

# The Blumenfeld Education Letter

"My People Are Destroyed For Lack Of Knowledge" HOSEA 4:6

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The purpose of this newsletter is to provide knowledge for parents and educators who want to save the children of America from the destructive forces that endanger them. Our children in the public schools are at grave risk in 4 ways: academically, spiritually, morally, and physically — and only a well-informed public will be able to reduce these risks.  
"Without vision, the people perish."

## The AIDS Plague: The Worst Is Yet to Come

Recently, I received in the mail a small paperback book written by William Bonner, the managing editor of an investment newsletter, in which he performs an "autopsy" on the 20th Century and discusses important trends for the next 16 years. In chapter 4, entitled "A Biological Nightmare: Mutant Viruses That Won't Go Away," we read:

New strains of the AIDS virus are spreading. Tuberculosis is making a comeback. New varieties of pneumonia, such as the one that felled Muppet's creator Jim Henson, are becoming more commonplace. The cities are becoming home to millions more addicted and infected poor. . . .

The new threats to you are more dangerous than ever. Because technology has advanced to a new level. . . . In the Age of Biology, thousands of people, working alone or in small groups, will soon have the ability to manipulate the DNA of influenza and other diseases, making them far more dangerous than they are today. They could, in fact, create an entirely new infectious disease, one that could be spread very rapidly by air travelers, one that was resistant to all current drugs and remedies, and one that was extremely deadly.

The last great influenza epidemic of 1919 killed 20 million worldwide. The death toll from this new disease could be in the billions.

Why would someone do such a thing? Would it

be an accident?

The truth is we may never know. AIDS itself is thought by many to be a man-made disease that accidentally escaped from the laboratory. And if you want to find a motive for someone to create such a disease intentionally you don't have to think very hard. Many people firmly believe that the biggest problem facing the planet today is overpopulation. And some of the people who believe this, no doubt, are the bio-engineers of the next century. What better way to solve the problem?

Quite a scary scenario, but one that is not as far-fetched as it sounds. There are eco-fanatics who truly believe that the human race is the cancer of the universe and they would probably like nothing better than to see the human race wiped out even if it meant killing themselves in the process. And there are eco-fanatics in the public schools doing all in their power to convince children that man is the polluter of the earth, that trees are sacred, that lumberjacks are murderers, and that the Earth Mother, Gaia, is to be worshipped. In other words, we may have gotten rid of communism as a military menace. But the new menace is going to be far more difficult to deal with.

Germ warfare technology already ex-

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ists. But who knows what kind of delivery systems the eco-fanatics may devise? Zero Population Growth is nothing compared to a new organization called Negative Population Growth that wants to reduce the population of the United States to 150 million. How are we supposed to get rid of 100 million people?

Back in November 1986, when we did our first AIDS report, the number of AIDS cases, as of September 6, 1986, was 24,447. As of September 30, 1993, that number was up to 339,250—a more than ten-fold increase. Of these, 201,775 are now dead. The number of people actually infected with the Human Immunodeficiency Virus (HIV) is estimated to be over a million, and there is no cure or effective vaccine in sight.

What the latest statistics from the Centers for Disease Control tell us is that there is a new surge of AIDS infection taking place virtually everywhere in the United States. In fact, from October 1991 to September 1992 the number of AIDS cases reported was 46,716. However, in the same time frame from 1992 to 1993, that number of new cases jumped to 97,368. For example, in California, from Oct. '91 to Sep. '92, there were 8,641 new cases reported. However, from Oct. '92 to Sep. '93, that number jumped to 17,474!

### **New Surge of AIDS Among Gays**

In San Francisco, where AIDS awareness is perhaps greater than anywhere else on the planet, the number of new cases soared from 1,896 last year to 4,592 this year. In other words, instead of the rate of infection among homosexuals decreasing, it is now galloping ahead, despite all of the education about condoms and safe sex. Apparently, many homosexuals are determined to pursue their promiscuous lifestyle, regardless of the horrible death it may lead to.

