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*Surgeon General
"shows and tells"*

As I was preparing to read my Christmas mail, what to my wondering eyes should appear but the long-awaited Surgeon General's Report on Acquired Immune Deficiency Syndrome, part of the educational campaign against AIDS. This communication was sent to me courtesy of my Congressman. Every U.S. household has received or will receive this report.

While the text doesn't seem to contain any information which you and I haven't seen or heard many times in the newspapers and broadcast media, the pictures in this illustrated 36-page booklet give us some idea of the level of "education" the Surgeon General is promoting. On the front cover stands the imposing symbol of the U.S. Public Health Service with the date 1798. Inside the circle of the insignia is an anchor with chain, and across the anchor the familiar caduceus, i.e., the staff of Mercury with two intertwined serpents and surmounted by two wings. (By the way, Stedman's Medical Dictionary tells us that, while this symbol is the emblem of the U.S. Army Medical Corps, the correct symbol of the medical profession is not the staff of Mercury, but rather the staff of Esculapius, i.e., a rod with only one serpent encircling it and without wings. This latter symbol is the emblem of the Royal Army Medical Corps, the Royal Canadian Army Medical Corps, and the American Medical Association. Perhaps the lesson to be learned is that, just as with the rest of medicine, its symbolic representation requires a second opinion.)

The first picture illustrating the foreword to this slick publication is that of our stern-faced, bearded Surgeon General in full military dress with plenty of gold braid and a legion of ribbons marching across his ample chest. In the foreground, next to his hand, is his gold-braided Navy cap and behind him, of course, is the American flag. This portrait plus the imposing--if confusing--USPHS symbol, which takes up most of the front cover, impresses me with the awesome authority of the U.S. government, sponsor of the pamphlet.

The next illustration (page 9) looks like a mine waiting to be planted in the Persian Gulf. But the caption informs us that this spherical object with numerous protrusions on its surface is an artist's drawing of the AIDS virus. Even though this piece of art requires a caption, the next one (page 13)--a glass of milk and what appears to be a hamburger--speaks for itself. The text solemnly informs us that you can't catch AIDS by sharing food.

I suppose we should be grateful to the authors of this booklet for teaching us by illustration what food looks like. Even more educational is the next diagram (page 15) which outlines part of the male anatomy, informing us where the rectum is located in relation to the penis and

buttocks. I suppose there are some people who are unaware of these anatomical relationships and who require this kind of education. Just below this invaluable diagram appears a representation of the various cell layers and blood vessels of the rectum as seen under a microscope.

Now that I have been educated about the location of the rectum and its structure, the next illustration (page 17) gets right down to business with a picture of a segment of a condom and a partially-ripped-open container labeled "Aztecs." Just above this word is a line drawing, presumably of an ancient Azteckian, and just below are the words "one rolled latex condom." Being a man, I instantaneously identified this illustration, even without a caption. However, my executive editor, a woman, told me that she thought that what I had called a segment of a condom looked to her like a segment of a diaphragm. Furthermore, she thought that what I had identified as a torn condom wrapper was a torn tee shirt with an Aztec's monogram. This apparently sex-linked confusion obviously illustrates the need for more AIDS education.

On page 18, a diagram shows a syringe with a needle and a drop of fluid dangling from the tip of the needle. I believe all readers, regardless of sex, immediately will recognize this representation of intravenous drug abuse. But just in case someone might associate a needle-tipped syringe with a doctor's office, the caption informs us that the needle is "dirty," the syringe is "contaminated," and the fluid pictured in the illustration is "blood that may contain the AIDS virus."

The next illustration (page 20), although uncaptioned, apparently is meant to show us a legitimate way of catching AIDS through a needle--an intravenous infusion consisting of a container filled with dark fluid (I assume blood) with a long segment of tubing ending in a bandage-covered area on a person's forearm. The text informs us that the blood supply for transfusion "is now safer than it has ever been with regard to AIDS."

