairy farm lobbyists have been influencing congressmen even though you haven't been privy to any conversation between a lobbyist and a congressman.

If you were writing a TV drama about the AEC in 1956, you would probably portray the top scientist as agonizing over whether to state publically his conviction that fallout is dangerous or whether to stick with the position that the President has taken and which his challenger is trying to make an issue of—with the election impending. But what really happens is that the higher up in the science and medical hierarchy you go the more politically sensitive you have to be. If you don't have a sure instinct for saying the right thing at the right time and for not saying the right thing at the wrong time, you never get into such a position in the first place. The head of a research institute rarely visits his laboratories because he is too busy

meeting with people on his own level and figuring out how to get his research projects funded or the funding renewed. So he tends to be preoccupied with the politics of medical research and has little time for medical research itself. In effect, he has made the decision to go in the direction indicated by political considerations before the issue ever comes up. If he doesn't want to go that way there are plenty of others waiting to take the position he has vacated.

At the level where the actual research goes on, people have to be as much aware of considerations which will help or hurt their careers as they do purely scientific considerations. I have seen researchers discard as "mistakes" experimental results which seemed perfectly valid because the results didn't agree with what the head of the institute had earlier reported. Since you are unsure of your career prospects and know you have little chance of getting an NIH grant independently, the conservative conclusion is that the results are a mistake—which, in fact, they may be, because medical research is often uncertain. A lower echelon researcher at the AEC in 1956 who discovered that his mice had apparently developed leukemia from <sup>contact with</sup> radioactive debris would know better than to assume that the head of the institute would receive the news with glee: "So you've demonstrated that the President and the rest of us are probably lying. And just in time for the election too. Good Work!" He would be strongly inclined to re-check his results or to hang onto them for a while—late November is always a good time to write a report.

I think that describes the way in which an entire scientific establishment can be blown off course by a prevailing political wind. Such a bureaucracy will usually correct its own mistakes over time. If the publicity spotlight is turned off and the political pressures decrease, they will work around to a new position slowly enough so that no one loses much face or has to explain why he is saying just the opposite of what he said a week ago. It is apparent that some of the doctors in the Public Health Service would like to say bluntly that yes, AIDS can be transmitted by casual contact, contrary to the official line, but the problem is that publicity and pressure tend to harden a position until it becomes an article of faith and a test of loyalty. And while a slow change to a new position may be in the best interest of the bureaucracy, it isn't in the best interest of the young men and women who are being exposed to a deadly disease without knowing it, during every day that passes, because there has been no clear public warning. A conclusion discreetly suggested in a research paper or a tacit admission made to a persistent questioner is no substitute for the plain and urgent public warning that should have been given long ago.

The positions that the Public Health Service has taken on AIDS seem to have been shaped by three different political pressures that converged to produce a disastrous policy. The input from gay rights organizations has led to a PHS policy which is, in essence, to try and protect the homosexual "lifestyle" rather than to protect the lives of homosexuals. This policy has been reinforced by the attitudes of a sexual libertine section of public opinion which accepts the idea that the gay lifestyle has to be protected and which has adopted into its own lifestyle the principle that sexual freedom is an individual right which is absolute—it cannot be infringed upon no matter what the consequences are, even if the consequences are an epidemic of a venereal disease which is incurable and fatal.

The third force is the general public opinion whose real message to the PHS behind a facade of tolerance for homosexuals might be expressed as: "I don't care if those punks kill each other off, but that thing better not spread to the rest of us!" The fact that only homosexuals were getting a disease which arose from their own sexually promiscuous lifestyle made the public react differently than it would have to an epidemic among other people or even to one among homosexuals if the disease hadn't been seen as their own doing. Which it was. The "Haitians, hemophiliacs, heroin addicts and homosexuals" formulation is used as a sort of disguise for the fact that the AIDS epidemic in the United States is essentially attributable to homosexuals, who apparently caught it from male prostitutes in Haiti and then brought it back here where it rapidly spread from coast to coast among the sexually promiscuous homosexual community.

The PHS adopted a policy of maximum reassurance and minimum information towards the general public from the outset, before there was any certainty about what caused the disease. This reassurance strategy, which is virtually a campaign, revolves around the theme that there is nothing to fear but fear itself. "AIDS: A Plague of Fear" is the title of the 1983 Readers Digest article, which reflects the PHS line that fear of AIDS, rather than AIDS itself, is the main problem for the general public. The PHS blue booklet opens and closes with injunctions to "Help stop the EPIDEMIC OF FEAR!" and to "Put your knowledge and understanding to work by DISPELLING THE MYTHS AND FEARS ABOUT AIDS TODAY!" The booklet shows a relieved cartoon citizen mopping the sweat off his brow after he has learned the "truth" about AIDS.

