

Saturday Magazine

OF THE SCOTTSDALE DAILY PROGRESS

AUGUST 24, 1985

AIDS



IN ARIZONA

A special report

by Catrien Ross Laetz

CIVIC & SERVICE CLUBS

Presented as a public service of the *Scottsdale Daily Progress*

Monday

- Scottsdale Rotary Club
Mondays at 12:10 P.M.
Camelback Inn
- Scottsdalians Toastmasters
Monday, 6:45 P.M.
Scottsdale Senior Center
947-9196
- Easy Risers Toastmasters
Monday, 6:30 A.M.
Scottsdale Senior Center
949-5727
- East Side Breakers CB Radio Club
1st & 3rd Monday, 7:30 P.M.
Vista del Camino Center
7700 E. Roosevelt
- Scottsdale Papago Mt. Lion's Club
Monday noon
Holiday Inn
- Scottsdale Chapter No. 43
Order of Eastern Star
2nd & 4th Monday, 8:00 P.M.
Masonic Temple

Tuesday

- Soroptimist International of Scottsdale
1st & 3rd Tuesdays, 11:45
McCormick Ranch Golf Club
7505 E. McCormick Parkway
955-0775
- Camelback Daylight Lodge
No. 75 F. & A.M.
1st & 3rd Tuesdays at noon
Masonic Temple, 2531 N. Scottsdale Rd.
948-8615
- Scottsdale Women's Club
Breuner's, 1776 N. Scottsdale Rd.
437-2520
- Kiwanis Club of McCormick Ranch
Weekly, Tuesday, 7:30 A.M.
McCormick Ranch Clubhouse
- Scottsdale Sportsman
Meet 2nd Tuesday
of every month at 7:30 P.M.
Eldorado Park Recreation Center
- Soroptimist International of Scottsdale
12 Noon
949-9568 or 946-5351 after 1 P.M.
- Fountain Hills Lions Club
2nd & 4th Tuesday at Noon
Applewicks Rest., Ftn. Hills
837-9131
- Phoenix Kiwanis Club
Every Tuesday, Noon
Phoenix Hilton Hotel
- Desert Chapter of Women's Am.O.R.T.
1st Tuesday of month - 12:30 P.M.
991-3036

Toughlove Parent Support Group
for parents troubled by their
teenager's behavior
Tues. 7:00 p.m.
First Southern Baptist Church
5230 N. Scottsdale Rd. Upstairs Rm #310
246-3138 (24 hr.)

Wednesday

- Valley of the Sun Kiwanis
Weekly, Wednesday, 12:10 P.M.
Phoenix Hilton Hotel
- Desert Noontimers Business
and Professional Women's Club
2nd Wednesday of the month
Luncheon meeting, 11:30 A.M.
- Kiwanis Club of Scottsdale-
Paradise Valley
Weekly, Wednesday at noon
Holiday Inn
5101 N. Scottsdale Rd.
- Christian Women's Club of Scottsdale
2nd Wednesday at noon
948-7009
- Scottsdale Multiple Sclerosis
Outreach Club
2nd Wednesday, 7:30 P.M.
Senior Center
991-9372
- Scottsdale Chapter of De Molay
2nd & 4th Wednesday, 7:30 P.M.
Masonic Temple
- Las Madras, Auxiliary to Scottsdale
Foundation for Handicapped
2nd Wednesday of month, 9:30 A.M.
Community Room - Camelview Plaza
6900 E. Camelback - 994-5704
- Scottsdale Chaparral Lions Club
Wednesday, 7:00 P.M.
The Rib House
7501 E. Camelback Rd.
- Order of the Sons of Italy in
America, Scottsdale Lodge
Wednesday, 8:00 P.M. monthly
Pima Country Club
Pima Rd. just North of Indian Bend Rd.
- GFWC - Scottsdale Junior Women's Club
3rd Wednesday, 7:30 P.M.
Bethany Lutheran Church
4300 N. 82nd Street
945-1490

Pinnacle Peak Lions Club
Meets Every Wed. Noon
Oaxaca Rest. Pinnacle Peak
Village. 947-4548

• Scottsdale Sunrise Kiwanis
Every Wednesday, 7:15 A.M.

Ramada Valley Ho
6850 Main Street
• Scottsdale Business &
Professional President
Women's Clubs
2nd & 4th Wednesday, 7:30 P.M.

Thursday

• Disabled American Veterans Chapter 22
General Meeting 1st Thurs. 7:30 pm
1510 N. 79th St. 941-9679

Chaparral High School Booster Club
2nd Thursday - 7:30 P.M.
Chaparral High School office
6935 E. Gold Dust Avenue

• Kiwanis Club of North Scottsdale
Weekly, Thursday, 7:15 a.m.

Scottsdale Country Club
7702 E. Shea Blvd.
948-6000

Scottsdale B'nai Brith Women
4th Thursday of month - 11:30 A.M.
953-1556

• Greater Scottsdale Sertoma Club
12:00 noon, Thursday
Ramada Valley Ho
6850 Main Street

• A.S.U. Rotaract Club
1st & 3rd Thursday, 9:00 P.M.
A.S.U. Memorial Union on campus
965-0456/965-8678

• Knights of Columbus #4426
2nd & 4th Thursday
4208 N. 82nd St., K of C Hall

• Scottsdale Jaycees
Weekly, Thursday, 8:00 P.M.
Jaycee Rodeo Grounds

• American Legion - Scottsdale
Sipe-Peterson Post #44
Exec. meeting, 1st Thursday, 8:00 P.M.
General meeting,
2nd & 4th Thursday, 8:00 P.M.

7245 1st St. 941-9870
• Scottsdale Optimist Club
7:00 A.M.

Reuben's 4720 N. Scottsdale Rd.
• Scottsdale Sertoma Club
Weekly, Thursday, 7:30 A.M.
Valley Ho Hotel

• Scottsdale Historical Society
1st Thursday of the month, 7:30 P.M.
Scottsdale City Hall Kiva
945-6650

• Scottsdale Lodge #43 F.&A.M.
Stated meetings 1st Thursday, 7:30 P.M.
Degree work other Thursday, 7:00 P.M.
Masonic Temple, 2531 N. Scottsdale Rd.
946-1072

• Scottsdale Civitan
Hospitality Inn - 409 N. Scottsdale
Thursdays, 7:30 A.M.

• Scottsdale Hiram Club (Masons)
Thursday, 12 noon
945-6717

• North Scottsdale Lions Club
Thursday noon
McCormick Ranch Golf Club and Restaurant
7505 E. McCormick Parkway

• Kiwanis Club of Fountain Hills
Weekly, Thursday, 12:15 P.M.
Applewicks Restaurant
Shea and Saguaro Blvds.
837-1956

• Scottsdale Sunrise Rotary Club
Weekly, Thursday, 7 A.M.
McCormick Ranch Golf Club
7505 E. McCormick Parkway
Scottsdale

Kiwanis Club of Fountain Hills
Sunset Weekly, Thursday, 7:30 P.M.
Thirskhill Building

Scottsdale Lodge No. 35
Fraternal Order of Police Associates
Second Thursday of each month
7 P.M. — Elmer's Steakhouse
2323 North Scottsdale Road
947-6301 or 945-3922

Friday

• Scottsdale Papago Rotary Club
Weekly, Friday, 12:10 P.M.
Ramada Valley Ho Resort
6850 E. Main, Scottsdale

• Arizona Dulcimer Society
3rd Friday of the month, 8:00 P.M.
6701 Latham, 949-0651

Sunday

• Scottsdale Chapter #1457
American Association of Retired Persons
1st & 3rd Sunday, 1 P.M. & 2 P.M. Resp.
Scottsdale Senior Citizens Center
945-2165

• Jewish War Veterans, Post 210
3rd Sunday of the Month
Eldorado Park

Contents

"A plague is a formidable enemy, and is armed with terrors that every man is not sufficiently fortified to resist or prepared to stand the shock against."

— *A Journal of the Plague Year,*
London 1665
by Daniel Defoe

Award-winning medical writer Catrien Ross Laetz has done research for over three months on the impact of AIDS in Arizona and around the world. Many of her hours were spent talking with people afflicted with AIDS — two of whom have since died. Laetz also talked to the families and friends of AIDS victims, with counselors who help them, with doctors who treat them and with public health officials who are searching for a cure for this so far incurable illness.

In addition, she has kept up with the constantly changing AIDS statistics and the news of scientific work being done in an effort to stem the growing AIDS epidemic.

When Laetz first began work on her article, news stories about AIDS were sparse and scattered and mostly to be found in scientific journals. Most people thought the disease was something that happened only to homosexuals and foreigners, people who had brought it on themselves, who perhaps deserved such an affliction.