In the next illustration (page 22), the tubing is still in the patient's arm, but this time the container is below arm level. The text informs us, in case the reader hasn't figured it out already, that you cannot get AIDS by donating blood.

Why there should be an apple with a bite taken out of it on page 23 is a total mystery to me (I've already seen a picture of milk and a hamburger on page 13) until I read the accompanying text. That's where we get informed that, so far, no cases of AIDS are known to have been transmitted from one child to another in school. Aha, an apple for the teacher!

In case you thought the apple was enigmatic, the next illustration is even more inscrutable. On page 24, we see a cat, a winged, creepy-crawley creature, and a pair of disembodied, firmly-closed lips. What now? The text explains it all. You can't catch AIDS from your pet kitty, from mosquito bites or from "casual social contact" (closed lips, get it?).

Next, the complicated diagram on page 26 tries to teach us how the AIDS virus gets into the blood cells, multiplies, weakens the immune system and sets up the body for "opportunistic diseases." And even though most of this explanation represents speculative theorizing, I suppose some people will find it quite educational.

That's the end of the illustrations, but on the last two pages of the booklet, sources of additional information are listed so that, in case you didn't know how to get in touch with homosexuals, you now can learn the addresses and telephone numbers of the National Gay Task Force, the Gay Men's Health Crisis and the National Coalition of Gay, Sexually-Transmitted Disease Services. Other sources of information (U.S. Public Health Services, American Red Cross, San Francisco AIDS Foundation, etc.) also are listed.

Any humorous aspects that you and I may find in this publication are overshadowed by the following considerations:

- 1) The budget-busting cost of this Surgeon General's report paid for by you and me.

2) The certainty that much of the information contained in this booklet is out of date by the time it hits your mailbox.

3) The bad name that this kind of "education"--and "AIDS education" in general--is giving the noble concept of education.

4) The time and effort spent by my Congressman--and presumably yours--in reading this pamphlet, approving it and arranging for its distribution.

5) The use of my Congressman's franking privilege to further clutter the U.S. Postal Service during its busiest season of the year.

AIDS
by
mail

Do you remember when AIDS experts said we could catch that dread disease only through intimate exchange of body fluids? Later, they had to backtrack and concede the exchange of body fluids didn't have to be all that intimate; one could catch AIDS from a blood transfusion or from products derived from human blood. At first, the experts said the AIDS virus could live only on a moist medium; later, as a result of research at the Pasteur Institute, they had to backtrack again and admit that the AIDS virus could live for 10 days on a dry medium. Just a few months ago, if you had asked AIDS experts if the disease could be caught through the mail, they would have laughed at you, called you hysterical, a homophobe or a panic peddler. Well, not anymore.

The AMA News has reported (November 20, 1987) that vials containing blood and urine samples used for AIDS antibody testing have been breaking at post offices in the Kansas City area, and their contents have been leaking onto mail. Kansas City mailhandlers have been given rubber gloves to deal with mail dampened by urine and blood.

Health officials admit, "There is a slim chance that the leaking packages pose a health hazard to postal workers and to the public whose mail comes in contact with the contents." The manager of mail processing at the Shawnee Mission, Kansas, Post Office said, "We are worried....Some of the packages come in broken. Some are damp, and sometimes the wetness of the package has already dried."

Postal workers have been issued not only protective rubber gloves, but also aprons, masks and iron tongs. A reporter from the AMA News visited the Post Office and personally saw mail that had been spattered with blood.

How have doctors responded? The director of services at the Johnson County, Kansas, Health Department said, "We have been educating callers about the transmission of AIDS....We will organize seminars for the Postal Service if they request it. There is nothing much else we can do."

The doctor who heads up the Department of Infectious Diseases at the University of Kansas Medical Center hedged by saying that the chance of contracting AIDS and hepatitis "is possible but very unlikely." Another medical authority, the epidemiologist from the Kansas Department of Health, said the risk to package handlers was "very minimal," and the chance of infection to the public at large from leaking packages "is small."