It's hard to understand their headlong commitment to this reassurance policy, which they have been stuck with ever since. It seems to have been necessary for them to get some working room to pursue the AIDS strategy demanded by gay rights groups. Also, perhaps, it was meant to minimize the public relations damage that the AIDS epidemic was causing to the "gay lifestyle" image and to homosexuals generally.

The early and sensible assumption that whatever caused AIDS might be present in saliva as well as other body fluids had to be denigrated because of its obvious incompatibility with the basic contention of the reassurance campaign—AIDS can't be spread casually, it requires sexual contact. (So it won't spread to the general public, only homosexuals will get it. So let the PHS and the gay rights groups work out what needs to be done. No one else should worry about it—it's really not their business.) With the general public halfway pacified, the PHS could work on the AIDS epidemic within the limits dictated by the interests of the gay rights organizations which were at least passively supported by influential sections of public opinion which accept the idea of sexual freedom as an absolute right. So because political pressures dictated a policy of reassuring the public that AIDS couldn't be spread via kissing, coughing etc. they never researched the question at all, because, in essence, if they were wrong, they couldn't afford to find it out. Just as the AEC scientists couldn't afford to find out that they were wrong about fallout.



It is no secret that a well-organized interest group can have a major influence on public policies which affect them, especially if the rest of the public is willing to more-or-less ignore the issue. The gay rights groups have played a major role in determining PHS policies on AIDS from the beginning.

There is a surface plausibility to giving gay rights groups a major voice in AIDS policy. But it is somewhat like giving the National Rifle Association a major voice in a disarmament task force. True, they know a lot about guns, but....

The policy the PHS developed in cooperation with gay rights groups tries to protect the homosexual life style. As a consequence, it doesn't protect the lives of homosexuals. The bathhouses are still open. Meanwhile, the AIDS epidemic has spread so rapidly that the number of cases doubles about every six months. There will have been an estimated 200,000 cases reported by 1988, with many of them already dead. Since well over half of the male homosexual population seems to already have been exposed to AIDS, there is obviously going to be a toll of epic proportions, whether the disease spreads to the rest of the public or not. Because AIDS is a series of illnesses rather than just one terminal illness, the medical costs will be astronomical and they may run out of hospital beds before they run out of coffins.

If PHS policies have been criminally negligent in ignoring the possibility that AIDS might spread to the general population, that is not so surprising when you consider that they were already letting it spread freely among the homosexual population without taking any effective measures to stop it. They couldn't, really, because public opinion, homosexual and sexual libertine, prevented them from taking the only measures that would have worked. Faced with a venereal disease, they could do nothing that would even seem to be interfering with the venery by which the disease was being spread. Why should they worry much about AIDS being spread by saliva or coughing? If they doubted as to whether it could be transmitted that way, they had no doubt that it could be transmitted via semen and feces. Since they had acquiesced in the transmission of an epidemic disease via semen and feces, there wasn't that much reason to worry about other potential means of transmission. From this perspective, the puzzling policies of the Public Health Service aren't quite so strange. You know for certain that AIDS is being spread as a venereal disease among homosexuals and that thousands of them will die. You know that you are barred from taking any effective measures to prevent this from happening. So why be unduly alarmed that AIDS may spread in other ways as well, to the non-homosexual population and that dozens or hundreds may already be infected?

There is a statement in the PHS blue booklet that shows what the policy direction was and suggests the reason why they ignored contagion research: "There is every reason to believe that the extensive research effort being headed by the federal government will uncover the cause of AIDS, making it possible to develop both a cure and preventive measures." But why do "preventive measures" have to wait upon finding the cause and cure of AIDS? They surely realized that "finding the cause" might still leave them years away from a cure—as it has. And wouldn't lead to any preventive measures that they couldn't have

