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The AIDS Epidemic - and the Communion Cup

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To quote a venerable phrase, "Silence is golden." Most of us can recall incidents in our lives when "speaking up" turned out to be an embarrassing experience. Just one example: inventor Orville Wright confided to his brother, Wilbur, just two years before they made their successful airplane flight, that "Man will not fly for 50 years." Silence can also be tragic. Examples abound. If responsible officials of the American Union Carbide Co. in Bhopal, India, had warned the citizens of that area of the impending danger of gas leaks in their pesticide plant back in 1984, approximately 2,000 lives would have been saved, and thousands more would not be afflicted today with debilitating pulmonary tuberculosis and chronic bronchitis.

The purpose of this article is not to sound the siren of hysteria, but to present facts and factors, known and unknown, which argue for a prudential decision to discontinue the practice of the communal sharing of the communion cup pending definite assurances from officials in the scientific and medical professions that the practice is without reasonable risk in the transmission of the AIDS infection. The phrase "known and unknown" is significant. It is difficult to do battle with an adversary which has yet to give up its full secrets of origin, transmission, and destructive potential. This baffling epidemic, which has taken America and the world by surprise, was not recognized or defined in America until June of 1981. Considering the ravages of this infection and disease during the past five years, the words of Dr. Ward Cates of the Centers for Disease Control,

Atlanta, Georgia, deserve sobering and respectful attention: "Anyone who has the least ability to look into the future can already see the potential for this disease being much worse than anything mankind has seen before."

Many pastors have already experienced the shocking sadness of presiding at the funeral liturgies of members of the parish who were victims of the AIDS disease. Others are faced with the challenge of counseling individuals who are contemplating marriage either as a victim of the AIDS infection or with a victim of that affliction. Should they go through with the marriage? If so, should they risk having children?

Then, there is the communion cup. What if a member of their parish or a visiting member of the faithful registered positive for the AIDS virus infection and was inclined to trace the source of infection to the communal sharing of the communion cup? There is always the faint possibility that an unscrupulous lawyer might convince that individual that he or she had a good case for "suing the Church", "suing the bishop." The AIDS epidemic definitely presents a pressing pastoral problem.

Under date of Nov. 10, 1985, the Bishops' Committee on the Liturgy adopted a timely statement entitled "Communion Under Both Kinds and Certain Health Concerns." This statement, which subsequently was approved for publication by the executive committee of the National Conference of Catholic Bishops, enunciated the guiding principle that "Under no circumstances . . . should the Eucharist ever become a source of anxiety or contention or controversy."² Several practical guidelines are recommended: pastors "who may feel compelled to change their practice in this regard" are encouraged to minister the blood of the Lord by the method of intinction, and to advise the "fearful" to receive Christ under the species of bread alone. Pastors should advise communicants who have communicable illnesses to "refrain from drinking from the chalice and receive by intinction or receive the consecrated bread only."

The main thrust of the statement, however, was to alert diocesan liturgical commissions and offices of worship to the importance of observing the accepted norms in the ministration of the communion cup (cup to be wiped carefully with a purificator on both sides of the rim after each communicant and then moved a quarter turn), and to take note of information from the Centers for Disease Control as incorporated in the statement. That information as presented (dated Sept. 4, 1985) concluded as follows:

We are not aware of any epidemiological studies that have attempted to study the importance of a common communion cup in disease transmission. The lack of documented occurrence of disease is reassuring that the practice is not gravely hazardous, but it should not imply that there are no risks. In summary, we cannot quantitate a risk for disease transmission by use of a common communion cup nor can we provide an absolute endorsement that the practice is safe.³

The interpretation of this writer is that the official of the Centers for Disease control was saying that he could not say how much of a risk of disease transmission might be involved in the practice of sharing the

communion cup, but that this should not be construed to mean that the practice is without reasonable risk.

