

# the People's Doctor

A MEDICAL NEWSLETTER FOR CONSUMERS  
by Robert S. Mendelsohn, MD

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## IN THIS ISSUE:

## Updates on AIDS and Blood



**Dr. Robert Mendelsohn**

Long-time subscribers to this Newsletter will recall my previous warnings about the dangers of blood transfusions. In those halcyon days, the major risk was serum hepatitis. Later on, an additional concern manifested itself: Malformed babies were born to mothers who had received blood transfusions originating from donors who were under treatment with the anti-acne drug, Accutane.

But within the past year or so, the risk of AIDS in blood and blood products has raised fears of "bloodbank roulette" to a new high. New blood tests (with their inevitable percentage of false negatives) to determine AIDS carriers provide no guarantee that the agent which transmits AIDS will not seep into our nation's blood pool. On the other hand, because of their concomitant inevitable rate of false positives, these tests expose blood donors to the risk of being mistakenly identified as AIDS carriers. This kind of labeling may have profound sociologic, occupational and educational implications for the unfortunate blood donor. In this computer age, efforts to insure confidentiality are woefully inadequate.

Some scientists are proposing solutions which boggle the mind. In my morning newspaper, I read that government doctors at the Center for Disease Control have called for vaccination against AIDS of the entire U.S. population, even though no such vaccine is on the market--much less on the horizon--for at least the rest of this decade. In yesterday's newspaper, Harvard School of Public Health scientists hypothesized that the AIDS virus comes from African monkeys, which appears to me to be a safe assumption. After all, how many of us have access to African monkeys? How many of us know what African monkeys do with each other, or what Harvard researchers do with African monkeys?

By blaming this new epidemic on foreign lands, doctors are extending one of the most time-honored traditions in medicine. The French called syphilis "the German plague," and the Germans retaliated in kind by calling it "the French malady." And who can ever forget Hong Kong flu, Singapore flu, Asian flu, and this year's favorite--the Philippine flu? And please recall that, when one strain of flu was traced to its origin in New Jersey, the doctors didn't call it New Jersey flu. Instead, they named it "swine flu." Those Harvard investigators now are planning to develop an AIDS vaccine to protect monkeys from monkey AIDS, even though they admit that such a vaccine may not protect humans from human AIDS.

What accounts for this "Through the Looking Glass" behavior on the part of doctors who are working on AIDS? They know the strong link (more than 90 percent) between AIDS and promiscuous homosexual behavior. Are they chasing the vaccine rainbow because they are reluctant to take the obvious steps required to discourage promiscuous homosexual behavior? They know the link between our nation's blood supply and AIDS. Are they pursuing the Holy Grail of a perfect test because they are unwilling to take the necessary steps to cut down the promiscuous use of blood by blood banks? Are they unwilling to admit that scientific evidence is now supporting the religious opposition of Jehovah's witnesses (the objects of deep hatred by the practitioners of modern medicine) to blood transfusions?

The epidemic of medical madness threatens to far overshadow the epidemic of AIDS. You and I can avoid both epidemics by staying away from blood banks and from destructive lifestyles.

*Are blood tests  
for AIDS  
dangerous?*

As the AIDS epidemic continues its deadly escalation, we now learn from the New England Journal of Medicine that more than 400,000 people in the U.S. have been infected with the AIDS virus. Doctors are able to identify these people because they carry antibodies to that particular virus in their blood.

Plans are underway to use a new blood test in order to screen blood donors in an attempt to keep infected blood and blood products from being transfused. I suppose all of us should be delighted about this new test intended to keep the nation's blood banks pure and clean. However, everyone knows that blood tests are far from 100 percent accurate. One can always expect false negatives, which means that, regardless of tests, some contaminated blood will seep into the blood banks.

Just as dangerous, one can also expect false-positive reactions. Thus, some donors will be falsely accused of being carriers of the AIDS virus. And with all due respect to the sacred confidentiality of medical record keeping, everyone knows that in this age of the computer, there will be plenty of opportunity for far too many people to know who is carrying the AIDS virus.

With the high degree of national concern about AIDS, the news that you may harbor the AIDS virus may have catastrophic consequences for your career, your social life, even your children's schooling. Therefore, I predict that the use of this new blood test will have a chilling effect on potential blood donors.