What do we learn from all this? First, we learn that the AIDS experts have stumbled again. Now, all of us can add the U.S. mail to the list of pathways by which you can catch AIDS. Second, we learn that medical testing--with the ever-increasing numbers of specimens being sent through the mails from doctors and hospitals to laboratories--is dangerous to more than just the patient. Third, we learn that, once again, the health authorities are not particularly interested if people catch AIDS as long as "the risk is low, the numbers are small, the chances minimal." Whenever you hear this kind of language, you can bet the medical expert behind those words deals with statistics, not with people.

Next we learn that the heads of laboratories (in this case, the Kansas-based company that tests samples for 800 insurance companies nation-

wide) know little about what goes on in the post office. The executive vice-president of that particular testing laboratory, after admitting that "A small percentage of packages" pose a problem, pointed the finger of blame at the Postal Service: "Under normal handling, our packages are crush-proof and leakage-proof, but if a heavy object is dropped on them, they will break." Hasn't this gentleman ever seen the inside of a post office? Would his wife ship a bottle of valuable perfume through the mail? Why are all these body fluids going through the U.S. mails instead of being delivered by special messenger services?

We also see the through-the-looking-glass solutions of the health authorities. What kind of "education" do they plan to give those postal workers in the so far non-existent seminars? Where will they tell them to place the condoms? And how about the ever-popular counseling for workers, their wives and their children?

Meanwhile, as this bizarre scenario continues, how do the rest of us protect ourselves? Do we don rubber gloves, caps, masks, protective shoe coverings, and aprons as we approach our mailboxes with iron tongs? Must we carefully inspect each envelope for vestiges of moist or dried blood, urine or other body secretions? Or, now that we are aware that the medical profession is contaminating the U.S. mail, will we have to start sending our clean mail by special messenger?

*Sweden
establishes
AIDS colony*

Almost five years ago, I called for traditional public health measures --quarantine, isolation and case tracing--to control the spread of the AIDS epidemic. Now, the world's first AIDS colony is being established on the island of Adelsö, near Stockholm, Sweden.

In this colony, in order to keep the AIDS patients from infecting others, these men and women will be confined in an escape-proof compound behind three-meter thick walls patrolled by armed guards. Since the island is accessible only by ferry, some have dubbed it "AIDS Alcatraz."

The Toronto Star (November 13, 1987) reports that, of the 133 people who so far have developed AIDS in Sweden, 105 are homosexual men. Seventy-one have died of the disease.

I am particularly interested in this report because Sweden has long had a reputation for liberal, tolerant attitudes toward a wide variety of sexual lifestyles. Yet, these social attitudes have not interfered with the most stringent medical measures designed to preserve the public health.

The AIDS colony is being built by Stockholm's County Health Authority. The doctor in charge of the project says that efforts will be made to get homosexuals and intravenous drug users to change their ways. But at the same time, this doctor admits that the present rate of success of such efforts at local hospitals is not high.

Since 1985, Swedish law has stipulated that people infected with the AIDS virus who are likely to infect others must be detained. In police roundups of prostitutes and drug addicts, those who react positively to AIDS tests are deprived of their liberty by court order. Compare this rational, no-nonsense approach of the Swedish doctors to the namby-pamby, ostrich-like "education and counseling" approach of the U.S. doctors. In Sweden, regardless of social norms, doctors still practice good medicine.

*AIDS and
hepatitis
linked*

One of the silver linings in the tragic AIDS epidemic is that all of us are getting to learn a lot more about other diseases.

Thus, the U.S. Department of Labor, together with the Department of Health and Human Services has just issued a "Joint Advisory Notice" telling health care workers how to protect themselves against both AIDS and hepatitis.

Now, you have to watch the language because medical professionals don't call it AIDS--they call it Human Immunodeficiency Virus (HIV). Similarly, these pros don't call it hepatitis--they call it HBV (for hepatitis B virus). But nomenclature aside, the first paragraph of this 14-page booklet reveals the enormity of the hepatitis epidemic--an epidemic known to doctors for decades, but hardly ever mentioned in public before the AIDS epidemic.