Then, suddenly, when it became known that Hollywood movie star Rock Hudson was seriously ill with AIDS, everything changed. Overnight AIDS became the illness that everyone talked about and feared.

Because of the overwhelming impact that AIDS is having on our society, we are devoting the entire issue of *Saturday Magazine* to the subject. Now that the AIDS story is out in the open, we hope that the financial help so badly needed for vital AIDS research will soon be forthcoming. We also hope that stories such the one in today's magazine will help to dispel the misconceptions and fears about AIDS so that those afflicted with the disease will receive the help they so badly need and want. Their lives depend on it.

— Maxine Marshall, Editor
Saturday Magazine

Cover design by Steve Missal.

Saturday Magazine

| | |
|-------------------|----------------------|
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AIDS

Anatomy of an epidemic

by Catrien Ross Laetz

HIS FIRST INKLING that something was wrong was a small purplish spot on his leg that just wouldn't go away. Doctors in Chicago told him not to worry — it was only a bruise.

But in Tucson last June he learned that his real problem was a rare form of cancer called Kaposi's sarcoma, brought about by a condition that doctors now told him had no cure, no proven treatment, no definite hope. At age 25, he learned that he was dying of a killer disease called AIDS.

He hurled himself into his work. An actor since he was 19, he immediately became involved in two different shows. Buoyed by the power of positive thinking, he determined to be among the lucky ones, the ones who survive. Energetic, eager, ambitious, he was a young man still strong with a young man's dreams. One of them was to become so fine an actor that his talents would eventually win him an Oscar.

Comfortable before an audience, he began to talk publicly about his illness, sharing with friends and strangers the many aspects of the disease — its social stigma, its isolation, its seemingly inevitable course. As his symptoms worsened he also learned to cope with the idea of his own mortality. "I would be grateful now to live until I was 33," he said in an interview. "After all, Christ supposedly died at 33, and so did Eva Perone. It's not such a bad age to die."

But he never even came close. This August, just over a year after he was first diagnosed, Newton John Skinner became an Arizona medical statistic — the 28th known victim in the state to die of AIDS. He was 26 years old.

For Covy (he does not want to have his last name used), a Scottsdale resident who turned 30 this March, AIDS has brought a closer interaction with his family: with a younger brother who has moved into the house to be near and help; with an understanding sister and older brother; with a mother who must prepare herself for yet another deep personal loss. Amidst this new grief she remembers an automobile accident of 18 years ago. Covy and his older brother survived; but their father, her husband, was killed, leaving her with small children to raise and the responsibility for a business she knew almost nothing about.

"I think one of the most difficult things will be watching Covy go down," she says. "We are all very sad. It's already

like dealing with death all over again. First you are stunned, you are numb for a while. Then you back away and then you start bargaining with God and then you get very angry. That's when you begin demanding, 'Why my son?'"

Today, under regular medical treatment for his disease condition, Covy finds the afternoons particularly difficult to bear. That's when his strength seems to be at its weakest, when his energy level falls to its lowest. "When we moved into this house 11 years ago, I moved everything in — the boxes, the furniture," he recalls. "Today I can't do it anymore, and the more I push myself the harder it seems to get. I feel very depressed that I can no longer help out when I'm needed. I was always first in line to help with anything and everything. But well, just give me a little more time."

Like Newton, however, Covy has realized that time is exactly what he might not have. "I've been told that a person with AIDS can last three years. So I've decided that I'm going to live those three years and that they are going to be some of my best in terms of positive attitude, good energy outlook and hope. And when those three years are up I'm going to take one heck of a vacation. That's my goal."

On a late August afternoon, Bob Hegyi talks in the tired voice of a man who has seen too much happen too soon. For him, stories like Newton's and Covy's are nothing new. The tragic unfolding is all too familiar.

In the past two years Hegyi has had to deal with more than 42 different deaths due to AIDS. Many of the victims were personal friends. He has sat through more dying hours than he would like to count. In the course of a single week, for example, four young men died. One had lingered for more than two weeks on a respirator before he succumbed to the infections racking his body. Hegyi was there at the deathbed.

As executive director and consultant with the Arizona AIDS Fund-Trust, Hegyi is immersed in what has become an endless procession of desperation and frustration, of death and dying. In his cramped Phoenix headquarters he is on the telephone constantly, answering media questions, reassuring concerned Valley residents, comforting a gay community alarmed about the growing AIDS impact. Drawing on what are obviously enormous emotional and spiritual resources, he is nonetheless alert to the strain of shouldering diverse and draining responsibilities. "It is difficult," he says simply. "Very difficult."

Much of the difficulty in dealing with the entire AIDS question has been the view that here is no ordinary disease. From the very beginning the medical aspects of this modern

killer have been overlaid with social and emotional implications which have fostered misunderstandings, complacency and judgmental attitudes.

Because of its association with the gay lifestyle — a lifestyle which many people continue to condemn as unnatural and repugnant — AIDS has been perceived not so much as a medical problem as a moral issue. Instead of being accepted as a major public health concern, the disease is still hailed as select punishment for a group of undesirables who should never have been doing what they do in the first place.

Such moralistic outlooks have hampered official action — few in public office want to be accused of condoning the gay lifestyle — and clouded the serious medical considerations of the illness. Whereas sufferers of cancer and heart disease typically receive compassion and patience from family, friends and health professionals, those with AIDS are more likely to experience blatant discrimination, ill-disguised abhorrence and fear.

Intolerance can be especially bad in families which have not yet resolved the issue of homosexuality. Parents and siblings not only suddenly discover that there is a gay among them, they also learn that he has a horrible, probably fatal disease. The reception is not always supportive. Hegyi points out that a number of newly-diagnosed AIDS patients have returned home to find their suitcases packed and waiting on the sidewalk. Ill, frightened and abandoned at a time of critical need, they turn to one of the few places in the valley available to help them — the Arizona AIDS Fund-Trust.

Established in 1983 to respond in practical ways to the AIDS epidemic, the Arizona AIDS Fund-Trust performs a number of roles. In addition to providing AIDS information and referral services, it is a source of educational materials and AIDS seminars. Most importantly, it can give direct services to people with AIDS, including financial assistance, psychological counseling, and social service and medical referral. The organization is staffed entirely by volunteers with all its money coming from donations from the community. More than 55 persons with AIDS have been helped so far, and the numbers show no signs of diminishing.

Despite the vital function that he fulfills, Hegyi has yet to receive any funding from any city, county, state or federal body. Moreover, the U.S. Conference of Mayors recently again denied his application for a \$20,000 grant.

On the personal level, AIDS can pose several terrifying questions. In the four short years since it was first described, AIDS has become the single leading cause of natural death among young men in New York and San Francisco. The psychological overtones are overwhelming.

Catrien Ross Laetz has received numerous national and local awards for her medical articles. Her column "Medical Matters" appears monthly in Saturday Magazine.



Craig Cox (left), a volunteer with the Arizona AIDS Fund-Trust, discusses with Bob Hegyi, the organization's executive director, a cartoon about AIDS that they found offensive. The Fund-Trust is one of the few places in the Valley where AIDS victims can come for counseling and help. Progress photos by Jeff Havir.

AIDS

"Most cases of AIDS are diagnosed in young people in their early 30s," says Dr. William Redenius, a Scottsdale internist who has handled a number of AIDS patients. "Very few of us are conditioned to deal with the eventualities of life such as aging and dying, even when we are older. Yet the AIDS patient is suddenly faced with this major psychological struggle during his 30s. Instead of planning future careers, AIDS patients are writing wills."

"On top of that is the problem in dealing with family and friends, but especially family. Where homosexuality is involved there can be a great deal of turmoil, and some type of counseling intervention may be required. Moreover, one of the most devastating aspects of AIDS is the isolation it can bring about. For example, one of my patients had terribly disfiguring Kaposi's sarcoma, one of the rare cancers associated with AIDS; and he was very aware of this because other people could see it. It was like having leprosy. Fortunately for him he had extremely supportive family members and a lover who also provided support so he never became isolated to the extent that so many AIDS patients do."

But if family and friends can be unsympathetic, so too can health professionals responsible for providing medical care. Covy's physician called him over the telephone to tell him he had AIDS. Both Covy and his mother believe this insensitivity stemmed from AIDS discrimination on the part of the doctor.

Nor did the insult and hurt end there. Completely devastated by the news that he might die, Covy was referred for psychiatric counseling. The psychiatrist's prescription was to personally condemn Covy as "an abomination in the eyes of the Lord."

When Newton John Skinner began having problems with mouth infections and teeth falling out, his doctor called four dentists, all of whom refused to handle an AIDS patient. Finally a gay dentist said he would be willing to treat the problem — but he would have to wear mask and gloves.