According to the CDC, AIDS has be-

come the leading cause of death for young men in five states—New York, New Jersey, California, Florida and Massachusetts. It has already surpassed heart disease and cancer to be the second-leading killer of young men in the U.S. It is now the leading cause of death among young Cuban and Puerto Rican men in the U.S. and has become a leading killer of a group of women—those 25 to 44 of Puerto Rican descent.

Although, male homosexuals make up over 60 percent of the total number of people with AIDS, the number of heterosexual cases is steadily increasing, particularly among blacks. For example, as of Sep. '93 the cumulative number of white male and female heterosexuals with AIDS is 5,249, while the same figure for blacks is 14,143 and 4,752 for Hispanics.

In Africa, the spread of AIDS among heterosexuals is now so widespread that researchers claim that by the year 2015 the total population of sub-Saharan Africa could be reduced by as much as 50 million by the AIDS epidemic.

In the U.S., according to the CDC's October 1993 report, not a single state showed a decrease in the infection rate, while most states experienced a doubling of new cases over last year. Ironically, it is the District of Columbia which, compared to the 50 states, has the highest rate of infection in the country: 232.3 per 100,000 population up from 121.0 last year. San Francisco has the highest city rate of 279.8 per 100,000 up from 116.9 last year.

South Carolina seems to be experiencing an explosion of AIDS, going from 347 cases last year to 1,395 cases this year. New York went from 8,232 new cases last year to 16,031 this year. In New York City, there were 7,163 cases last year; this year there are 13,288. The cumulative total for New York City is now 55,899, making it the AIDS capital of the U.S. Of course, more than half of

these persons are now dead. The number of cases among children less than 13 years old in the U.S. is now 4,906.

### Gene Antonio's New Book

If you want to get a full picture of the present status of the AIDS plague the book to read is Gene Antonio's *AIDS: Rage and Reality* (Anchor Books, Dallas, Texas). Gene's first book, *The AIDS Cover-Up?*, published in 1986, predicted quite accurately how the disease would spread unless the government took the necessary steps to identify and isolate the carriers of this deadly virus. But the government has done just the opposite. Laws have been passed protecting the privacy and civil rights of HIV carriers as well as people with full-blown AIDS, while the uninfected public has been brainwashed to tolerate the freedom of movement of the infected among them.

In fact, it was the former Surgeon General, Dr. C. Everett Koop, who flooded the nation with his pamphlet, "Understanding AIDS," in which he said:

Children need to be told they can't get AIDS from everyday contact in the classroom, cafeteria or bathrooms. They don't have to worry about getting AIDS even if one of their schoolmates is infected.

What Dr. Koop failed to tell the public is that individuals with AIDS carry all sorts of contagious secondary diseases which can be easily spread to others, such as tuberculosis, hepatitis, and pneumonia. Considering the fact that even the President of the United States and his foreign guests were exposed to hepatitis A by one of the chefs who prepared the meals at the recent Asia-Pacific rim trade conference in Seattle, indicates that even the high and mighty may not escape from the ravages of disease once the situation reaches critical mass and really gets out

of hand. According to the *Boston Globe* of Nov. 26, 1993:

The Westin Hotel chef, who has not been identified, worked solely in preparation of hot foods, lowering the possibility of transmission. Heat destroys the virus.

"This is bad-news, good-news," said Russell Alexander, chief of epidemiology, for the Seattle-King County Public Health Department. "The bad news is that he did have hepatitis A and he did prepare food during the infectious cycle. The good news is that he did not touch anything cold, but cooked soups and meats and had very good hygiene." . . . Hepatitis A, a viral infection, is primarily transmitted through fecal contamination of food or water. As many as 40 percent of young adults in the United States have been exposed to the virus, which is less dangerous than hepatitis B.