At the outset of the AIDS epidemic, many people refused to go near blood banks even to donate blood because of fear of coming into contact with the paraphernalia used to extract the blood. Some donors, for no reason, were simply frightened. Doctors tried to reassure potential donors that only recipients were in danger of contracting AIDS. Now, with the advent of this new blood test which may place you--rightly or wrongly--into the AIDS pool, maybe the suspicious folks who shunned the blood banks were on to something.

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*Hepatitis  
vaccine  
and AIDS*

The Centers for Disease Control have called on the public to use the new hepatitis vaccine. You may recall my reporting to you that two-thirds of U.S. doctors who are candidates for the hepatitis vaccine have rejected that latest immunization, largely because of their fear that, because it is the first vaccine ever prepared from human blood, it may contain the agent responsible for transmitting AIDS.

Now, thanks to a Canadian reader, I can report that Canadian doctors are no different from those in the U.S. According to Canada Diseases Weekly Report (September 29, 1984) hospital staff at Toronto General Hospital considered to be at risk were offered the hepatitis vaccine at no cost to the individual. Of 700 persons in this high-risk group, only 37 percent were willing to take the vaccine.

Thus we now know that, even though not one single case of AIDS has ever been traced back to the hepatitis vaccine, Canadian health personnel are just as frightened as their U.S. counterparts.

An interesting finding in this study was a very low seroconversion rate. This means that many of the vaccine recipients failed to show evidence in blood tests of immunity from the vaccine. The researchers can't put their fingers on the reason for this, but they are considering the possibilities of errors in storage of the vaccine, even though laboratory studies conducted on samples which were returned from the study showed that the vaccine had maintained its potency. The Toronto researchers concluded that "This study demonstrated that the vaccine was not as immunogenic as anticipated..."

If you or any member of your family or close friends are advised to

take the hepatitis vaccine, in view of the above information, you now have three choices:

- 1) You may refuse it.
- 2) You may accept it only to learn later that it didn't work.
- 3) You may be one of the lucky ones whose blood tests show evidence of immunity and who has suffered no damage from the latest "advance" in medicine.

-----

Q

I am a medical technologist who has worked at the same hospital for 33 years. In our lab we work with an average of six to 10 AIDS patients daily. We use gloves, but no mask, when working with their blood samples. I am not panicky about working with these bloods, but since this problem arose, I have been wondering whether hospitals all over the country have proper infection control departments.

A university school of medicine is located next door to the hospital in which I work. Although research on "deadly" diseases (lung contagious diseases, viruses, etc.) is done there, I am not sure whether the fluids, tissues, blood from these experiments are autoclaved, incinerated, or properly disposed of. I think that the Department of Health and Rehabilitative Services should conduct an investigation of how contagious materials from patients are disposed of all over the nation.

The university doctors who conduct the research on deadly diseases bring the specimens to our lab to have CBC's [complete blood counts] done, without telling us what they're doing. One doctor who was doing research on AIDS patients would bring their blood to us late in the afternoon, asking us to do the test immediately. She never informed us we were testing blood from an AIDS patient. We now are being told that AIDS is not job-related, so if we catch the disease, we cannot sue to gain compensation. What sort of system is this which cares so little about the protection of hospital personnel?

I have read that one doctor at the hospital where I work admits that up to 15 babies have had AIDS. Yet, we who work in the lab were never informed of this, and no specimen was labeled "contagious."

Please let me know what you think about all this.--Florida Reader

A

*Disposing of  
contagious  
materials*

Thank you for pointing out the disease contamination problems in the hospital where you work. Throughout the country, hospital infectious disease control committees give the image, but not the reality, of protection.

But why pick only on hospitals? Contamination occurs wherever doctors and scientists work. Just this morning, Chicago newspapers carried a report of contamination from nuclear research at three University of Chicago science buildings. The article caught my eye because I had studied as a medical student in two of those buildings. The fact that my medical education took place more than 30 years ago is no source of consolation, since the University of Chicago reported that the radiation has been present in the building's walls, floors, and piping since the 1940's.

While no one can argue with the necessity of tightening up infectious disease control, the practical lesson for medical technologists, as well as for the general public, is to try to avoid all places where doctors and scientists congregate.

Your exposure to AIDS and other deadly diseases motivates me to repeat my long-standing recommendation that medical technologists, nurses, and phlebotomists (technicians who draw blood) should receive combat pay. (For additional information on AIDS, see Vol. 7, No. 9 and Vol. 9, No. 3.)

Q

My sweetheart and I are planning to be married within a few months. Having no respect for the "medical religion," we choose not to have blood tests because we think they are an outmoded tradition codified into law.