taken before the research effort to find the cause ever started. What they are really saying is that they couldn't take any effective measures to prevent the AIDS epidemic so their one policy was a crash effort to find a cure for it. And this essentially was their mandate from the gay rights organizations, acquiesced in by the public for different reasons—find a cure for AIDS and make the homosexual lifestyle safe once more. Meanwhile, the bathhouse revels must go on—which rules out any real preventive measures. The preventive measures they did come up with—advice only, and doubtful advice at that—shows the limits they had to work within. Use "safe sex" practices advises the gay rights statement. "Mutual masturbation" is ok says the Denver Health Department advice sheet for gay men—even though the virus is in semen. The Gay/Lesbian Community Statement of January 11 1985,<sup>†</sup> signed by some 16 organizations, shows how preoccupied they still are with protecting the lifestyle rather than the lives of gays. They actually urge gays to avoid the newly licensed AIDS-exposure test because of the possible repercussions. Like it is more important to conceal AIDS than it is to control it.

The limitations which the public health authorities have had to impose upon themselves in coping with AIDS are basically contrary to the way that any public health authority would have coped with the epidemic outbreak of a fatal and incurable disease in years gone by. Compare, for instance, the way that public health authorities still handle tuberculosis.

You go to your physician complaining of fatigue, weight loss and night sweats—all symptoms of AIDS and tuberculosis both, so the doctor checks you for both. If he discovers that you have tuberculosis, he thereupon has a legal obligation to treat you himself or to make sure that you receive treatment in a way that effectively quarantines you from infecting others with tuberculosis. In addition, he has a legal obligation to report your case to the public health authorities and they are obligated to follow up on your case. If you refuse to cooperate with quarantine or confinement, you can be arrested and committed to a state tuberculosis hospital, just as a mental patient would be, who was considered dangerous to the community. When I caught tuberculosis, working at a Catholic Worker house in the slums of Chicago many years ago, I was lucky enough to get admitted to the National Jewish Hospital at Denver, probably the best such facility in the world. I spent five fairly pleasant months there, read *The Magic Mountain* with a new interest, and emerged good as new. Had I not been so lucky, I could have been committed to an Illinois State tuberculosis hospital, and, because the treatment was not so advanced, spent years, perhaps, in a much less pleasant place. If I am ambivalent about a law which can commit you to an institution, for years even, not because you have committed a crime and not because you're crazy, but because you have inadvertently caught a contagious disease, the reason is this: I wouldn't have caught tuberculosis in the first place if that law had been better enforced. I caught it from a skid row character living at the Catholic Worker who was AWOL from the tuberculosis hospital. Several other men at the Catholic Worker were also infected and, less fortunate than I, had to go to the state sanitariums. One of them died there, some years later.

*+ which was included in the PHS seminar booklet.*

Quarantine and isolation have always been used to contain deadly epidemics of hepatitis, diphtheria, scarlet fever, bubonic plague etc., especially if there was no cure. Even if there was a cure, the infected person was quarantined in some way, at home or in a medical institution, until he was no longer a danger to others. Because even if the disease doesn't kill you it almost always means a long and costly illness before the treatment can effect a cure. Even a mild and curable case of tuberculosis took five months out of my life. Others, even at NJH, spent years recovering from the disease.

But suppose the doctor finds you are positive for AIDS, not for tuberculosis. Instead of having a legal obligation to report your case to the public health authorities he has a legal obligation to keep the information confidential. Instead of taking whatever steps are necessary to insure that you don't spread the disease to others, all he can do is advise you, confidentially, that the pistol in your pants is probably loaded and may kill someone if you use it. But whether you heed the doctor's advice or not is determined only by your own conscience.

It would make a good short story plot, I suppose, if everyone didn't already know what the ending was. Here is a young man, a homosexual, who has just learned that he is testing positive for AIDS. The doctor can't tell him whether he will fully develop the disease and die from it or not. He isn't even sure whether he is contagious to others, but he has to assume that he may be. All of this makes him very nervous and when he is nervous he usually visits the bathhouse to relax. But if he goes there for his usual "bath" the result may be that he will pass a terrible disease to another man. On the other hand, no one knows for sure that it will happen, and no one will ever know. If it is a crime, it is the perfect crime. No one can ever prove that it was him. He will suffer no criminal penalty, he can't be sued, and he doesn't even have to know for sure that someone has died because of him.

How did we ever get into a position where our lives depend upon the conscience that is, the unreliable whim, of this man who obviously has a carnal addiction which he is unable to control? The equivalent would be to rely upon the good judgement of the tuberculosis-carrying skid row alcoholic to take the necessary hygienic measures to avoid spreading TB. We know what he will do because we know what he has done—the soaring number of AIDS cases is the mute evidence of the decision he made. What good reason did we have for thinking that he could or would do anything else if it was left up to him?