It should be noted that HIV carriers can and probably do work in school cafeterias. In fact, under the new disabilities law, you must hire an individual with AIDS if in every other respect he is qualified for the job. Even dentists are now forced to treat patients with AIDS even though it may drive away healthy patients who do not want to risk getting infected. Many dentists themselves fear getting AIDS accidentally from an infected patient. The *Boston Globe* of 10/5/93 reported:

The government named dental offices in Houston and New Orleans yesterday in the first lawsuits it has filed to stop alleged discrimination against people infected with the AIDS virus. The Justice Department said the dentists are violating the Americans with Disabilities Act by withholding treatment from patients who have the virus.

"Such discrimination is based on unfounded fear and factual misunderstandings," Attorney General Janet Reno said in a statement. "Discrimination against people with HIV and AIDS will not be tolerated."

Castle Dental Center, a chain of dental and orthodontic facilities in Houston, was sued in federal court. And Dr. Drew B. Morvant of New Orleans was named in a separate case in that city.

Castle Dental Center was accused of stopping treatment in 1992 when it learned a patient was HIV-

positive. The patient, after eight months of orthodontic treatment, was told in a letter: "Due to the recent discovery of your health problems, Castle Dental Center has decided to cease providing you with orthodontic treatment."

In the other case, the Justice Department said Morvant's office denied services to two men because they were HIV-positive. One recently died of AIDS. The Justice Department said the American Dental Association has found no medical or scientific justification for not treating people solely because they are HIV-positive.

The Centers for Disease Control and the American Dental Association recommend precautions for medical personnel to prevent transmission of the virus. The groups say using the procedures reduces risk to near zero. The Justice Department also is seeking fines and damages.

Is it not interesting that Janet Reno declared that "discrimination against people with HIV and AIDS will not be tolerated," but ordered a deadly military assault on a building housing over 80 innocent men, women and children in Waco, Texas, whose religious beliefs she obviously did not tolerate. It should be remembered that no one in that building had been convicted of a crime and that everyone of the victims were denied their constitutional right to due process. Reno also spoke of "unfounded fears and factual misunderstandings." One wonders about her own "factual misunderstanding" when she ordered the gassing of more than 80 innocent people with a supposedly benign military gas which she says she didn't know could harm them.

Is it not also interesting that medical professionals are now forced to treat people they don't want to treat? Whatever happened to freedom in this country? It would seem that doctors and dentists should be able to decide when and when not to risk their lives or the lives of their patients by needlessly exposing the latter or themselves to a deadly disease. The recommended procedures may reduce the risk to "near zero." But what's wrong with reducing the

risk to zero, particularly when we know that people with AIDS are also afflicted with a host of opportunistic diseases which may be as fatal as AIDS.

## AIDS Dementia

One of the most interesting chapters in Gene Antonio's book is about what AIDS does to the brain. Antonio writes:

The onset of mental and cognitive problems among HIV carriers can occur gradually or abruptly, without warning signs. Brain aberrations can occur in the early stages of HIV disease. The AIDS dementia complex may be the earliest, and at times the only evidence of HIV disease. Researchers from San Diego Veterans Administration Medical Center in California report that HIV causes disturbances in mood, thought, and behavior. Symptoms range from memory loss, impaired judgment and mental confusion to outbursts of rage, hallucinations and firesetting. (p. 31)

By now we are all familiar with the spread of HIV infection among health care workers. Six patients in Florida were infected by their dentist, Dr. David J. Acer, who had AIDS but was not required by law to inform his patients of his condition. Was he suffering from homicidal behavior due to AIDS dementia? He had been trained to care for his patients. Instead he chose to inflict upon several of them the slow agonizing death which a true doctor would not have wished upon anyone, let alone his patients. Concerning Acer's behavior, Antonio writes:

A homosexual friend of the late dentist Dr. David Acer says he suspects Dr. Acer intentionally infected at least two of his patients with the AIDS virus. In an interview with the *Palm Beach Post*, Edward Parsons, 35, an AIDS-infected male nurse, said he based his "uncomfortable conclusion" on 1988 conversations he and Dr. Acer had about AIDS. Parsons alleges the dentist said, "When it [AIDS] starts affecting grandmothers and younger people, then you'll see something done."