Since neither of us has syphilis, we see no point in having needles jabbed into our veins. How can we still get a State of Vermont marriage license?--S.B.

A

Pre-marriage  
blood  
tests

Congratulations on your upcoming marriage. Also, congratulations on your rejection of the blood tests for syphilis.

Even though this "blood ritual" of Modern Medicine has been carried out with few exceptions (Idaho, Maine, Maryland, Minnesota, Nevada, South Carolina and Washington--in Colorado, men are exempt!), for many, many years, I have often wondered why. Now, your question gives me an opportunity to express my concerns.

First, a number of studies have shown that doctors, who are so used to seeing negative test reports, do not pay close attention to the laboratory reports of syphilis tests. In one famous study, several hundred laboratory reports were deliberately labeled as positive, but only three doctors even telephoned the laboratory to check.

Second, the several tests used over the decades (Wasserman, Hinton, Kolner, Kline, Mazzini, RPR, ART, Kahn, VDRL, etc.) all have varying rates of false positives. For example, infectious mononucleosis, other acute infections, lupus, malaria, and leprosy sometimes can yield a false positive syphilis test result. How do people who know they do not have syphilis react to these positive tests on the eve of their marriage?

On the other hand, the VDRL--the test most commonly used today--is far from 100 percent accurate; one patient out of four with early syphilis will have a false negative reaction.

Third, even if a potential marriage partner could be proven by laboratory test to be free of syphilis, what is to prevent his contracting syphilis anytime after the test is taken?

Fourth, in support of a point that you raise, drawing blood from a vein is an invasive medical procedure which carries a small, but inevitable complication rate.

I am sure there are several other arguments against the routine pre-marital blood test just as there are arguments against every other "routine" in medicine today. It is high time that we doctors stopped treating patients routinely and instead started looking at each patient as a unique individual.

I hope that your letter and my answer will help to stimulate a long overdue questioning of the routine premarital syphilis test. Meanwhile, since there is considerable variation from one state to another, I recommend that you ask your state officials to give you the exact wording of the law in your state. If necessary, you may have to consult a lawyer to determine whether you and your sweetheart should initiate the kind of legal action that may be the first in Vermont.

Q

For years, my husband has donated blood at a local hospital blood bank. He always has been willing to sit through hours of pheresis. However, the last time he was given Prednisone prior to giving blood. He took 20 mg tablets three times (17 hours, 12 hours, and two hours before his appointment). I was concerned about his taking these tablets, but he assumed it would be all right. The purpose of taking Prednisone was to increase the white cell count.

During the time he gave blood, his blood pressure was found to be elevated to 170/100, and it dropped to 140/90 after the first pint. His white cell count was almost double what it normally is. He was told he might have a headache later and was given Lasix which he didn't take although he sensed pressure in his head.

The third day after this blood donation, my husband developed a 101.4

fever. For three days he had intestinal flu symptoms, with a headache and fever at night and general weakness throughout the day. Of course, it is assumed his own defense system was weakened by the excess loss of white cells.

This man is normally a healthy individual who seldom is set back by illness for more than a day. I feel he should have been advised to avoid exposure to crowds. How long does it take the body to rebuild the white blood cells?

We know the need for blood is great, but we wonder about the safety of a donor's taking Prednisone.--Mrs. M.J.

**A**  
*Blood donations  
and  
Prednisone*

When I have asked my friends in the blood banking business about "pheresis," they have assured me that this procedure which separates out certain constituents of the blood is perfectly safe. The dialogue then proceeds as follows:

Dr. M.: But isn't this a very new procedure?

Blood bankers: Yes, but just because it's new doesn't necessarily mean it's dangerous.

Dr. M.: Yet its very newness guarantees that you have no long-range toxicity studies.

Blood bankers: We have not seen any damage.

Dr. M.: That same statement was made early in the game by the backers of thalidomide, DES, X-rays, the swine flu vaccine, and most recently, the anti-arthritic drug, Oraflex. All these "miracle breakthroughs" later were found to be deadly. But let's move on to Prednisone. When you ask your patients to take that powerful hormone before giving blood (so that the donor fraction will have more white cells), do you provide them with a copy of the manufacturer's warning of possible ill effects?

Blood bankers: That's silly. What harm can be done by three small Prednisone tablets?

Dr. M.: You must be kidding. Did you forget the damage done by just a few thalidomide capsules, or if you want to be more current, the present suspicion (as the cases wend their way through the law courts) that small numbers of Bendectin pills can cause major damage to the fetus? I hope you carefully screen your pheresis candidates by history and laboratory tests to make sure they are not pregnant.