In order to avoid confusion, a distinction must be kept in mind between the *AIDS infection* and *AIDS disease*. The latter, which is referred to also as "full blown" AIDS, has afflicted 17,517 Americans as of Feb. 17, 1986. As of the same date, 9,194 have died of the disease.⁴ William Foege, M.D., then director of the Centers for Disease Control, explained the basis for diagnosing an individual as having the AIDS disease as follows:

The current CDC surveillance definition of AIDS requires the presence of a disease at least moderately indicative of defective cell-mediated immunity in an individual who has no known underlying cause for such a defect or any other reason for diminished resistance to that disease.⁵

The number of cases of *AIDS infection* can only be estimated, simply because only a small percentage of Americans have taken the AIDS antibodies blood test. If Dr. Dani Bolognesi of the Duke University Medical Center is on target in estimating that two million Americans have been infected as of July, 1985, and that (until preventive measures, such as vaccines, are available) this number is expected to double each year, the total of AIDS-infected Americans by the end of the 1980's would be over 30 million.⁶ The number of AIDS-infected individuals who might be stricken with the AIDS disease will be discussed later. All who are diagnosed as having the *AIDS disease*, however, are destined for death: 80% within 3 years of the diagnosis, and the rest within 5 years.⁷

I - The Nature of the AIDS Affliction

The AIDS virus (Acquired Immune Deficiency Syndrome), known as HTLV-III (human T-cell lymphotropic virus, type III) is not like contagious viruses such as influenza or poliomyelitis which can spread like wildfire among susceptible populations. Yet, the AIDS virus is characterized by a study of the Pasteur Institute of Paris (by the investigators who originally isolated the virus) as a hardy or "pretty tough" virus. This French study reveals that the AIDS virus can survive 10 days at room temperature, even when dried out in a petri dish.⁸ Several studies reveal, however, that it is relatively hard to acquire AIDS disease or infection naturally. As reported in the Jan. 3, 1985, issue of *The New England Journal of Medicine*, a study of 85 hospital employees who were considered at "high risk" for contracting AIDS because of repeated exposure to AIDS patients (engaged in research, pathology, nursing care, etc.) revealed that not one of the group caught the AIDS virus.⁹ The Nov. 4, 1985 issue of *Time* magazine (p. 25), carries the report of a French AIDS expert, Dr. Luc Montagnier, regarding a study of 60 handicapped boys who lived together in "very close, casual and continual contact." Half of the number were hemophiliacs; the other 30 were victims of AIDS. There were no incidents of transmission of the AIDS infection. There is no basis for spreading the alarm that the AIDS infection is spread by casual

contact (fellow students at school; fellow workers in employment, etc.)¹⁰

It must be admitted, however that most of the news about AIDS is of the alarming variety. An expert of the New York University of Medicine, who specializes in the treatment of AIDS, emphasizes many of the *unknown* aspects of this frightful disease:

At this time, the longterm implications, considering the rising incidence of the disease, are frightening. The incubation period -from initial exposure to the virus to the first appearance of clinical signs of immunodeficiency - may be very long, and may last years and possibly decades. During that time the virus lies dormant, until the right factors (now unknown) trigger the first symptoms of illness.¹¹

The common assumption seems to be that the danger of contracting AIDS exists mostly (if not exclusively) for (1) homosexuals and bisexuals, (2) intravenous drug users, (3) blood-transfusion recipients, (4) hemophiliacs, and (5) children of parents who have the AIDS infection. As of late 1985, however, several disturbing but reliable reports have led the Centers for Disease Control to issue a warning about the risk of acquiring AIDS through heterosexual contact. In one study of the Walter Reed Army Institute of Research, Washington, D.C., 15 of 41 patients had apparently become infected through *heterosexual* contact. Nine of the patients were men and all had multiple heterosexual contacts, most of them with prostitutes.¹² Dr. Hennessey emphasizes the danger for those who do not belong to one of the five categories as mentioned above ("high risk" categories):