Parsons said that Dr. Acer may have selected

Kimberly Bergalis, a 21-year-old college coed who later died of AIDS, and Mrs. Barbara Webb, a 64-year-old grandmother, to make his deadly point.

In other words, what AIDS does to the mind of its victims may be as deadly to others as the virus itself. For example, a 34-year-old homosexual by the name of Steven Cook who has AIDS recently accused Cardinal Bernardin of Chicago of sexually molesting him more than a decade ago. Cook claims that it was only after undergoing memory-recovery therapy last year that he was able to recall and identify his alleged abusers which also included Father Ellis Harsham, now chaplain to Catholic students at Wright State University in Dayton, Ohio. Cardinal Bernardin has categorically denied abusing "anyone, at any time, in any place." Is the afflicted Mr. Cook hallucinating? Is he suffering from AIDS dementia, the symptoms of which include bizarre behavior and hallucinations? Officials of the Cincinnati Archdiocese said they had reviewed the charges against Father Harsham and concluded that they had no substance. But nowhere in the media has there been any mention of the possibility that Cook may be suffering from AIDS dementia.

How many infected health care workers are suffering from AIDS dementia? The CDC reports that over 8,000 health care workers have been diagnosed with AIDS. They include 637 physicians, 42 surgeons, 156 dental workers, 1,199 nurses and other hospital personnel. It is estimated that an additional 50,000 health care workers are infected with HIV.

### **AIDS Transmission By Saliva**

Although we have been told that you can't get AIDS through kissing, Gene Antonio says you can. He writes:

The mouth of an individual carrying HIV acts as a viral incubator, fomenting the manufacture and multiplication of infective AIDS saliva. . . . HIV-contaminated saliva which is sneezed or coughed into the air is infective. If the contaminated droplets come in contact with the surface of the eye or the membranes of the nose or mouth there is a danger of HIV transmission.

The presence of the AIDS virus in the saliva and urine of infected individuals has now made it possible for medical technicians to develop accurate, low-cost saliva and urine tests for AIDS. These tests are much safer than blood tests for health care workers. The tests are easily performed and can be used for large-scale AIDS testing.

Homeschoolers are at a distinct advantage when it comes to protecting their children from infection. Antonio writes:

Contagious illnesses are readily spread in settings where large groups of children are in constant close contact with each other such as school classrooms and daycare centers. A host of communicable diseases and viral infections are endemic in daycare centers: hepatitis A, meningitis, influenza, cytomegalovirus, giardiasis, intestinal viruses and others.

There is even danger of becoming infected during contact sports. Antonio recounts the case of a 25-year-old soccer player who became infected with HIV after colliding with another player who had the virus. Transmission took place through direct contact when the players bumped heads. Antonio writes:

Athletes who carry HIV disease can expose others to infective blood and blister fluid through the abrasive skin-to-skin contact involved in wrestling and other sports. . . . Abrasions, mat burns and scratches on the bodies of non-infected participants are vulnerable to infection by HIV-contaminated blood and blister fluid. The AIDS virus can also pass through intact skin via Langerhans cells located close to the surface of epithelial tissue.