Blood bankers: That's ridiculous. Prednisone has been around for more than a quarter century, and no-one feels that such small doses of it can cause trouble.

Dr. M.: Small doses of Bendectin were not suspected of causing fetal damage for almost two decades. Small doses of DES were not suspected for more than two decades. Small doses of X-rays to the tonsils weren't found to cause thyroid cancer for at least 15 years.

And so the dialogue goes. In your husband's case, it seems to me that it is not his responsibility as a healthy donor to prove that Prednisone and pheresis are dangerous. Rather, it is up to the blood bankers to prove to your satisfaction and mine that they are safe. Therefore, the questions your husband should ask at hospital blood banks are:

1) Please give me the published evidence which describes tests that have been done to prove that pheresis is safe so that I can read it for myself and make my own decision rather than just accepting your verbal assurances.

2) Please give the same kind of evidence for those three doses of Prednisone you are asking me to take.

3) How do you explain my elevated blood pressure? Could it have resulted from taking Prednisone? What are the side effects of the Lasix you gave me?

4) Do you think my fever, headache, weakness, and intestinal flu symptoms three days later were simply a coincidence, or is it possible



that this illness was in some way related to pheresis plus Prednisone? Have you studied previous donors to see whether the same thing has happened to them? If so, may I read those studies?

-----

Q

Our son, who is now 16 months old, was diagnosed as having thalassemia major 10 months ago. Ever since that time, he has been treated with regular blood transfusions.

When my wife was pregnant, she had a couple of ultrasound treatments. How can we determine whether our son's condition is the result of these tests? Also, please tell us what you think about the alternate remedies for thalassemia major.--A.C.

A

*Transfusions  
for  
Thalassemia*

Thalassemia major comes from two Greek words "thalassa" meaning the sea, and "haima" meaning blood. It is also identified by several other names, including Cooley's anemia and Mediterranean anemia. This hereditary condition, which occurs mostly in people who live around the Mediterranean Sea, is characterized by anemia, pallor, fatigue, weakness, enlargement of the spleen and liver, fractures, thinning of the skull, etc. Although the long term outlook generally is regarded as poor, some patients with thalassemia major live to puberty or beyond.

Since your child is receiving "regular" blood transfusions, you should know that doctors advise that children with thalassemia should receive as few transfusions as possible since iron overload--a life-threatening condition--can result. (Death from this cause occurs from 16 to 24 years of age.) Therefore, ask your child's doctor to discuss his present treatment. Also ask him for copies of the latest medical publications containing articles on this disease so that you can learn the identity of thalassemia experts, both national and international, to whom you can go for a second opinion. Ask your doctor to help you get in touch with parents of other children (both in the U.S. and abroad) who have this condition, so that you can exchange information, particularly with those families in which patients with thalassemia major have survived for many years. Since doctors don't know how to determine which patients will survive and which will not, perhaps you can pick up valuable clues from these families who also might be able to help you with the "alternate remedies" you are seeking.

Even though thalassemia has been around a lot longer than diagnostic ultrasound, perhaps you can find out whether this new technology may have affected the incidence or severity of the disease. In another form of hereditary anemia--sickle cell disease--there is some evidence that this condition is far less lethal in Africa than it is in the U.S. Through international medical references (consult a librarian for help) and through corresponding, or even visiting, with thalassemia families here and abroad, you can investigate whether the outlook is different in various countries and whether local circumstances (e.g., climate, diet, water supplies) play a role. Above all, you must be careful that the risk of medical treatment does not outweigh the risk of the disease.

The history of medical treatment of thalassemia is not a bright one. Seeing a low blood count, doctors for decades jumped right to blood transfusions until they learned through hard experience the risks of the transfusions. Thanks to Jehovah's Witnesses and others, doctors recently have learned that people can live normal, healthy lives with blood counts far below what was considered medically "normal."

In view of the historical failure of doctors to scientifically cope with thalassemia major, you have a responsibility to seek out the experiences of other families as well as the opinions of members of the healing arts outside modern medicine.

*Accutane users  
can't give  
blood*

I repeatedly have warned you of the dangers of blood transfusions, and I have recommended that, if your doctor orders a transfusion for you, you should ask him two questions:

Whose blood am I getting? A paid donor (who may carry hepatitis) or a voluntary donor?