Irresponsibility is the essential and necessary characteristic of the homosexual bathhouse. It is a place where young men find hundreds of sex partners in a year without even having to learn a name and a phone number. It is the ultimate in casual and recreational sex. It is sex that comes as near as possible to being perfectly anonymous and entirely impersonal. Why expect responsibility from it? Why expect a young man to care for the lives of those whose bodies he wishes to use for a few minutes to relieve his craving? The myth is that there is a "gay community". "Gay", that is, happy and full of love, like 200 steam room partners a year. "Community", that is, they care and they share. What they care about is protecting their addiction. What they have been sharing with others is an incurable and fatal disease. The bathhouse has as much to do with love as the whore house does and there is as much reason to extend tolerance to one as to the other. The exchange of money is common in the bathhouse, as it is in homosexual encounters generally.



Imagine where we would be in relation to heroin addicts if the drug-use-freedom-as-an-absolute-right crowd had achieved the same success as the sexual freedom movement. The laws on heroin use are either changed or left unenforced. Enlightened people don't use the term "junkies" any more—it's kind of an ethnic slur. Even "heroin addict" seems cold and disapproving. So we call them "high guys" or "highs" the name they have chosen for themselves. It is generally accepted among better educated people that far from being a kind of depravity, heroin use is just an alternative life style, really rather simple and beautiful seen from the right perspective. Here are people who care only for seeking after inward truth and joy by using the poppy flower—a derivative of it, actually. And so we coexist with them benignly—live and let live—until there is an unfortunate outbreak of an epidemic of "overdoses" that is causing the highs to die like flies in October. And whereas Uncle is absolutely forbidden from interfering in any way with the life style of the highs, it is also understood that he should come running if there is trouble.

What to do? Shouldn't the heroin flow be stopped and the needles confiscated? Don't even suggest that in public. The high rights organizations are of course consulted about what to do and they insist that the one given in the situation is that there can be no interference with the life style and the fact of an epidemic can't be used as an excuse to infringe upon what a lot of backward people still regard as a form of depravity. So all Uncle can do is mount a multi-million dollar research effort to discover what really causes the mysterious needle reactions lumped under the term of "overdose" (which was killing an average of 2-3 addicts a day when I lived in New York City some years ago) and make the high guys simple and beautiful life style safe once more. Meanwhile, we leave it up to the highs themselves to be responsible and sensible about using the needle. Any other policy would imply that we regard them as addicts who are lacking in self-control in this matter and that deep down we don't really believe in freedom for heroin users. And if freedom for the high guys is compromised, the substances we like to use to get through the evening might become the next target.

How did homosexuals acquire this constitutional right to play Russian Roulette with their own lives and with the lives of others? The answer I think is that the right is implicit in the modern doctrine of sexual freedom as the absolute right of the individual. Because it is absolute, it remains a right, even when it is pushed to a grotesque extreme of promiscuous irresponsibility. You have an absolute right to do what you want with your own body and if somebody else's body gets hurt as a result, that's too bad, but it's not your fault. It's up to society and to the government to eliminate such consequences without infringing in any way upon sexual freedom. The spectacular toll of the AIDS epidemic is only a dramatic illustration of what tolerance for loveless sexuality and carnal addiction have been doing to society. Bathhouse buggery is only the most extravagant mode of degraded sexuality that society has tried to teach itself to accept among the promiscuous population, whether homosexual or heterosexual, since the old system of sexual responsibility was abandoned.

The way the Public Health Service has tried to deal with AIDS has been contrary to the traditional way of coping with epidemics but it has been right in line with the way they have dealt with a series of venereal disease epidemics

among both promiscuous homosexuals and promiscuous heterosexuals in recent years. AIDS is only the most stubbornly incurable and relentlessly fatal of some 20 venereal diseases that public health authorities are trying to cope with and which the taxpayers have to pay for in enormous medical bills and research costs. They have found a vaccine for hepatitis B, one of the many venereal diseases that have come like the plagues of Egypt from the homosexual bathhouses. Herpes, which has mostly afflicted heterosexuals, is still incurable but not fatal and the way it has been spread raises similar questions as to how much respect should be accorded the "life style" of those who are spreading it. An article tells of one psychotherapist who found that women didn't want to make it with him when he told them that he had herpes. So he stopped telling them. Rather than lose his pleasures, he was willing to risk having them catch a painful and permanent disease which affects child-bearing as well. Is that the free love promised by the sexual revolution? Free hate describes it better.