*(Continued on page 8)*

**Table 1. AIDS cases and annual rates per 100,000 population, by state, reported October 1991 through September 1992, October 1992 through September 1993;<sup>1</sup> and cumulative totals, by state and age group, through September 1993, United States<sup>2</sup>**

State of residence	Oct. 1991- Sept. 1992		Oct. 1992- Sept. 1993		Cumulative totals		
	No.	Rate	No.	Rate	Adults/ adolescents	Children < 13 years old	Total
Alabama	465	11.4	705	17.0	2,275	43	2,318
Alaska	18	3.2	60	10.2	154	2	156
Arizona	408	10.9	1,202	31.3	3,059	14	3,073
Arkansas	237	10.0	420	17.5	1,239	21	1,260
California	8,641	28.4	17,474	56.4	62,201	356	62,557
Colorado	415	12.3	1,193	34.5	3,516	18	3,534
Connecticut	538	16.3	1,693	51.4	4,415	98	4,513
Delaware	126	18.5	346	49.9	830	7	837
District of Columbia	724	121.0	1,370	232.3	5,231	78	5,309
Florida	5,007	37.7	9,613	70.6	32,008	751	32,759
Georgia	1,348	20.4	2,597	38.4	9,255	87	9,342
Hawaii	175	15.4	324	27.9	1,250	10	1,260
Idaho	36	3.5	71	6.6	203	2	205
Illinois	1,842	16.0	3,005	25.8	10,522	140	10,662
Indiana	370	6.6	831	14.6	2,443	17	2,460
Iowa	86	3.1	196	7.0	577	6	583
Kansas	188	7.5	335	13.3	1,031	5	1,036
Kentucky	207	5.6	316	8.4	1,148	13	1,161
Louisiana	829	19.5	1,172	27.4	4,811	67	4,878
Maine	50	4.0	126	10.2	427	4	431
Maryland	1,096	22.6	2,353	47.6	7,187	152	7,339
Massachusetts	767	12.8	2,532	42.4	7,238	132	7,370
Michigan	784	8.4	1,752	18.6	4,904	62	4,966
Minnesota	237	5.3	624	13.9	1,829	13	1,842
Mississippi	231	8.9	468	17.9	1,483	20	1,503
Missouri	650	12.6	1,679	32.3	4,626	33	4,659
Montana	22	2.7	35	4.3	134	2	136
Nebraska	68	4.3	179	11.1	469	4	473
Nevada	235	18.3	601	44.0	1,641	15	1,656
New Hampshire	48	4.3	99	9.0	368	6	374
New Jersey	2,051	26.4	4,390	56.3	18,106	423	18,529
New Mexico	90	5.8	307	19.4	831	2	833
New York	8,232	45.6	16,031	88.4	63,660	1,321	64,981
North Carolina	648	9.6	1,059	15.5	3,735	75	3,810
North Dakota	4	0.6	4	0.6	32	—	32
Ohio	696	6.4	1,490	13.5	4,944	68	5,012
Oklahoma	228	7.2	716	22.3	1,795	15	1,810
Oregon	283	9.7	732	24.4	2,233	9	2,242
Pennsylvania	1,338	11.2	2,556	21.2	9,086	120	9,206
Rhode Island	102	10.2	305	30.3	842	9	851
South Carolina	347	9.7	1,395	38.4	3,022	38	3,060
South Dakota	8	1.1	23	3.2	57	2	59
Tennessee	442	8.9	967	19.2	2,734	26	2,760
Texas	2,944	17.0	7,164	40.4	23,572	213	23,785
Utah	145	8.2	270	14.9	818	20	838
Vermont	26	4.6	60	10.5	176	2	178
Virginia	606	9.6	1,590	24.9	4,710	82	4,792
Washington	573	11.4	1,459	28.2	4,765	18	4,783
West Virginia	61	3.4	78	4.3	359	5	364
Wisconsin	224	4.5	700	13.9	1,705	19	1,724
Wyoming	4	0.9	36	7.7	91	—	91
<b>Subtotal</b>	<b>44,900</b>	<b>17.8</b>	<b>94,703</b>	<b>37.0</b>	<b>323,747</b>	<b>4,645</b>	<b>328,392</b>
Guam	1	0.7	2	1.5	12	—	12
Pacific Islands, U.S.	—	—	—	—	2	—	2
Puerto Rico	1,796	50.5	2,621	73.1	10,436	256	10,692
Virgin Islands, U.S.	19	18.6	42	40.8	147	5	152
<b>Total</b>	<b>46,716</b>	<b>18.2</b>	<b>97,368</b>	<b>37.5</b>	<b>334,344</b>	<b>4,906</b>	<b>339,250</b>