What is the lifestyle of the donor? Gay (more likely to carry the agent that transmits AIDS) or otherwise?

Now, a third very important question must be added--namely, what prescribed medications was the donor taking?

The reason you must ask the third question is because the FDA recently sounded an alert to blood banks not to accept blood for transfusion from persons who are being treated with Accutane, the new drug for severe acne. The FDA warned that if such a donor gives blood, and if that blood is transfused into a patient who is pregnant or soon becomes pregnant, there may be a risk of the fetus suffering severe birth defects.

What do we learn from this startling new warning?

1) Let us hope that all blood banks are asking this question.

2) Let us pray that all donors, who have many incentives for giving blood, will answer truthfully.

3) In the absence of an emergency, every woman of childbearing age should be required to show a negative pregnancy test before being given a non-emergency blood transfusion.

4) Every parent of a child who has a severe birth defect should carefully review the mother's history to see if she received a blood transfusion shortly before or during her pregnancy.

5) Since Accutane is far from the only drug known to cause birth defects, blood banks should begin at once to ask every donor what drugs (both prescription and over-the-counter) he is taking. Furthermore, since the FDA advises that people on Accutane should not give blood for a month after the end of their treatment, blood banks should be asking prospective donors about drugs which they took in the past.

6) Since blood banks are unlikely to ask all the tough questions that might eliminate many donors, and since plenty of donors are unlikely to knock themselves out of the box by giving totally truthful answers, I repeat my time-tested recommendation--if your doctor tells you you need a blood transfusion, try to pass as a Jehovah's Witness.

-----

*Blood plasma's  
benefits  
disputed*

If you are in the hospital, and your doctor tells you he wants to give you plasma instead of a whole blood transfusion, ask him if he is familiar with a recent National Institutes of Health statement (September 1984). The NIH pointed out that, even though the use of fresh frozen plasma has increased tenfold within the past 10 years, there remains a "paucity of definitive indications for its use." In other words, doctors don't really know for sure what plasma is good for, and many patients who receive FFP can be managed more effectively and safely with alternative treatments. Furthermore, there is mounting evidence of plasma's potential risks, including viral hepatitis, anaphylactoid reactions and possibly AIDS.

The report concludes: "There is little scientific evidence to support the increasing use of FFP in clinical medicine...There is no documentation that FFP has a beneficial effect when used as part of the transfusion management of patients with massive hemorrhage." Since the National Institutes of Health admit that attempts to change the doctors' use of FFP have been ineffective, the only way you as a patient can save yourself from this unproven, risky substance is to ask your doctor plenty of questions before he transfuses you with FFP. Or if, after the transfusion, you have the misfortune to develop jaundice, shock, heart failure, or evidence of immune deficiency, you obviously must ask him a different set of questions.

**Bizarre  
uses  
of blood**

I would like to call your attention to two bizarre reports of the uses of blood in medical settings. One is the story, in early 1985, of Olympic cyclists who used "blood doping" transfusions before competing in the Los Angeles Olympic Games. The athletes contended that such red-cell transfusions increased their endurance by facilitating the carrying of oxygen. They used either their own blood, removed earlier, or blood from someone with the same type.

Every doctor knows the dangers of blood transfusions, even when it is one's own blood which is removed, stored, and re-transfused. The risk increases when someone else's blood is used. Doctors also know that no scientifically-controlled study has been carried out which demonstrates that blood doping really works. Therefore, we have here another example of an unproven remedy with plenty of hazards. The proper term for this is medical quackery. This is more reminiscent of primitive voodoo practices than of 20th century medicine.

No doubt the athletes, their coaches, and their trainers bear some responsibility for their actions, but this bloody business could not have been carried out without the cooperation, sanction, and blessing of members of the medical profession.

Two thousand miles east of Los Angeles, right in my own hometown of Evanston, Illinois, the Evanston Review carried a commentary (January 10, 1985) headlined "Confessions of a Blood Donor Addict." The writer, Ann Schmidt, decided to "come out of the closet" and confess her addiction to donating blood which began in 1976 when, as a 17-year-old high school junior, she contributed to her school's first blood drive. When Schmidt gave blood to impress the nuns and her friends, she noticed that she "felt euphoric" after the donation. From 1976 to 1983, she gave blood at least every two months--at school, church, libraries, and hospitals. In 1983, she gave a platelet donation at Evanston Hospital--"The technician said I had great veins as he offered me cookies and juice." Schmidt reports having read that donating blood could indeed produce feelings of euphoria, and that repeat donors often report feelings of addiction and of "being high" after donating. "Suddenly, I realized I was not alone."