The same lack of feeling has been found in nurses and technicians in hospitals and among employers in the workplace. AIDS patients have been denied medical treatment. Several AIDS patients were literally dumped on the San Francisco General Hospital from other hospitals that were afraid to treat them.

An employer who learns of AIDS illness may well fire the affected employee, who then loses any private medical insurance benefits. AIDS patients can qualify for Social Security disability payments, but those often take four to five months to begin coming in. Hegyi says that many victims die before receiving their first check.

Misinformation and lack of education about AIDS is also causing adverse reactions among the public at large. Fearful of contracting the disease, technicians on a national television

talk show recently refused to work with a live AIDS patient on the set. The Rock Hudson AIDS scare has supposedly thrown Hollywood into a disease panic.

No one is more aware of these attitudes than the gay community itself. In fact, many gays see AIDS as a threat to what they have managed to achieve in the way of rights. Just as they were "coming out of the closet" and establishing legislative and societal changes, along came a disease which further branded gays as outcasts. Nevertheless, it has been the gay community which has been quickest to respond to the AIDS crisis and which has acted the most responsibly in cushioning the disease impact.

"AIDS is a very difficult disease for a patient to admit to having," says Hegyi. "In the first place, the acceptance of gays in Arizona is not particularly good so gays here have always remained pretty much closeted. Then you have AIDS on top of that. So part of our education job has been to reach gay people because many of them are afraid to be around someone who has AIDS, and they are just as ignorant as anyone else concerning the disease."

Hegyi estimates that the Valley's gay community numbers anywhere from 120,000 to 170,000 members. He attributes this high concentration to the state's many attractions such as job prospects, the resort atmosphere and the artistic climate. Gays, he says, like living here.

Because AIDS appears to be a sexually transmitted disease, education has concentrated on so-called "safe sex" practices — sex which takes appropriate precautions as to partners, cleanliness and sexual techniques. Often accused of promiscuity, many gays are now abandoning their carefree lifestyles for a monogamous relationship or none at all. The AIDS threat has become too real to be ignored.

E DUCATION IS ALSO THE FOCUS of Dr. Steven Englander's efforts. An infectious disease epidemiologist with the Arizona Department of Health Services, he believes that known AIDS cases represent only the tip of a massive disease iceberg. He is particularly concerned about the spread of AIDS into the heterosexual community. The virus has already been shown able to pass from pregnant mother to child and from husband to wife. In fact, along with a number of other public health physicians, he wishes that society would stop calling AIDS a disease of gays and begin realizing that it is a public health problem of truly gargantuan proportions. Within three years 85 percent of all AIDS victims are dead: the rest are probably dying.

Although gays are the major victims of the disease, AIDS also affects male and female intravenous drug users, prostitutes, hemophiliacs and people who come in close contact with contaminated blood or blood products.

A lack of easily available information about AIDS is underscored by questions people are now beginning to ask. As AIDS has come under the spotlight of the media, public concern has begun to replace apathy and condemnation. Scottsdale mayor Herb Drinkwater, upset about the death of a Scottsdale policeman who had AIDS, raises concerns about the possible spread of AIDS within the general community. "Does a person get AIDS if someone who has it accidentally spits in their salad in a restaurant or touches their food? How do I know I won't get it through a cough or a sneeze?"

People also want to know about giving blood and receiving blood transfusions during surgery. It is a legitimate concern. Drinkwater says that his mother almost died from serum hepatitis transmitted in blood transfusions she received during an operation. She was in a coma for six months. If you can get hepatitis, he says, surely you can get AIDS just as easily. "That's what really concerns me. I'm not that worried

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that I'll get AIDS from another person. But what if I am in a terrible accident that requires blood transfusions. Will I get AIDS from the blood?" Drinkwater believes that questions like these will only be answered by responsible efforts to educate the public about AIDS.

Protection of the nation's blood supply has been the impetus behind the AIDS antibody test now in use in blood banks throughout the country. While the test is not 100 percent foolproof and can yield false-positive results, it should prove highly effective in detecting possibly contaminated blood. Some medical researchers have also suggested that if blood transfusions are a concern, then individuals should donate some of their blood for storage just prior to major surgery. That way their own blood will be available to them should a transfusion be necessary.

Fear of AIDS is now so strong that attitudes persist even after someone with AIDS has died. For the past several years the problem of AIDS has been extensively discussed within the mortuary and funeral home industry.

According to Dave Hawkins, vice president of Green Acres, a family-owned mortuary business in Scottsdale, his employees take the same precautions as for other contagious diseases such as meningitis, tuberculosis and infectious hepatitis. Workers wear gowns, masks and gloves and sterilize everything they use. Still, he remains concerned

about the current trend in AIDS statistics. "With more and more AIDS victims we are going to see increasing concern among funeral industry employees, for one. And I'm not sure that if I had three or four fellows who refused to embalm a body, that I could tell them to do so or else. Another concern I have is that AIDS bodies come labeled as such from the hospital. But I don't know how many bodies, say, we might get from a car wreck that could be carrying AIDS. Just how do we know?"

In an age of high technology and immediate results, much hope is being attached to research studies at different laboratories and institutions around the country. Last year Secretary of Health and Human Services Margaret Heckler declared that AIDS was the nation's "Number 1 health priority." Federal funding began to be increased — from \$5.5 million in 1982, to \$61.5 million in 1984, to around \$93 million in 1985. The money will support research into AIDS epidemiology and etiology, as well as treatment, vaccine development and public information and surveillance.

Funding, however, is no guarantee of success. In 1971, for example, President Richard Nixon declared a war on cancer and asked Congress to commit \$100 million to combating the disease. Today that cancer budget is close to \$1.4 billion; and, while significant advances have been made, over 450,000 Americans every year still die of cancer.

Who gets AIDS?

Ninety-five percent of all reported AIDS cases have belonged to the following high-risk groups:

| | |
|--|-----|
| Male homosexuals or bisexuals | 73% |
| Intravenous drug users | 17% |
| Recent Haitian immigrants | 3% |
| Hemophiliacs | 1% |
| Recipients of blood transfusions | 1% |
| Heterosexual contacts of persons at increased risk of AIDS | 1% |

AIDS does not appear to be a risk to the general public. There is no evidence that AIDS is transmitted through saliva, sweat or casual contact or that it is spread through the air.

Healthy persons not belonging to the above risk groups for AIDS should not fear infection with AIDS.

— Information courtesy of
Arizona Department of Health Services.

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A "sneaky sort of a disease"

SOMETHING WAS TERRIBLY WRONG.

One by one, in major East and West Coast cities, healthy young men began dying of a mysterious illness.

At first, individual cases were regarded as isolated extremes. Doctors were baffled, but not unduly alarmed.

Soon, however, the number of patients grew too significant to ignore. Within 18 short months there were more than 1,000 reported cases. Worse, it seemed that there was nothing that anyone, anywhere, could do. Medical researchers realized that they were dealing with a hitherto unknown pattern of destruction they were powerless to control.

They called it Acquired Immune Deficiency Syndrome. AIDS.

From a medical standpoint, AIDS was a totally new phenomenon. Scientists recognized that the disease was distributed geographically, with the bulk of cases localized in coastal urban centers and spreading inland from there. They also noticed that sexual contact played a part in disease transmission. But the unexpected and obviously deadly force of the AIDS mystery meant that there could be no fast easy answers concerning disease cause or course. For the dying young men there would be no immediate hope.

First detected in homosexual men, AIDS was initially considered a disease of gays. Naively, early researchers even named the condition GRID, for Gay-Related Immunodeficiency — until it became apparent that gays were not the exclusive victims. The disease was subsequently discovered in a wide range of population groups. These included sexual partners of AIDS patients; people who received blood or blood products from others, such as hemophiliacs; intravenous drug users and transfusion recipients; infants and children born to or living with these groups, and recent immigrants from Haiti.

AIDS is so destructive that it has been called the country's most virulent epidemic. Researchers have pegged it as one of the most lethal immunodeficiency diseases known to modern medicine. The condition so severely depresses the body's immune system — that part of the body which protects against disease — that within one year half of all AIDS patients are dead. Almost everyone else will die within three years of disease onset.

The fatal sweep of AIDS is being likened to the havoc wreaked by the awful plagues of the past, such as the Black Death which decimated Europe. Like those plagues, AIDS is cutting a trail of despair and death marked by an endless unfolding of grim statistics.

In the United States alone there have now been over 12,000 reported cases of AIDS in patients, half of whom have died. Among them have been more than 150 children and over 730 women. Moreover, the number of AIDS cases appears to be increasing exponentially every year. If the disease continues to spread, undeterred, at its present rate, some researchers speculate that it could conceivably wipe out the entire population of the United States in as little as 60 years.