<sup>1</sup>Includes 9 months of data collected under the 1993 AIDS surveillance case definition for adults and adolescents.<sup>2</sup>During the third quarter of 1993, CDC received reports of 23,664 cases and 9,951 deaths among adults/adolescents and 196 cases and 105 deaths among children.

**Table 2. AIDS cases and annual rates per 100,000 population, by metropolitan area with 500,000 or more population, reported October 1991 through September 1992, October 1992 through September 1993;<sup>1</sup> and cumulative totals, by area and age group, through September 1993, United States**

Metropolitan area of residence <sup>2</sup>	Oct. 1991– Sept. 1992		Oct. 1992– Sept. 1993		Cumulative totals		
	No.	Rate	No.	Rate	Adults/ adolescents	Children < 13 years old	Total
Akron, Ohio	36	5.4	46	6.9	214	—	214
Albany-Schenectady, N.Y.	106	12.2	217	24.7	672	14	686
Albuquerque, N.M.	58	9.6	186	30.2	490	1	491
Allentown, Pa.	32	5.3	122	20.0	314	4	318
Ann Arbor, Mich.	29	5.8	63	12.4	194	4	198
Atlanta, Ga.	956	31.3	1,773	56.4	6,836	43	6,879
Austin, Tex.	241	27.6	586	65.0	1,705	14	1,719
Bakersfield, Calif.	50	8.8	161	27.3	357	3	360
Baltimore, Md.	669	27.7	1,628	66.6	4,548	113	4,661
Baton Rouge, La.	92	17.1	135	24.7	469	7	476
Bergen-Passaic, N.J.	267	20.9	677	52.8	2,425	51	2,476
Birmingham, Ala.	116	13.7	259	30.2	716	11	727
Boston, Mass.	659	11.6	2,268	40.2	6,510	117	6,627
Buffalo, N.Y.	69	5.8	198	16.5	653	8	661
Charleston, S.C.	70	13.4	259	47.9	611	5	616
Charlotte, N.C.	118	9.9	245	20.1	747	10	757
Chicago, Ill.	1,614	21.5	2,619	34.5	9,251	125	9,376
Cincinnati, Ohio	112	7.3	230	14.7	768	11	779
Cleveland, Ohio	199	9.0	458	20.6	1,414	27	1,441
Columbus, Ohio	158	11.5	336	24.1	1,085	6	1,091
Dallas, Tex.	759	27.7	1,805	64.4	5,867	24	5,891
Dayton, Ohio	67	7.0	132	13.7	481	8	489
Denver, Colo.	335	20.1	1,010	58.9	2,918	13	2,931
Detroit, Mich.	606	14.1	1,233	28.7	3,484	45	3,529