Hepatitis B (its previous name was serum hepatitis) is the major infectious occupational health hazard in the health care industry. That means that any person who works in a hospital or a doctor or dentist's office has a greater chance of getting hepatitis B than of getting any other infectious disease.

In 1985, the Centers for Disease Control estimated that there were more than 200,000 cases of HBV infection in the U.S. each year, leading to 10,000 hospitalizations, 150 deaths due to fulminant (coming on suddenly with great severity) hepatitis, 4,000 deaths due to hepatitis-related cirrhosis, and 800 deaths due to hepatitis-related primary liver cancer. More recently (June 1987), the CDC estimated the total number of HBV infections at 300,000 a year with corresponding increases in numbers of hepatitis-related hospitalizations and deaths.

The incidence of hepatitis has been increasing in the United States, from 6.9 reported cases per 100,000 in 1978 to 9.2 per 100,000 in 1981, and 11.5 per 100,000 in 1985. The CDC estimates that 500 to 600 health-care workers whose jobs entail exposure to blood are hospitalized annually, with more than 200 deaths (12 to 15 from fulminant hepatitis, 170 to 200 from cirrhosis, and 40 to 50 from liver cancer). Studies show that 10 to 40 percent of health care or dental workers may show evidence on blood test of past or present HBV infection.

Why does a serious disease such as hepatitis, which affects so many people, receive so little publicity? Is it because no celebrities have died from it? Is it because there's no prominent foundation which fights hepatitis? Is it because the vaccine for hepatitis, derived mainly from the blood of male homosexuals from New York City, has been rejected by so many doctors? Is it because doctors don't like to talk about hospital-acquired infections, especially to their own personnel? Is it because sexually-transmitted hepatitis, like AIDS, was a result of the sexual revolution?

Maybe all of these reasons are true. Maybe there are others. But now, there is a compelling reason to publicize hepatitis. Right on page 2 of the Joint Advisory Notice, the government tells us that "the risk of HBV infection in health-care settings far exceeds that for HIV infection." The risk of acquiring HBV infection following puncture with a needle that has been contaminated by a hepatitis carrier ranges from six to 30 percent --far in excess of the risk of HIV infection under similar circumstances, which is estimated to be less than one percent.

In other words, the government now is telling health workers, "Why are you making such a fuss about the danger of catching AIDS from a needle puncture in a hospital when you really should be worried about the danger of catching hepatitis?" In desperately trying to play down the risk of a doctor or nurse catching AIDS from a needle puncture, the government now tries to divert our attention to a decoy disease--hepatitis. Don't bother with the triviality of AIDS, government doctors imply, when you should be concentrating on the horrors of hepatitis.

I predict that this new twist in the "AIDS education" campaign--linking AIDS with hepatitis--will fail for at least two reasons. First, people know that hepatitis, in contrast to AIDS, is not 100 percent fatal. While a hepatitis infection may be so mild that it goes unnoticed, AIDS is never trivial. Second, where has the government been all these years in publicizing the dangers of hepatitis to health care workers? Was hepatitis B a harbinger of AIDS? Why did it take AIDS to bring hepatitis out

of the closet?

Moving beyond these speculations about the government doctors' attempt to link hepatitis B with AIDS, this kind of "equal time" for both disastrous epidemics has some very practical implications:

- 1) Think twice before you take a job in the health care industry.
- 2) Think twice before you encourage your son or daughter, or grandchild, to educationally prepare for a career in the health care industry.
- 3) If you already are part of the health care industry, whether you are unionized or not, demand combat pay.
- 4) Think three times before you allow yourself to become a patient on the hepatitis/AIDS-laden production line of the health care industry.



*New Hib
vaccine raises
old questions*

Connaught Laboratories has announced a dazzling array of medical breakthroughs--headed up by the newest vaccine for Hemophilus influenza B (Hib).