What were Schmidt's plans for the future? "Before blood donor month is over, I hope to have started donating again. Gotta keep trying for that three-gallon pin and the Guinness World Book of Records."

Pre-Ms. Schmidt, I used to think that frequent blood donors were motivated by altruism or by money or by patriotism. Now, I have to add to these motives the likelihood that frequent blood donors are suffering from an addiction.

These two stories (one about people who get high from taking blood and one about people who get high from giving blood) certainly make one wonder about modern medicine's attitudes toward blood.

(For additional information on blood transfusions and blood banks, see Vol. 5, No. 10.)

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Dr. Mendelsohn's latest book, "How to Raise a Healthy Child in Spite of Your Doctor," has just been published by Contemporary Books (\$13.95).

"Confessions of a Medical Heretic" is available from WarnerBooks (\$3.25).

"MalePractice: How Doctors Manipulate Women" is available in paperback from Contemporary Books (\$6.95).

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Robert S. Mendelsohn, MD, Editor  
Vera Chatz, Managing Editor

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# Another View

by Marian Tompson  
Executive Director,  
Alternative Birth Crisis Coalition



There's no doubt about it--the AIDS epidemic is making all of us nervous about blood transfusions. We know that Jehovah's Witnesses always have refused transfusions on religious grounds, but I recently found that Witness publications are also a good source of scientific information on the increasing number of risks posed by the transfer of blood from one human to another.

Did you know, for example, that blood transfusions are a health risk to cancer patients? Several Japanese medical studies revealed that patients with colon and uterine cancer who did not receive blood transfusions had a higher rate of survival than those who did receive transfusions. Blood transfusions appear to lower the strength of the body's immune system, allowing cancer to spread more easily. An American report affirms that the survival rate for breast cancer and lung cancer is reduced with blood transfusions.

In 1983, Dr. Jacob Bergsland addressed the American Heart Association's annual scientific meeting and told of a method used to perform open-heart surgery on 48 children aged three months to eight years in which no blood was used. The method, originally developed for the children of Jehovah's Witnesses, relies on meticulous efforts to minimize blood loss. It involves the lowering of the patient's body temperature to slow the rate of organ activity and uses a mixture of water, minerals and other nutrients to dilute the blood. When surgeons noticed that Witness children survived these operations much better than those in whom conventional methods were used, they decided to extend this technique to all their patients.

AIDS, we know, is only one of many contaminants transmitted through blood and blood products. Last year, Dr. Joseph Bove (chairman of the American Association of Blood Banks' committee on transfusion-transmitted diseases) said that the first reports of contracting hepatitis from blood surfaced in 1943. Dr. Bove added, "Now some 40 years later the transmission of hepatitis by at least four different blood-borne viruses is a recognized risk of transfusion." Weighing the risk versus possible benefits is difficult because "death from these diseases can occur long after a transfusion is given."

Each year, a form of hepatitis known as non-A non-B hepatitis afflicts 120,000 Americans, about 90,000 of whom contract the disease through blood transfusions. More than 1,000 victims die each year. According to Dr. Robert Gerety of the Food and Drug Administration, about 10 percent of all individuals who receive five or more units of transfused blood become infected with the non-A non-B virus.

The above information was taken from 1984 and 1985 issues of the Witness news magazine, AWAKE! and is only a small portion of what they have printed on the hazards and inappropriate use of blood transfusions and the latest on alternative therapies. Another excellent source is their booklet, "Jehovah's Witnesses and the Question of Blood," which contains 105 references from the medical literature and is available for the bargain price of 10 cents. The Witnesses are listed in the white pages of your telephone directory under Kingdom Hall of Jehovah's Witnesses.

For years, we have read about Witnesses being taken to court and sometimes actually spending years in jail over their refusal to give permission for blood transfusions. Writing on Jehovah's Witnesses and childhood cancer, Dr. Terrence F. Ackerman admitted that many court orders have been obtained on the claim that the state must protect minors. Yet in a number of cases, the famed M.D. Anderson Hospital and Tumor Institute followed the policy of not seeking court-ordered transfusion partly because "each of these children had a potentially fatal disease and we could not predict a successful outcome." If there is any silver lining to the AIDS epidemic, it might be that we are being forced as a society and as individuals to reevaluate our thinking on the use of blood as a common and acceptable therapeutic procedure.