As many as one million Americans are thought to have already been exposed to the AIDS virus. Of those, some 10 percent, or one in ten people, is expected to develop some form of the disease. There are researchers who believe that the AIDS toll in this decade alone could be as high as 45,000 — about the same number of Americans killed in the Vietnam War. Others say that the next two years will see 40,000 more Americans developing the disease. During that time one-and-a-half million new people will be exposed to the virus. Some 10 to 20 percent of them are likely to succumb to full-blown AIDS.

More than a third of AIDS cases in the United States are reported from New York, with just under a quarter reported from California. AIDS cases have now been reported from 47 states and over 20 foreign countries. In Australia donated sperm has been linked to the development of AIDS antibodies in four women who underwent artificial insemination in 1982. The sperm came from the same bisexual donor.

In Europe, AIDS antibodies have been found in prostitutes in several countries, most notably Germany and Austria. Central Africa claims female as well as male AIDS victims. There AIDS is linked to heterosexual promiscuity, and equal numbers of women and men have contracted the disease. In

addition, an AIDS-like virus has recently been reported in monkeys in research laboratories in California and Massachusetts. The monkeys are dying.

Arizona currently accounts for less than one percent of total reported U.S. cases. As of Aug. 15, there have been 56 reports of AIDS in the state, with 28 deaths. But those figures change daily, even hourly, as increasing numbers of Arizonans develop symptoms of this devastating new disease.

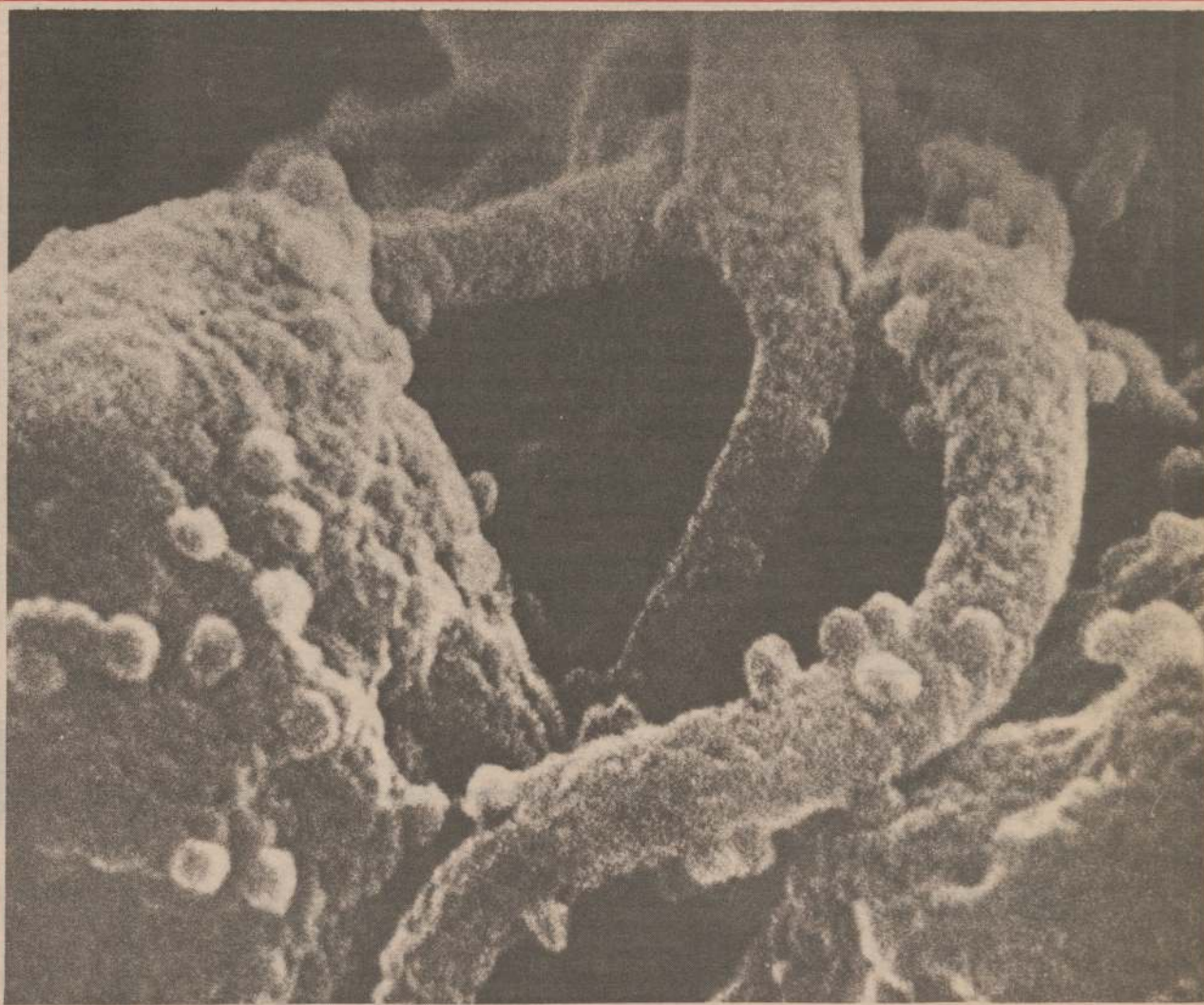
Yet, terrifying as they already are, AIDS statistics do not begin to include countless thousands of patients who do not fulfill criteria for AIDS reporting. It is these people who form the bulk of that massive iceberg which Dr. Steven Engender believes constitutes the hidden rest of the AIDS story. Those at the tip of the iceberg, the reportable cases, meet strict surveillance definitions for AIDS, determined by the Centers for Disease Control (CDC) of the U.S. Public Health Service. That means, of course, that patients with less well-defined manifestations of AIDS cannot be included in CDC surveillance definition. In other words, says Engender, the underreporting of AIDS over the past four years has been considerable. The situation in Arizona is further undermined by the fact that AIDS is not an officially reportable disease. Currently all AIDS reporting by physicians is voluntary.

Despite the mounting picture of horror, the beginning response on the part of organized medicine was sluggish, to say the least. Federal authorities appeared uncomfortable with the whole idea of an AIDS epidemic and tried to shift responsibility to local governments. Local governments, on the other hand, insisted that they were helpless without government support. Public leaders avoided any outward expression of concern or caring. The Reagan administration remained conspicuously silent about anything to do with AIDS. No one wanted to go on record, as if the sexual implications of the disease were a topic that public officials had to avoid at all cost.

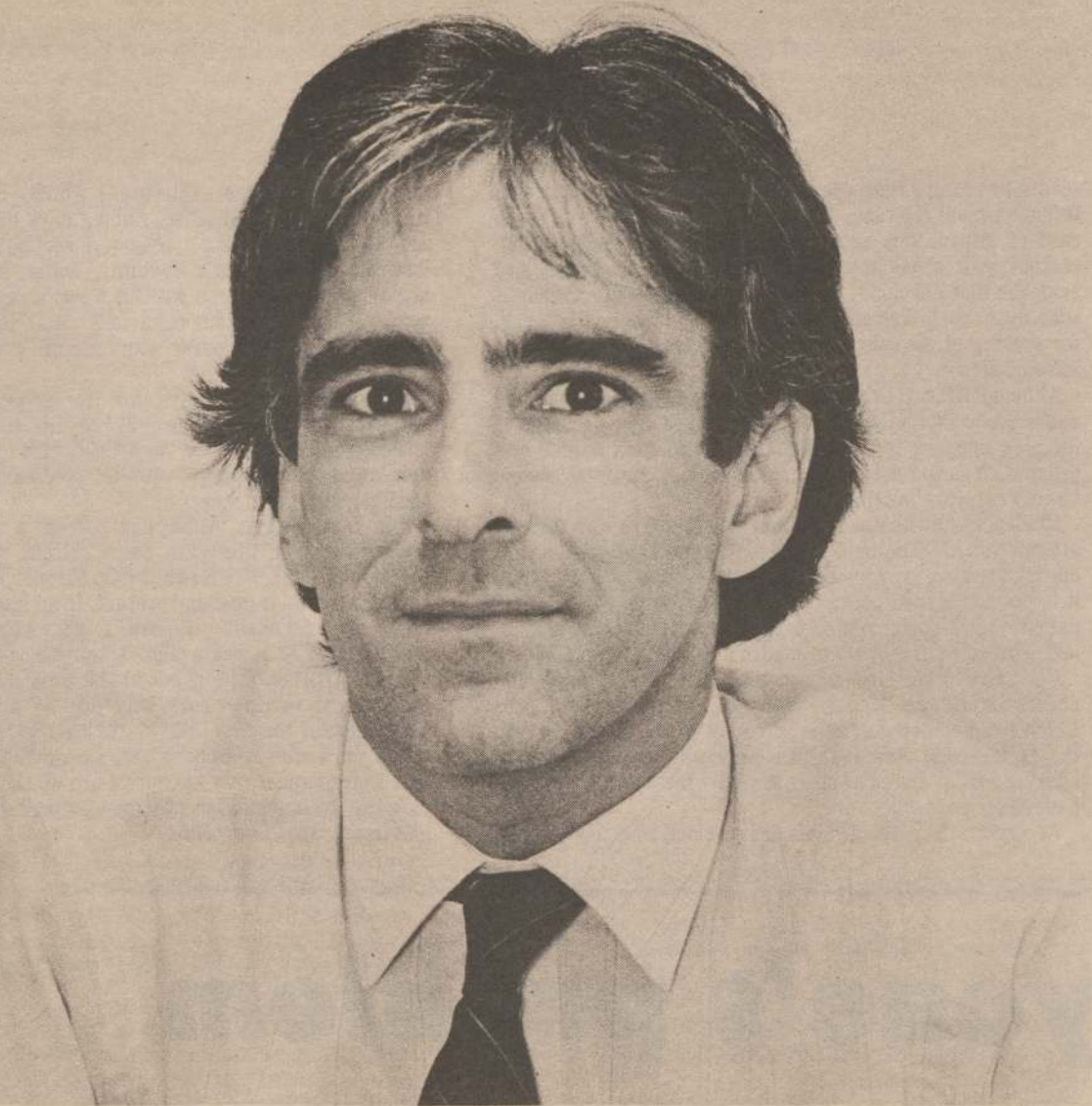
Interesting comparisons can be made with other modern medical scares. When toxic shock syndrome killed a handful of young women, for example, a full scale campaign was waged to identify the cause, to prevent the same from happening again and to take offending products off the shelf. The response was swift and effective.