And not a moment too soon. The old Hib vaccine has come under strong attack because studies by Minnesota's State Department of Public Health have revealed that children who received that shot were more likely to get meningitis than those who did not. Now, thanks to Connaught, doctors can answer worried parents who ask embarrassing questions about the Hib vaccine by saying, "You don't have to worry anymore. We have a new Hib vaccine."

Let's take a quick look at the new vaccine as described in the slick press release sent to medical columnists. Let's consider first the vaccine's name--ProHIBiT. Cute and Catchy Capitalization. This catchy title puts it in a class with Librium--which allegedly liberates you; with Valium--which allegedly makes you valiant; with Tranxene--which allegedly tranquilizes you, and with Procardia--in favor of your heart (it certainly wouldn't be called Anticardia).

ProHIBiT is the first "conjugate" vaccine and, as the press release points out, the first successful clinical application of conjugate technology. Qu'est que c'est "conjugate technology"? It means that parts of two vaccines have been linked together; in this case, the new Hib vaccine has been linked to the old diphtheria vaccine. One of the advantages of this vaccine marriage is the enhancement of the ability of the vaccine to elicit an immune response in the "poorly-developed" immune system of young children. The previous Hib (polysaccharide) vaccine was effective only in children who were older than two, but giving the vaccine after 24 months had been somewhat silly since the vast majority of Hib infections occur in younger infants.

The new (conjugate) Hib vaccine produces an immune response in children as young as 18 months old, thus extending vaccination to nearly 50 percent more children at risk for Hib disease than were previously covered.

The head of Biochemical/Immunochemical Sciences at Connaught Laboratories puts it this way: "Through conjugate technology, non-infective portions of Hemophilus b and diphtheria are linked in such a way that the immune system now 'recognizes' and produces antibodies to Hib in the same way that it normally does for diphtheria, resulting in the production of protective levels of Hemophilus b antibody."

As Connaught introduces ProHIBiT, it simultaneously announces its intent to discontinue HibVAX, the old polysaccharide vaccine. The vice president of Connaught refers to ProHIBiT as an "exciting" new discovery. (I advise everyone to run for cover whenever doctors say they are "excited" by any new discovery. One man's excitement is another man's poison.)

Not unexpectedly, the ProHIBiT researchers reassure us that there are "no significant vaccine-associated adverse effects" (even when the vaccine was tested in children who were only a few months old). But, as is usual with "medical breakthroughs," more questions are raised than are answered. For example, if we're going to give ProHIBiT, do we still have to give the DPT vaccine (diphtheria, pertussis, tetanus)? Maybe we can retire the diphtheria component, despite Connaught's reassurances to the contrary. Maybe this is a good opportunity to also do away with the acknowledgedly dangerous pertussis (whooping cough) component.

What are the implications of injecting these new linkages into little infants with "poorly developed" immune systems? Even though ProHIBiT has been tested for a short time in thousands of infants in Finland (the only country in which the vaccine has been tested extensively), what will happen when the vaccine is given to millions of infants? What are its long-term effects as far as cancer, immune system disorders and leukemia are concerned? What will happen when the vaccine is tried out in Minnesota (where its predecessor, the old Hib vaccine, produced meningitis)?

Since breastfed infants have much better immune protection than those who are fed artificial infant formula, do breastfed babies need the kind of extra strain on their tiny immune systems that is produced by this vaccine laden with as-yet-unknown risks? And since Hib meningitis is largely a disease of children in day care (and their families), why should children cared for at home be subjected to ProHIBiT?

Connaught boasts that this new "revolutionary" technique (technically called carrier-hapten conjugate technology) "fools" and "tricks" the immune system into producing a strong antibody response. While all of us have great respect for the ability of scientists to trick the human body, who's to say that the human body doesn't have a few tricks of its own to throw back at the scientists? And Connaught scientists dangle in front of our eyes the promise of more conjugate technology to come--vaccines against environmental toxins, venoms, AIDS, allergies, chemical carcinogens, cancers and other diseases. The buzzwords are "monoclonal antibody technology," "genetic engineering," "liposome adjuvants," "recombinant DNA," "cell fusion," "viral fragmentation," and "organic synthesis." (In case you are wondering, liposomes are "microscopic man-made spheres composed of non-toxic lipids").