El Paso, Tex.	46	7.5	116	18.3	303	1	304
Fort Lauderdale, Fla.	848	65.9	1,165	88.4	5,114	109	5,223
Fort Worth, Tex.	160	11.5	404	28.2	1,350	15	1,365
Fresno, Calif.	99	12.7	173	21.5	519	4	523
Gary, Ind.	47	7.7	78	12.6	240	2	242
Grand Rapids, Mich.	37	3.9	126	13.0	326	3	329
Greensboro, N.C.	128	12.0	151	14.0	631	11	642
Greenville, S.C.	62	7.4	255	29.8	521	2	523
Harrisburg, Pa.	46	7.7	78	12.9	313	6	319
Hartford, Conn.	167	14.8	565	50.2	1,397	17	1,414
Honolulu, Hawaii	124	14.6	256	29.6	946	6	952
Houston, Tex.	1,023	29.8	2,587	72.8	9,225	87	9,312
Indianapolis, Ind.	170	12.1	397	27.7	1,178	5	1,183
Jacksonville, Fla.	327	35.0	910	94.7	2,140	49	2,189
Jersey City, N.J.	313	56.6	619	111.8	2,933	68	3,001
Kansas City, Mo.	314	19.6	736	45.4	2,197	9	2,206
Knoxville, Tenn.	35	5.8	78	12.7	238	2	240
Las Vegas, Nev.	180	19.5	468	46.9	1,260	14	1,274
Little Rock, Ark.	82	15.8	171	32.6	485	9	494
Los Angeles, Calif.	3,327	37.1	5,557	61.1	21,704	146	21,850
Louisville, Ky.	90	9.4	166	17.2	509	8	517
Memphis, Tenn.	174	17.1	414	40.1	1,007	9	1,016
Miami, Fla.	1,324	67.0	2,423	120.1	9,303	260	9,563
Middlesex, N.J.	217	21.1	354	34.2	1,515	33	1,548
Milwaukee, Wis.	127	8.8	361	24.8	914	12	926
Minneapolis-Saint Paul, Minn.	204	7.9	550	20.9	1,619	10	1,629
Monmouth-Ocean City, N.J.	111	11.1	366	36.4	1,253	35	1,288
Nashville, Tenn.	125	12.5	269	26.3	844	10	854
Nassau-Suffolk, N.Y.	370	14.1	1,010	38.4	3,200	66	3,266
New Haven, Conn.	318	19.5	987	60.4	2,654	77	2,731
New Orleans, La.	476	36.8	612	46.9	2,868	37	2,905
New York, N.Y.	7,163	83.8	13,288	155.3	54,716	1,183	55,899
Newark, N.J.	838	43.8	1,540	80.6	7,229	184	7,413
Norfolk, Va.	105	7.2	325	21.9	1,006	22	1,028
Oakland, Calif.	563	26.7	1,225	57.2	4,138	26	4,164
Oklahoma City, Okla.	113	11.6	310	31.5	825	1	826
Omaha, Neb.	49	7.5	136	20.6	343	1	344
Orange County, Calif.	553	22.6	717	29.0	2,811	21	2,832