When a fatal disease killed several veterans attending a Philadelphia American Legion convention, CDC researchers immediately investigated — and tracked down — the cause. In both these instances media coverage was extensive, presumably because the public was sympathetic to the persons affected — innocent young women and U.S. veterans.

Gays with AIDS, however, experienced a very different attitude. Even as the magnitude of the problem in the gay community became obvious, no major new AIDS medical research programs were initiated. In fact, such programs did



A greatly magnified microscopic view of part of a white blood cell with its tentacles. The little bumps sticking out all over the cell, which normally protects the body from disease, are the AIDS virus which eventually will destroy the cell.



Dr. Steven Englander, infectious disease epidemiologist with the Arizona Department of Health Services, says that people should acknowledge that AIDS is a public health problem of overwhelming proportions and stop calling it a gay disease.

not come about until after it was discovered that AIDS could be passed in blood and blood products to the general population. This ostrich strategy on the part of the medical and scientific communities prompted gay accusations that somehow homosexuals, drug addicts and poverty-stricken Haitians were not worthy of the same government effort that other segments of society routinely received when the need arose.

While authorities dithered and stalled, people with AIDS continued to die.

AIDS WAS FIRST DIAGNOSED among gay communities in New York, Los Angeles and San Francisco in 1981. A potentially devastating illness that impairs the body's ability to fight infection, AIDS was so named because of the way it affects patients. "Acquired" means that people are not born with AIDS but rather acquire it through contact with the AIDS virus. No one single disease, AIDS is instead a constellation of varying conditions, a syndrome, that appears

to have the same underlying cause — in this case a deficiency in the body's immune system.

Researchers now believe that AIDS is caused by an infectious agent known as HTLV-III — human T cell lymphotropic virus, Type III. This virus is a member of a group of viruses known as the retroviruses, which have the ability to alter the genetic structure of the cells they attack.

In the healthy individual the body produces several types of white blood cells, or lymphocytes, each of which serves a different but vital function in protecting against disease. Among these lymphocytes are the types known as B cells and T cells.

One form of T cells actually helps the B cells to produce the antibodies to combat disease-causing agents such as viruses. These T cells are described, appropriately enough, as "helper" cells.

The other form of T cells is known as "suppressor" cells because their function is to halt or suppress the body's fight against infection once the infection has been successfully overcome.

In a healthy person T helper cells typically outnumber T suppressor cells by 2 to 1. In someone who has AIDS, however,

suppressor cells far outnumber helper cells. The result is an immune system too weak or suppressed to effectively battle disease.

In this weakened state, patients with AIDS can fall prey to assault from one or more of several hundred infections. A particular type of infection, the *opportunistic infection* (OI), can only take hold when the body has a deficient or malfunctioning immune system, as is the case with AIDS. Thus, certain cancers and infections which are rare in normally healthy individuals can commonly occur in persons with AIDS.

Among these are *Kaposi's sarcoma* (KS), and *Pneumocystis carinii pneumonia* (PCP). Prior to the AIDS outbreak, KS in the United States was not usually seen in anyone under 60 years of age, and then mostly in males of Eastern European, Jewish or Mediterranean descent. In these males KS, a form of cancer that affects the blood vessels, is not typically severe.

Since AIDS studies have gotten underway, however, KS has also been identified in young people in Africa, where it can be aggressive and often fatal. The lethal form of KS also seems to be associated with other viruses such as *cytomegalovirus*, (CMV), a member of the herpes family which can cause a mononucleosis-type illness. Unfortunately, in patients with AIDS, KS closely resembles the African strain and not the mild form seen in older males. KS can cause disfiguring purplish, brown or pink blotches on the skin.

A parasitic infection, PCP was first described in very young children living in the many displaced persons camps that followed World War II. Although the infection is rarely seen in healthy individuals able to fight it off, it has been found among cancer patients as well as in transplant patients under certain forms of medication.

PCP symptoms can take months to develop and usually begin with a dry cough. As the infection invades the body the patient may experience shortness of breath, coughing spells and, sometimes, foamy white sputum. Typically, by the time shortness of breath has developed, PCP has already reached fairly advanced stages.

Although both KS and PCP can be treated with drugs, treatment is complicated by the patient's underlying immune deficiency. Although the drugs can be very effective, they do nothing to boost the immune system's defenses nor have they any power to restore normal immunological function. Moreover, both KS and PCP in AIDS patients are often accompanied by a number of other infections caused by bacteria, fungi and viruses. Treatment, therefore, is not easy.

Patients in high-risk groups who have positive AIDS antibodies but who do not develop full-blown AIDS are described as suffering from Aids-Related Complex (ARC). The number of ARC patients is as yet unknown. They are excluded from CDC surveillance reporting efforts because they do not meet required AIDS definition criteria.

The spectrum of disease symptoms in ARC patients is very broad and can range from complete absence of symptoms (asymptomatic), where the person is completely healthy but still carries positive AIDS antibodies, to vague, non-specific symptoms like weight loss, enlarged lymph nodes, fever and night sweats.

According to Englander, a characteristic of ARC is the "wasting syndrome," where an individual begins to waste away until the body is little more than taut skin across a frail skeletal frame. Weight can drop as low as 50 pounds for affected males.

It is on the spectrum of symptoms that much research is now concentrated. While ARC is caused by the same retrovirus as AIDS, many ARC patients do not go on to develop full-blown AIDS; but it is not known why or what other contributing factors there are.

Moreover, AIDS is a sneaky sort of a disease. Whereas a disease like bubonic plague usually claims its victims within days, AIDS has an incubation period of anywhere from months to two or even three years. During that time the person may have no symptoms to warn that AIDS is developing.

Symptoms of AIDS

The early stages of AIDS may show few, if any, symptoms. Eventually, AIDS victims may develop symptoms from the diseases which attack them because of their immunological deficiency.

Symptoms of AIDS may include:

- Extreme tiredness, sometimes combined with headaches, dizziness or lightheadedness.
- Continued fever or night sweats.
- Weight loss of more than 10 pounds which is not due to dieting or increased physical activity.

- Persistent enlarged lymph nodes (swollen glands) in the neck, armpits, groin or other sites.
- Purple or discolored growths on the skin or mucous membrane (inside the mouth, anus, or nasal passages).
- Heavy, continual dry cough that has lasted too long to be a cold or flu.
- Continuing bouts of diarrhea.
- Thrush, a thick, whitish coating on the tongue or in the throat which may be accompanied by a sore throat.
- Unexplained bleeding from any body opening or

from a growth on the skin or mucous membranes.

- Bruising more easily than usual.
- Progressive shortness of breath.