These venereal disease epidemics are not accidental to promiscuous sexuality, but the natural and inevitable result of it. If God is indifferent to our irresponsible sexual doings, Mother Nature regularly takes a savage revenge upon those who trifle with one of her sacred mysteries. Unfortunately, like a lot of people on a tear, she doesn't always confine her punishments to those who have really deserved it.

Aside from an AIDS epidemic and a herpes epidemic, the doctrine of sexual freedom as an absolute right has produced an epidemic of abortions. A woman has an absolute right to do as she wishes with her own body. And this right must be maintained regardless of what it means for the body inside her. To make her responsible for the consequences of her own sexuality is to limit her sexual freedom, so it cannot be done. To make the man responsible for the pregnancy he has caused or the disease he has spread is to limit his sexual freedom so it cannot be done. Why should he even have to pay for her abortion? The government should provide one for free. Man, woman, homosexual—each has an absolute right to do as he wishes with his own body, even if it means disease or death to some other body. This notion is fundamentally at odds with the old common law idea that your right to swing your arm freely ends where your neighbor's face begins. Your right to do what you want with your body cannot be absolute because it has to be limited by the presence of someone else's body.

The many lives that are being lost to AIDS and abortion, the millions of people carrying painful, expensive and disfiguring diseases, are only the most measurable indications of the havoc wrought by public acceptance of sexual irresponsibility as a right. Irresponsible sexuality also erodes the very basis upon which love relationships are built and families secured. Fragmented families and permanently lonely lives are part of the immeasurable damage caused by this strange doctrine.

The ideal of unrestrained sexuality is usually thought of as a left/liberal idea. The modern form is a legacy from the moon-struck children of the 1960's who proclaimed a new age and summarily junked all the moral traditions that had grown out of the long years of human experience. They had been given a magical new set of pills for mind and body so all the old rules were obsolete.

The idea is actually as much an ultraright idea as it is an ultraleft idea. It appeals to a lot of people whose other ideas bear the marks of epidemic mental disease. It is found in Ayn Rand as well as in Marx and Engels. The early Nazi movement embraced it as well as the early Communist movement. We forget or we ignore the implications of the fact that many of the Nazis were homosexuals. But the grotesque moral depravity that appeared in their ideas and in their domestic and foreign policies also appeared in their emotional characters and in their private lives. The fact that they later became as murderous towards homosexuals as towards everyone else only illustrates that no one hates homosexuals as much as other homosexuals. If more proof of that proposition is needed, it is there in the figures for the AIDS epidemic.

Complete sexual freedom can only be achieved by the complete shedding of responsibility. When individuals are allowed to do this, the responsibility has to be picked up by someone else, and that someone else is usually the government. But this leads in a direction that is just the opposite of more freedom. Having assumed a responsibility, government can rightly claim the authority it needs to meet such a responsibility. In the process it tends to claim more authority than it really needs. Societies where public morality has collapsed and been replaced by license and depravity eventually go just the other way and a newly empowered government begins to regulate all of the activities that people have been unwilling or unable to regulate themselves to prevent harm to others. In short, we arrive at repressive government by popular demand. The Chinese government assumes all responsibility and with it the authority to tell people when to marry, when to have children, and how many children they may have.

Between the extremes of paternalistic, repressive government and a plague-ridden society where many suffer disease and death because of the wanton carelessness of others, the only good alternative is a public morality which is enforced more by custom and tradition than by law. If morality didn't exist it would be necessary to invent it. Since it has ceased to exist for some parts of society, it is necessary to re-invent it. All of the realistic alternatives are much worse.

Thirty years ago, before the sexual revolution came along, sexual responsibility was enforced by the force of public opinion more than by any difference in enforceable laws. A fellow of my acquaintance got his teen age girl pregnant and, because she was decent and she wasn't promiscuous, he had to marry her. He was a little young for such responsibilities, but their marriage turned out to be far happier and more durable than most modern marriages I have seen. One of the reasons for their uncontrolled passion, as it turned out, was that they really did like each other. He confided to me that, while he fully intended to do right by the girl, he was also aware that his best friends, who were also her friends, were going to beat him up if he didn't! The whole town, including his family and hers insisted that both of them must be responsible for the consequences of the adult right which they claimed, in effect, by exercising it.