In view of the apparent splendor of Connaught's latest package, it's perhaps time to restate a few of Mendelsohn's Laws:

- 1) Doctors never give up one dangerous treatment until they have an even more dangerous one waiting in the wings.
- 2) Doctors always try to use a new discovery as fast as they can --before the side effects are known.
- 3) A medical breakthrough is analogous to a lateral pass in football--lots of razzle-dazzle, but no yards gained.

While the words surrounding the new technology are new, the same old caveats apply. Fancy words confuse you into thinking that this time, the piper won't have to be paid.

(For copies of Connaught's complete brochure, contact Laura Queller at Connaught Laboratories, Inc., Swiftwater, PA 18370. Or call her at (212) 977-9400, extension 549.)

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Another View

by Marian Tompson



What did you do with your Christmas tree when the holidays were over? In Chicago, we mulched ours. In the first such program ever undertaken in this city, Christmas trees were picked up and chipped into mulch in what is hoped will be the beginning of a citywide recycling plan.

In years past, these trees were hauled off to the local landfill. But as landfill spaces filled up and the health problems they posed were recognized, many states rushed to build trash-to-energy waste incinerators. However, these incinerators give off invisible gases and fine particles, described by Ralph Nader as a form of "silent violence."

Michael Brown, the reporter who exposed the scandal of Love Canal, wrote about this atmospheric pollution in the November, 1987, issue of Discover. Brown described the pollution in Siskiwit Lake on untrammelled Isle Royale, at the northern end of Lake Superior. Siskiwit Lake, which is elevated 50 feet above Lake Superior and thus allows no way for water to run from Lake Superior into Siskiwit, was chosen by the environmental chemists as an ideal "control." An isolated ecosystem, it has no sewage outfalls, no toxic dumps, and no automobiles or farms where pesticides could be used.

Yet the mud at the lake bottom was found to contain furan and dioxins, two of industry's supreme poisons. Fish caught in Siskiwit Lake had nearly twice the PCB content found in Lake Superior fish and nearly ten times as much DDE (a chemical produced when DDT breaks down). Brown points out that, on the basis of the data collected, "It is now suspected that the atmosphere is not only a significant source of toxic pollution but, in the case of at least the Great Lakes region, perhaps the single most important one."

As harmful as chemicals are in themselves, when they are spread into the air, many chemicals interact to form complex new chemicals. According to the EPA office in Dallas, the 1,000 or so different chemicals which enter the atmosphere in Texas react with one another to form some 10,000 new chemicals. These new compounds not only are unregulated and unmonitored (many have not even been named), but their effects are unknown. It seems that incineration is no longer a solution, having instead become part of the problem.

I talked recently with Steve Lester, science director of Citizens Clearinghouse for Hazardous Wastes. CCHW publishes a discussion paper, "The Burning Issue of the '80s" (\$8.98, available from CCHW, P.O.Box 926, Arlington, Virginia 22216), in which alternatives to incineration of municipal wastes are offered. These include composting, converting different kinds of waste to methane gas, starved air combustion and recycling.

Lester thinks recycling has the most potential because it is effective and offers economic incentives which impact a broad base of special interest groups. A \$50,000 recycling facility ideally is capable of dealing with the same percentage of waste products as is a waste incinerator that will cost 25 to 50 million dollars. The key to success of recycling programs in the U.S. has been the commitment of the individuals involved and of course the cooperation of the citizens in those communities.

With a sense of *deja vu*, I recall the often-made statement that improved living conditions--which included proper disposal of waste materials--had the most significant impact on improving our health in years past. Let's hope we learned that lesson well as we seek solutions to the challenges which face us today.