The above symptoms are not clear-cut and can occur in other diseases not associated with AIDS. Anyone, especially members of high-risk groups for AIDS, who has had one or more of the above symptoms for a period of time should consult a physician.

— Information courtesy Arizona Department of Health Services.

AIDS

W

ITH AIDS THE SMALLEST SYMPTOM can take on major proportions: every sniffle, every blemish, every cough can mean the start of renewed and ever more terrible hazards. Thus the person who has AIDS lives continually afraid that his or her slight touch of flu may herald the onset of the final, fatal disease process.

As their disease progresses, AIDS patients typically have to endure bout after bout of infection while their immune system grows increasingly weaker. The process can be long, drawn-out, agonizing.

Bob Hegyi recalls the death throes of one close friend, Charlie. "It actually took Charlie one year and eight months to die. On the last day I was called in to the hospital where his sisters, their friends and I witnessed four hours of the most unbelievable suffering. Charlie was in the most horrible pain and it took all of us to hold him down. Finally, about five o'clock in the afternoon, the respirator stopped. There were a great many tears and holding of hands because it was finally over with. But when we left the room we were all still trying to understand why."

The AIDS virus, HTLV-III, has been found in the semen, blood and saliva of infected persons. Frighteningly, those with no outward symptoms of the disease may still be capable of transmitting the virus to others.

Studies so far, however, show that AIDS is not easily transmitted. For the disease to be transmitted effectively

seems to require intimate contact with an infected person through sexual relations, the use of shared needles (as in the case of intravenous drug users), and, more rarely, from contact with blood and blood products. There is no hard evidence that AIDS can be spread by casual contact such as sneezing or coughing, shaking hands, a light kiss on the cheek, the sharing of utensils or the eating of food prepared by an infected person.

Although AIDS is infectious, it is not highly contagious; and public panic that AIDS can be caught as easily as mumps or measles appears to be unjustified. Anyone in a high-risk group such as homosexuals or hemophiliacs, however, should be very careful at all times.

Evidence notwithstanding, fear about AIDS has focused attention on AIDS patients as the lepers and Typhoid Marys of our high-technology society. Cast out as social pariahs whom it is not considered polite to discuss, much less help, AIDS patients have been saddled with enormous burdens of guilt and depression as they try to cope in a largely hostile world.

For gays, an important element of coping and understanding has been the dramatic changing of lifestyles which could contribute to the spread of AIDS. In fact, in both the homosexual and heterosexual communities, AIDS is altering sexual mores as other sexually transmitted diseases have never been able to do.

According to health officials, homosexual men are starting

to eliminate those activities which could facilitate transmission of the disease. Among gays this includes oral-anal activity (rimming), fisting (insertion of hand and/or forearm into partner's rectum), water sports (drinking urine), anal intercourse without a condom, and swallowing semen. Health-conscious behaviors, "safe sex," on the other hand, are anal intercourse with condom, coitus interruptus, and mutual masturbation.

In addition, many gays are foregoing the bars and bathhouses and giving up promiscuity and the indiscriminate choice of sexual partners. As AIDS begins to spread into the heterosexual community, similar precautionary measures are likely to be seen there.

For many gays, AIDS has forced a reevaluation of philosophies and lifestyles. Some retreat, some ignore the threat, and some, like Newton John Skinner, became brutally honest about their past and present. In an interview before he died, he explained: "Before I got AIDS I was very promiscuous — I was a slut. I know now that I probably brought AIDS on myself but at the time the gay lifestyle I encountered in New York was just so wonderful and so different. For the first time in my life I felt really accepted. Now I don't even attempt to have sex anymore. But I believe that I am happier now because I am more together. I don't view life too much differently than I always did, but now I do look forward to the afterlife."

It's everyone's problem

A NUMBER OF HISTORIANS have noted that epidemics of dreaded diseases such as the plague always bring out the best and the worst in people forced to face the ravages.

In that respect, AIDS is no different. The disease has stirred prejudice, panic, callousness and moral condemnation. It has prompted the age-old human reaction of blaming the sufferers of a disease that is too frightening to personally accept.

At the same time, AIDS has generated the type of compassionate effort that makes all things possible. Many believe that medical researchers have made significant strides against enormous odds. Faced with chronic lack of funding and the hostility of a society polarized on both sides of a perceived moral issue, scientists are nevertheless continuing the research and surveillance necessary to unravel a fatal mystery.

Public health service doctor Steven Engender believes that if there is one positive note in the depressingly bleak picture, it is the speed with which developments are now occurring. He points out that the cause of Legionnaire's Disease was around for some 20 years before it was identified.

AIDS was first diagnosed in 1981 and the viral agent was isolated within three years. Moreover, he says, technological advances in immunology and genetics should greatly facilitate the likelihood of new scientific breakthroughs.

Not surprisingly, the best and worst of human nature have also been evident in the AIDS struggle for scientific recognition. Although generally referred to as HTLV-III, the AIDS virus also has a joint name, HTLV-III/LAV, in honor of its two different discoverers.

When Secretary Margaret Heckler made her wildly optimistic statements about AIDS in her press conference last year, saying that a vaccine would be ready in about two years, she was accompanied by Dr. Robert Gallo of the National Cancer Institute. Recognized for his pioneering work on human T-cell leukemia viruses, Gallo and his group claimed credit for the discovery of the AIDS virus, HTLV-III.

Largely overlooked, however, was the French claim of a year earlier that Dr. Luc Montaigner and his group at the Pasteur Institute in Paris had isolated the virus, which they called LAV — lymphadenopathy — associated virus. For months the French fretted at American reluctance to recognize the discovery and charged American scientists

with wasting valuable AIDS research time. A year later Gallo made his own announcement. Today, most researchers acknowledge that the two separate discoveries uncovered the same viral agent, hence HTLV-III/LAV.

Progress against the AIDS threat was also hampered by initial reluctance within the gay community which feared that sounding a public AIDS alarm would create a nasty backlash. Some gay activists claimed that AIDS was a trumped-up issue aimed at purifying the gay lifestyle. Other gays believed that reports of the disease among gays and intravenous drug users were purposely muted.

Gay groups argued with one another over various aspects of the AIDS story. Not all gays, for instance, thought that "safe" sex practices could really make the difference between living and dying.

"The gay community has all kinds of subcultures like the leather and drag 'scenes,'" says Hegyi. "Until a few years ago more and more of these groups were not getting along together too well. What the gay rights movement did was to show the gay community that all gays are really fighting for their lives, for their right to exist. The AIDS epidemic has continued to highlight that struggle."

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As gays rallied to deal with a problem no one else seemed willing to tackle, numerous support and lobbying groups arose. Particularly active have been The National Gay Task Force and the Gay Men's Health Crisis, both of which fight for protection of individual rights, education and public awareness. Across the country, several newly-formed gay groups provide what emotional and financial support they can to a burgeoning stream of AIDS victims.

Despite the current administration's attempt to shift responsibility for health care issues to the state and local levels, it is becoming increasingly obvious that some form of supplemental funding will be needed to cover the cost of AIDS. The first 300 cases of AIDS consumed an estimated \$18 million, or \$60,000 per case. Today, the caseload has multiplied many times over, and medical bills of \$100,000 to \$150,000 per patient are not uncommon.

An estimated \$1.5 billion has been spent so far on hospital costs alone; medical bills are thought to be twice as high. An already exhausted health care system is becoming dangerously strained. To add to the pressure, these costs do not include the unknown thousands who suffer from pre-AIDS condition or ARC, which can be severely debilitating. As many as one in four of these patients could develop frank, or full-blown, AIDS.

The medical fight against AIDS has begun to focus on experimental drugs which attempt to reconstitute the underlying immune deficiency characteristic of AIDS. A number of drugs have successfully raised white blood cell count, but no drug has proved able to totally restore the immune system. The AIDS patient, therefore, lives in constant danger of succumbing to infection.

Other drugs work by inhibiting viral growth. Actor Rock Hudson is one of about 20 American gays who have traveled to the Pasteur Institute in Paris to undergo treatment with HPA-23, an agent that appears to slow down the growth of viruses like the one that causes AIDS. Drugs like alpha interferon attempt to boost the body's natural disease-fighting defenses. Suramin, a drug used to treat sleeping sickness, is also being tried against AIDS.

Disease conditions associated with AIDS, like Kaposi's sarcoma (KS) and *Pneumocystis carinii* pneumonia (PCP) can be treated, but success of the treatment depends on the patient's ability to ward off infection to begin with. That requires a strong immunological response — something AIDS patients don't have. In treating KS doctors often use interferon. New drug recruits against PCP include antiprotazoal agents like DFMO (alohadifluoromethylornithine) and the antimalarial agent, Fansidar.