Shotgun marriages aren't an ideal social institution, but they are far kinder and more humane than the millions of abortions we now have. Why should the blameless life be the one to be forfeit? Why should the one who had no choices to make, pay the price for the irresponsible choices of others? But the purpose of such public morality isn't to see how many young lives you can confine within the bonds of matrimony any more than it is the purpose of drunk driving laws to put as many tipplers in jail as possible. The idea is to make you think twice before you put yourself at the wheel of something that can ruin the lives of others if you don't know what you are doing. Out of control sexuality is just as dangerous as an out of control truck. An impending life sentence of matrimony tends to concentrate your mind and make you ask good questions: ("If I get her pregnant, I'll have to marry her. Do I really want to spend the rest of my life with her?") ("Can I trust this guy to stand by me? What do I really know about his character?") Public morality is the way the community reinforces the will of individuals who aren't always as sensible and firm as they should be.

Public morality puts an obligation on the whole community to enjoin responsibility. You don't let your friend get into his truck, when you know he is too drunk to drive. You take his keys away from him and you drive him home yourself. The alternative is to leave him to the police. And the alternative to public morality is the police state.

Public morality often requires an element of friendly coercion. But that is better than the unfriendly coercion of the police. And by and large it is far less coercive and far more effective than any alternative. The sidewalks along the North Clark Street skid row in Chicago were always covered with spots where the denizens had spit on the sidewalk in defiance of an unenforceable city ordinance. That custom seems to have disappeared from most parts of the modern city, not because the law was ever enforced, but because virtually everyone has adopted the attitude that spitting on the public sidewalk is a disgusting habit.

What limited the number of abortions in years gone by was less the effect of well-enforced law than it was the effect of the general attitude that an abortion was a terrible thing and a great disgrace to a woman. In half-successfully overthrowing that principle, supposedly enlightened moderns are stuck with trying in vain to establish their own counter morality. We are supposed to encourage young women to think that they haven't done anything wrong in having an abortion, even when they feel in their bones that they have done something wrong. In general, the foolish propositions required by the sexual revolution put us in the position of using a great deal of mental energy to justify as all right what we know to be all wrong. To counter the self-evident proposition that an abortion is wrong because it takes a human life without any good reason, intelligent people have to labor mightily to produce novel and feeble arguments that it isn't alive or it isn't human or that any reason of social or personal convenience is a good enough reason to take a life in this instance.

The AIDS epidemic is the result of the attempt to justify as all right the manifestly wrong form of human sexuality that is found in the homosexual bathhouse. Because there has been an absence of effective morality, and because even the grossest sexual irresponsibility has been treated as a natural

right (but nothing else in nature is so sexually irresponsible) we are confronting an epidemic that may be as destructive politically as it will be in the toll of individual lives.

If the AIDS epidemic continues, as it almost certainly will, and spreads, as it almost certainly will, the reaction of the public, which has up to now been pacified by the false reassurances of the Public Health Service, may very well be extreme. It makes sense to call now for necessary measures based upon justifiable fears than to wait until the only alternative is extreme measures dictated by public panic and outrage.

AIDS is a fearful epidemic and it has to be treated as such. It has to be quarantined and contained, just as tuberculosis or any other serious and contagious disease would be. More so, really, because tuberculosis can be treated and AIDS can't.

One immediate and effective measure would be to require restaurant workers to get new health cards which show them to be non-contagious for AIDS as well as non-contagious for tuberculosis, etc. as required by the present law. That would eliminate a serious danger to public health. It would also show to what degree our fern bar friends have already been exposed by the "casual contact" that the PHS kept assuring them was safe. It will give them a chance at early treatment, if that is worth anything, and it will give warning to those who haven't yet been exposed. Last, and not least, it will protect the jobs of homosexuals who are not AIDS-contagious and remove the cloud of suspicion that now attaches to all of them. What is happening now is that homosexuals are losing their jobs because employers suspect, with some reason, that they may be AIDS carriers and suspect, with even better reason, that the PHS is lying about how contagious AIDS really is.

Doctors should be required to report AIDS-contagious cases to the public health authorities just as they do tuberculosis cases and such cases should be effectively quarantined, whether at home or in medical institutions until it is certified that they are not dangerous to others. How contagious they are is still a murky question but that is only because the PHS has left it murky. It shouldn't take long to resolve it. Sweden is considering a law making it a crime for an AIDS-carrying homosexual to infect another. The realistic alternative to criminal laws and the legal mess they will produce is the standard, old-fashioned public health quarantine.

