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Columbia Gay Health Advocacy sponsors info session on AIDS

By Tami Luhby

Over 50 people attended a seminar sponsored by the Gay Health Advocacy Project [GHAP] to address concerns about Acquired Immune Deficiency Syndrome [AIDS].

The speaker, member of GHAP Paul Douglas, explained that the purpose of the lecture, entitled AIDS 101, was to inform "the average person" about AIDS. Booklets discussing AIDS and AIDS testing centers were distributed to members of the audience.

Douglas stressed that there is no danger from casual (non-sexual) contact, which includes shaking hands and sharing drinks. He added that sexual transmission of AIDS is greatly reduced by "safe-sex," citing the use of condoms as a reliable method.

"People in the high-risk group are those who have either had anal or vaginal intercourse without a condom or who otherwise came in contact with blood or semen," Douglas said. No-risk actions include "dry" kissing and hugging, Douglas said.

According to Douglas, the most common transmission route of AIDS is through contact of sexual discharges. Another leading cause is the direct injection of contaminated blood by intravenous drug users who share dirty needles, while a small percentage of transmissions occurs from mother to fetus. Douglas maintained that, contrary to popular belief, "tears, saliva, and sweat are not likely to be vehicles for the transmission of AIDS."

The fact that AIDS is a fragile views which

is easily destroyed by soap or mild detergents, and that the families of AIDS victims and health care workers who come into contact with them have remained healthy, have led researchers to believe that AIDS cannot be transmitted through casual contact, according to Douglas.

Douglas also said that it has been estimated that 20-40 percent of people with Human Immunodeficiency Virus [HIV] infection become afflicted with AIDS, while the other HIV victims get an asymptomatic and benign AIDS-related complex.

Douglas explained that AIDS attacks three types of cells: T-cells, intestinal endothelial cells, and neuroglial brain cells. The destruction of T-cells, a type of antibody, causes an immune deficiency which leads to the higher risk of contracting opportunistic infections and certain cancers. The demolition of the lining of the intestine (gut) leads to starvation through the prevention of food absorbtion. The virus' attack upon the neuroglial cells in the brain causes dementia, the irreversible loss of cognitive processes.

Douglas explained that the search for an AIDS cure, which has not yet been discovered, is a very difficult venture. "A cure," he said, "would first involve the treatment of the opportunistic disease, then the destruction of the HIV infection and finally repairing the immune system or gut. The destruction of brain cells cannot be repaired."

Although a number of vaccinations to prevent AIDS as well as drugs to combat the virus are being tested, none of these drugs have been proven consistently effective so far.

Douglas explained to the audience the process of AIDS testing, and what it actually detects. First, he explained, a test is given to see whether antibodies are present in the bloodstream. If that test is positive, a second test is administered to detect the possible presence of HIV antibodies. Douglas maintained bowever that even if one tests positive for

HIV antibodies, one may still not develop the syndrome. He added that if a person tests negative for HIV antibodies, it doesn't connote an immunity for future infection by the HIV virus.

According to Douglas, the benefit of testing negative is "peace of mind," but the costs of testing positive are psychological trauma, discrimination in work, housing and insurance.

Laura Pinsky, advisor of GHAP, was "very happy with the turnout."

"[We're planning to have] more sessions during the fall in dorms and more special events," she said.

Leslie Kantor, BC '89, said that she is setting up student peer health classes on AIDS, and is training 15-20 students to give the AIDS 101 lecture in Barnard dorms next year.