Continuing experimentation is a reminder that AIDS still presents a number of unknowns. Engender points out that although the majority of all AIDS patients die within three years, there are still people alive today who were diagnosed

when the disease was first described. Researchers are trying to uncover what factors have contributed to their so-far-successful fight against a usually fatal disease.

ONE OF THE MAJOR CONTROVERSIES surrounding AIDS today is the presence of positive AIDS antibodies in the blood and what they mean. Although originally designed to screen and protect the nation's blood supply, the newly available HTLV-III antibody tests for blood donors have opened a Pandora's box of confusion and misrepresentation.

Public health officials were afraid that test availability would encourage high-risk groups to donate blood — simply to find out their antibody status. To forestall this, a series of alternative testing sites were set up around the country, including one at the Maricopa County Sexually Transmitted Disease Clinic in Phoenix.

The worrisome problem is that the HTLV-III test was never meant as a screening test for AIDS itself and cannot, in fact, be interpreted as such. There is as yet no single diagnostic test for AIDS. Nevertheless, people curious about their antibody status have been flocking to alternate test sites. This has created a need for adequate counseling to explain what negative and positive tests signify. That in turn goes back to the question of unknown factors concerning AIDS.

"For those in low-risk groups (those who do not belong to any high-risk groups for AIDS), there is a great deal of uncertainty as to what positive AIDS antibodies in the blood mean," says Engender. "In addition, the test yields a number of false-positive results so it is not 100 percent foolproof. Even when the test is positive, all it tells is that someone has positive antibodies. It can predict absolutely nothing about that person's personal future concerning the development of AIDS because we just don't know what positive results mean. Obviously there are thousands of people with positive results who will never develop AIDS or AIDS-related complex. In other words, it's not the greatest test in the world, but it should work effectively in protecting the

nation's blood supply, which is all it was designed to do in the first place."

Nevertheless, misinformation about the test has unleashed the potential for serious abuse of individual rights. Some employers have begun demanding blood screening of job applicants. Beginning on Sept. 1, blood collection centers will start informing the Pentagon whenever positive antibodies are found in the blood of an active service man or woman. This latest development does not surprise Hegyi, who is one of a number of people who suspect that the military is already using the test for screening purposes. Gays are particularly concerned about the confidentiality of information, as are hemophiliacs, up to 90 percent of whom have positive HTLV-III antibodies.

As with any major disease epidemiology, the study of AIDS has included the pinpointing of disease origin and the tracking of disease spread. While several theories exist, most scientists today believe that AIDS originated in Central Africa and reached the United States via the Caribbean and Haiti. Haiti has long had a reputation as a sexual playground for American tourists, and the AIDS virus appears to have been unknown there prior to 1979.

An AIDS-like virus has been found in a certain species of African monkey, and researchers speculate that it could have been transmitted to a human being in a bite. Another animal-associated virus with similarities to AIDS is swine fever. There is some evidence that animals harbor virulent viruses that only occasionally break out into the human population, where they can become lethal. The mysterious and sudden appearance of AIDS has also led to inevitable theories that it may have been deliberately introduced as a biological weapon.

Although the HTLV-III agent has been isolated, there are still researchers pursuing the idea that AIDS is caused not by one single infectious agent but by a number of factors. Research includes study of the natural immunosuppressive properties of sperm itself.

Whatever future findings may reveal, the present picture is one of deepening gloom. In Zaire, Africa, where the disease is called "the horror," one person in 20 carries HTLV-III antibodies, and AIDS affects women and men in equal numbers. The disease is spreading so rapidly into other African countries that epidemiologists are predicting a massive Third World epidemic. With jet travel, exotic tropical vacations and the vastly increased mobility of today's society, the potential for disease spread is limitless.

In the United States, AIDS cases are doubling every eight to nine months. One person a day dies of AIDS in Los Angeles



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AIDS

alone; and AIDS is the leading cause of death among young New York men, surpassing even accidents and cancers.

Pediatric cases of AIDS are rising, and the disease could begin to seriously affect adolescents. Several inmates in correctional facilities around the country have been diagnosed with AIDS. In Safford, Az., a 25-year-old inmate recently died of AIDS. He reportedly had sexual relations with a number of other prisoners.

The growing discovery of antibodies in prostitutes could mean they will serve as the major pathway of AIDS transmission into the heterosexual population. Men who have sexual relations with prostitutes may become infected and pass the disease on to their wives. Wives in turn can transmit the disease to unborn children — there is exchange of blood between the mother and fetus within the womb.

There is also new evidence that while the average incubation period for the AIDS virus is 5.5 years, it could be as long as 14.2 years before clinical symptoms appear. The terror of AIDS could be around for a very long time.

The magnitude of the problem is such that it will require coordinated efforts on a major scale. Due to AIDS' impact, there will be a growing need for official health policies for effective delivery of services and the funding of medical and social research. The successful search for a vaccine could prove critical, but a vaccine does not seem likely for several years yet.

According to Englander a vital key lies in public education, which has barely begun. Such efforts should include a response from the medical community in the way of continuing medical education, in-service training, medical journals and research conferences. Doctors will need to prepare for proper screening and diagnosis, as well as for better care of AIDS patients.

AIDS is spreading so fast there are some who believe that all efforts today are too little, too late. But if there is any hope at all, it may be in the fact that throughout human history a large-scale disease epidemic has always signified a battle of survival between man and some pathogen — in this case the lethal virus of AIDS. So far, even the greatest catastrophes have always been overcome with the balance in favor of the adaptable human race. We have survived plague, cholera, typhoid, syphilis, tuberculosis, smallpox, polio. There is reason to think that we will survive AIDS.

But as more and more researchers are pointing out, a haphazard response to the AIDS issue can no longer be maintained. As a divided society still debates the morality behind this major public health crisis, one clear warning has begun to sound — a lethal, incurable disease called AIDS threatens the entire world and promises to exact a disastrous toll in human suffering and death. Whether we like it or not, AIDS has become everyone's problem. □

Resources for Further Information

Public Health Service Hotline

1-800-342-AIDS

Recorded message on AIDS for the general public available from 8:30 a.m. to 5:30 p.m. (est).

NGTF AIDS Hotline

1-800-221-7044

Toll-free national hotline run by the National Gay Task Force to provide information and referrals.

Arizona AIDS Fund-Trust

5150 North Seventh Street

Phoenix, Az. 85014

(602) 277-1929

Provides counseling and financial assistance for persons with AIDS.

Blood Systems, Inc.

Public Information

Corporate Headquarters

6210 E. Oak Street

Scottsdale, Az. 85257

(602) 946-4201

Provides publications and information concerning criteria for blood donors eligibility and indications for transfusions.

Arizona Department of Health Services

Division of Disease Control Services

431 N. 24th Street

Phoenix, Az. 85008

(602) 255-1181

Provides medical information on disease epidemiology investigations and responsible for statewide tracking of the disease.

Maricopa County Health Department

Bureau of Disease Control

1825 E. Roosevelt

Phoenix, Az. 85008

(602) 258-6381, ext. 261

Provides medical information on AIDS and epidemiologic investigations.

Pima County Health Department

151 W. Congress

Tucson, Az. 85701

(602) 792-8315

Provides medical information on AIDS and epidemiologic investigations.

American Red Cross Health Services

Office of Public Affairs — American Red Cross

National Headquarters

Washington, D.C. 20006

(202) 639-3222

Health Line — Publications and information concerning criteria for blood donors eligibility and indications for transfusions.

AIDS Information

U.S. Public Health Service

Room 721-H, HHH Building

200 Independence Avenue, SW

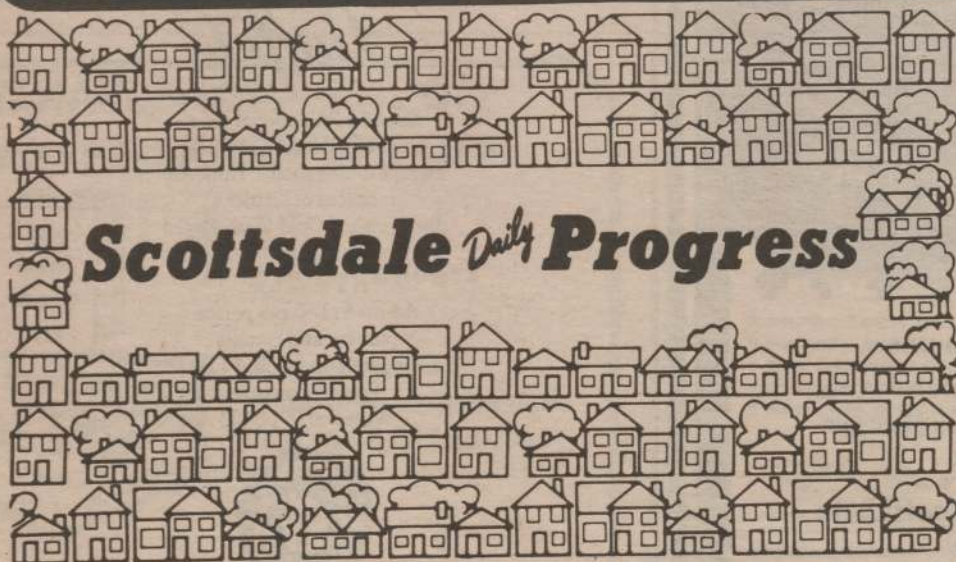
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Provides AIDS information materials and periodic updates on AIDS for lay and professional public. □

— Information courtesy of Arizona Department of Health Services.