Education Letter, Pg. 8 , December 1993

Metropolitan area of residence <sup>2</sup>	Oct. 1991- Sept. 1992		Oct. 1992- Sept. 1993		Cumulative totals		
	No.	Rate	No.	Rate	Adults/ adolescents	Children < 13 years old	Total
Orlando, Fla.	331	26.1	870	66.3	2,249	42	2,291
Philadelphia, Pa.	1,005	20.3	2,110	42.5	7,082	87	7,169
Phoenix, Ariz.	292	12.8	863	36.9	2,236	9	2,245
Pittsburgh, Pa.	148	6.2	214	8.9	1,026	6	1,032
Portland, Oreg.	249	15.9	655	40.3	1,943	6	1,949
Providence, R.I.	96	10.5	285	31.1	791	8	799
Raleigh-Durham, N.C.	128	14.5	189	20.8	787	18	805
Richmond, Va.	140	15.9	385	42.9	1,006	13	1,019
Riverside-San Bernardino, Calif.	435	16.0	1,045	36.6	2,727	27	2,754
Rochester, N.Y.	76	7.1	243	22.4	742	8	750
Sacramento, Calif.	287	20.7	453	31.5	1,490	14	1,504
Saint Louis, Mo.	290	11.6	841	33.3	2,224	21	2,245
Salt Lake City, Utah	129	11.7	241	21.3	726	14	740
San Antonio, Tex.	217	16.1	426	31.1	1,591	14	1,605
San Diego, Calif.	631	24.8	1,474	56.7	4,877	32	4,909
San Francisco, Calif.	1,896	116.9	4,592	279.8	17,397	27	17,424
San Jose, Calif.	183	12.2	502	33.2	1,514	11	1,525
San Juan, P.R.	1,075	57.9	1,638	87.3	6,577	168	6,745
Sarasota, Fla.	90	18.0	148	28.9	570	12	582
Scranton, Pa.	26	4.1	54	8.4	188	3	191
Seattle, Wash.	424	20.4	1,043	49.1	3,536	10	3,546
Springfield, Mass.	92	15.3	210	35.0	574	15	589
Stockton, Calif.	34	6.9	109	21.6	307	8	315
Syracuse, N.Y.	71	9.5	168	22.2	497	6	503
Tacoma, Wash.	38	6.3	137	21.9	360	7	367
Tampa-Saint Petersburg, Fla.	535	25.5	1,421	66.6	3,781	53	3,834
Toledo, Ohio	33	5.4	90	14.6	271	4	275
Tucson, Ariz.	93	13.7	258	37.6	619	5	624
Tulsa, Okla.	70	9.7	236	32.1	549	5	554
Ventura, Calif.	73	10.8	130	19.0	378	1	379
Washington, D.C.	1,345	31.3	2,560	58.7	9,366	138	9,504
West Palm Beach, Fla.	529	59.7	787	86.5	2,916	107	3,023
Wichita, Kansas	62	12.6	96	19.2	276	2	278
Wilmington, Del.	93	17.8	261	49.1	617	6	623
Youngstown, Ohio	23	3.8	29	4.8	148	—	148
<b>Metropolitan areas with 500,000 or more population</b>	<b>39,112</b>	<b>24.8</b>	<b>81,352</b>	<b>50.9</b>	<b>284,441</b>	<b>4,131</b>	<b>288,572</b>
<b>Metropolitan areas with 50,000 to 500,000 population</b>	<b>4,821</b>	<b>10.5</b>	<b>10,306</b>	<b>22.0</b>	<b>31,977</b>	<b>485</b>	<b>32,462</b>
<b>Non-metropolitan areas</b>	<b>2,587</b>	<b>4.9</b>	<b>5,288</b>	<b>10.0</b>	<b>16,621</b>	<b>268</b>	<b>16,889</b>
<b>Total<sup>3</sup></b>	<b>46,716</b>	<b>18.2</b>	<b>97,368</b>	<b>37.5</b>	<b>334,344</b>	<b>4,906</b>	<b>339,250</b>

<sup>1</sup>Includes 9 months of data collected under the 1993 AIDS surveillance case definition for adults and adolescents.

<sup>2</sup>Based on Metropolitan Statistical Areas (MSA) revised June 1993. See technical notes.

<sup>3</sup>Totals include 1,327 persons whose area of residence is unknown.

Because so many people with AIDS develop tuberculosis, which is easily and casually spread by the airborne route, there is the danger of AIDS patients spreading TB to other patients in hospitals. The new TB strains coming out of the HIV carriers have been found to be resistant to present drugs. Antonio writes:

In 1990, a male teacher with active pulmonary tuberculosis infected 161 out of 342 children (47%) at the Robinwood Elementary School in the St. Louis suburb of Florissant. Twenty-seven of the infected children developed active TB. Health officials said it was the worst TB outbreak in the area in twenty years.

**Summation:**The most important trends in the AIDS epidemic can be summed up as fol-

lows: the rate of infection is increasing; the growing number of HIV-infected health care workers will eventually threaten the integrity of the entire health care system; new drug-resistant strains of TB will increasingly become a problem; the blood supply is still not fully safe; we now know that HIV can be transmitted by direct skin contact where damage to the skin occurs; new saliva and urine tests will simplify detection of HIV infection; there is no cure in sight.

If you live in a crowded urban area and have children the best advice is to start looking for a place to live somewhere in the hinterlands. Plan now. Don't wait until the panic starts.