The other serious venereal diseases should be made a matter of public record, rather than a matter of confidential information—the modern equivalent of posting a danger sign on a quarantined house. Since this fellow with herpes isn't willing to keep the disease to himself, why should he be allowed to keep the information to himself? Making it a matter of public record would give fair warning to those that will get no warning from him. Tuberculosis, which is reported to the public health authorities, would otherwise be spread by people only because of carelessness and ignorance, for the most part. But venereal disease is being spread knowingly by people who are unwilling to impose sexual restraints upon themselves. Obviously it would shame them to make what they are doing a matter of public record, but is it really a civil right to be able to spread a terrible disease with impunity and secrecy guaranteed by the law? Public shame might be the fairest and most effective way to restrain people who obviously have no intention of restraining themselves.

About 27,000 new cases of venereal disease are being reported every day in the United States, and 10 million or more people have already been infected with one or more of these diseases that can spoil your life even if they don't kill you. Why should we put up with them? And why should we put up with people who knowingly spread them, any more than we put up with people who put poison into food or medicine?

Do we adopt punitive measures or do we let the destruction continue? Those are the choices when the individual refuses to be responsible and society has abandoned the code of public morality which might have forced him to be responsible.

The gay rights organizations which are now telling homosexuals to boycott the AIDS exposure test should reverse themselves and urge homosexuals to take the test, even if it means they may be quarantined at home or confined to a medical institution for an indefinite period, just like the TB cases are. It should be obvious to sensible people in the gay rights organizations that if they don't take some responsibility immediately for containing the AIDS epidemic, they won't have any choices left to make. Their own refusal to do anything effective to protect the lives of homosexuals, whom they supposedly represent, has created the AIDS epidemic as much as any other factor. Rather than hoping to entirely escape the consequences of that dereliction, they should be thinking about how to mitigate them. From a situation in which the public tolerates even the bathhouse, we could easily revert to the situation where homosexuals are once again in season for that part of the citizenry that needs a group it can safely dump on when Negroes, Jews and Catholics etc. aren't available. If the insistence continues to be made that tolerance for homosexuals requires tolerance for the bathhouse and the epidemics coming from it, it is very likely that none of them will be tolerated in the reaction to the AIDS epidemic.

The homosexual bathhouses should be closed. You wouldn't tolerate a restaurant that has produced 20 typhoid cases. Why tolerate bathhouses that are producing an endless series of venereal disease epidemics? Nothing could be less hygienic than these "bath" houses, and, believe it or not, almost all American homosexuals have bath tubs at home, if a bath is wanted. The idealized portrait of the gay life style shows couples living in faithful and monogamous harmony. Edifying. Such people won't miss the bathhouse, so no damage to the real gay life style will be done.

If the way the U.S. Public Health Service has handled the AIDS epidemic is understandable, it isn't forgivable. The responsibility that PHS officials must bear for the thousands of lives that are being destroyed is grounds for charges of criminal negligence against the responsible officials.

If a criminal master mind had devised a plot to exterminate all American homosexuals, he couldn't have come up with a better recipe for genocide than the one the PHS has come up with. It has thrown up a protective umbrella of reassurances to the public so that the carnal addicts of the bathhouses could destroy each other without any outside interference.

And those reassurances to the public give every appearance of being conscious and deliberate lies. These false reassurances have lulled everyone so that there are still no effective measures to control the epidemic.



What good reason did they ever have to assume that the virus wasn't present in saliva? None. And if the virus can live in one person's saliva, can't it live in a second person's saliva? Of course it can. So can it be transmitted via saliva, via a kiss or a shared glass or an energetic cough? Of course it can. So is AIDS casually contagious? Of course it is. And don't they know all that, these Public Health Service people who keep assuring us that AIDS can't be transmitted via casual contact? How can they not know it?

But somehow they got locked into this "there is nothing to fear but fear itself" campaign at the beginning. They started saying it before there was any good reason to say it, and had to keep on saying it even when there were good reasons for stopping. The present mindset of the Public Health Service is eerie. They concede that the Emperor's new clothes may not be well-suited for winter wear, but they still insist that it is an admirable outfit. It is a curious spectacle. It seems to show what an epidemic of mental conformity can do.

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