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| | | | | C | I | A | O | A | N | E | A | R | A | I | L | S | | | |
| A | S | S | E | T | S | E | L | G | A | R | E | N | C | L | O | S | E | S | |
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| C | O | A | X | E | R | T | A | P | N | I | T | E | R | K | O | L | A | | |
| A | S | T | E | R | S | E | R | S | D | E | E | D | S | S | O | Y | S | | |

The New York Times Crossword Puzzle

When in Rome

BY CHARLES M. DEBER/Puzzles Edited by Eugene T. Maleska

ACROSS

- 1 Inst. at Annapolis
5 Kipling's Kim
10 "— in Calico," 1946 song
14 Quiche ingredient
19 Glut
20 Author Paul de
21 Throwaway at Trevi
22 Site of a main campus in Maine
23 501
26 More recent
27 "— Way," Cahn-Van Heusen hit
28 Atop, poetically

- 29 CARE concern
31 Kind of rap
32 1001
36 Jokers, in two senses
37 W.W. II org.
38 What Ben Adhem did
39 Perhaps
41 Range fuel
44 Childe
45 Halberd follower
46 Adman, in a way
49 54
55 "Any port in —"
56 Mescal
57 Choice
59 Certain trailer trks.

- 60 Comfort
61 Heart
62 Lamb who had a Mary
64 1
72 Shade of blue or gray
73 Seaver, twice
74 Gave a piercing look
76 "Dirigible" director: 1931
81 Italian spirits
83 Rouse
84 Product of Zeus's head
86 200 or 1050
90 Wolf's activity
91 — Claire, Wis.
92 Avocat's forte
93 Rocker contemporary

- 94 Eavesdroppers
97 Columns
101 Doubly: Prefix
103 Russian high spots
104 11
108 G.I. Jane
109 Space agcy.
110 Caviar
111 Word of honor
112 Sacro adherent
114 600
119 Sylvan clearing
120 Geraint's wife
121 Digital computer
122 Wine valley
123 Less irrational
124 Phrontisteries
125 Missouri campus town
126 "Gang aft a —": Burns

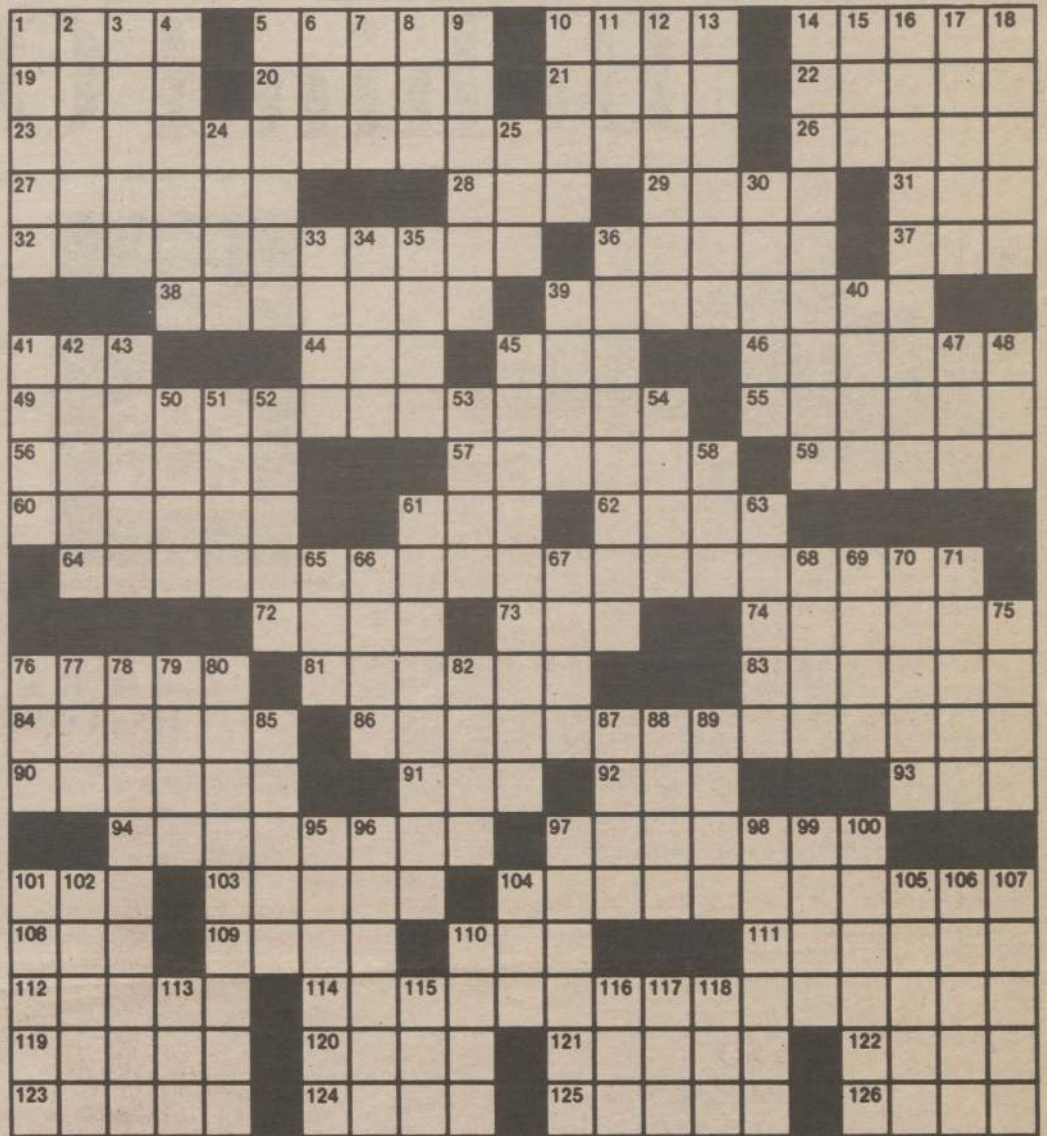
DOWN

- 1 "... life's but —": Shak.
2 Signor Ponti
3 Inclined
4 Like pots gone to pot
5 Actor Dennis: 1908-1968
6 Kin of mins.
7 Out, in Innsbruck
8 Lerma or Pánuco
9 Have the means
10 Winglike
11 Hodges of baseball fame
12 Punta —, Chilean port
13 Light beams
14 1000

- 15 "You — what you eat"
16 1009
17 Ahead, narrowly
18 Bellini opera
24 British cleaning woman
25 Like Willie Winkie
30 Soprano Gruberova
33 Scottish goblet
34 Aussie bird
35 Genuine
36 Most banal
39 Cork fuel
40 What a theorbo was
41 Interruptions
42 Within an — (very close)
43 Pointed tools

- 45 Off the cuff
47 "— tu," Verdi aria
48 Realtor's abbr.
50 Jungle noise
51 And so on and so forth
52 "... but now mine eye — thee": Job 42:5
53 "Gigi" playwright
54 — me tangere
58 Writer Anais
61 Certain pitchers
63 B. Agr. aspirant
65 Yugoslav island
66 Hebrew scribe
67 Skinflinty
68 Ginglymus attachment

- 69 Tree resins
70 Suffix with planet
71 Kind of rocket
75 Legal paper
76 Fiacre
77 One — time
78 1500
79 Curb
80 1100
82 Leguminous plants
85 Israeli coin
87 Netmah Nastase
88 Nat King or Old King
89 "Jersey juice"
95 Qualified
96 Tennyson heroine
97 Rate higher
98 Woolly beast
99 Harvest



- 100 Apron or G chaser
101 Slender shoots
102 Half a Washington city's name
104 Baby talk

- 105 Add up
106 Leave by ladder
107 Pass along
110 Beatty film
113 Fabulist George

- 115 Kind of can or ear
116 Número —

- 117 Part of R.S.V.P.
118 Lone Eagle's monogram

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