Patients must be taught that when one partner in a heterosexual relationship has AIDS, the other partner is frequently positive for antibody, indicating exposure to the AIDS virus. The longterm outcome for the non-AIDS partner is not known at this time. The finding, however, indicates that the AIDS virus may be transmitted through heterosexual contact.¹³

In American experience, most of the cases of heterosexual transmission of AIDS have been from man to woman. Reports out of Central Africa, however, where both AIDS and a similar killer-disease known as the "slim disease" affects females nearly as frequently as males, the transmission of the virus through prostitution is a fearsome factor.¹⁴ Some American experts maintain that heterosexual transmission of AIDS through prostitution could not happen in the U.S.A. on a large scale. The distinguished AIDS researcher, Dr. Robert Gallo, has a more realistic view of that danger of heterosexual infection: "Clearly the virus can go man-man, man-woman, woman-man and I don't think there is a single bit of interest in the mode of sex . . . The virus will go man-woman, woman-man by more than one route.¹⁵ If the heterosexual route of transmission through prostitution ever becomes a major source of AIDS infection in America, the probability expressed by an epidemiologist of the University of California, San Francisco, may well come to pass:

It suggests that although we may not see a very rapid spread of AIDS in the general heterosexual population, we may see a long, slow, cumulative buildup of carriers to the point that AIDS does eventually become at least endemic in the general population. African AIDS may be what we can expect in the US 20 or 40 years from now.¹⁶

"Once Infected, a Person is Infectious" - for Life

There could be times when the AIDS virus lies dormant, so that the AIDS-infected individual is less liable to pass the infection on to others. The experts simply lack the evidence to solve that quandary. Until such a solution is possible - and until a vaccine is discovered to free others from the danger of infection - there is no choice but to take seriously the following statement of an eminent expert in AIDS research, Dr. William Haseltine of Harvard University:

Once infected, a person is infected for the rest of his life. Once infected, a person is infectious. It's not safe to assume otherwise.¹⁷

In other sexually transmitted diseases such as gonorrhea (3 million infected in the U.S.A. annually), syphilis (400,000 infected in the U.S.A. annually) and genital herpes (an estimated 20 million infected as of 1985), the victim usually has signs or symptoms (blisters, pain, lesions, etc.) so that he or she can take precautions so as not to pass the infection on to others. Victims of the AIDS infection, however, usually are completely asymptomatic at least for the first year - absolutely without any inkling that they have the infection and thus could transmit it to others. Each AIDS-infected individual is an unmarked "disease bomb." An article by a group of experts of the Centers for Disease Control in the Nov. 22-29, 1985 issue of *The Journal of the American Medical Association*, includes the following statement:

However, it is important to recognize that asymptomatic people can transmit HTLV-III/LAV and be chronic carriers of the virus. We do not know how long they will remain viremic or how many will eventually develop AIDS.¹⁸

Children as High-Risk Candidates for AIDS

The "mother to child" route in spreading the AIDS infection is bound to cloud the future of many married couples in their plans for parenthood. An infection-free wife can be infected by her husband (and vice versa) and the mother can communicate the infection to her unborn child through the placenta or through infected milk.¹⁹ As of October, 1985, 191 cases of AIDS among children had been reported to the Centers for Disease Control. Of this number, 143 had been infected either prenatally or perinatally through their mothers. The other cases were due to blood transfusions, hemophilia, etc.²⁰ How many of these children will become victims of the AIDS disease? Since the AIDS virus has been under study only since 1981, there is no clinical basis for an accurate answer. The general indications for all infected individuals are that at least 5% and perhaps 20% or more will develop the AIDS disease within 5 years of infection. An additional 25% will develop some type of the AIDS-related complex known as ARC (manifested by symptoms such as swollen glands, persistent fever, weight-loss and diarrhea). Some of the ARC victims will develop "full blown" AIDS later.²¹ Regardless of the appearance of ARC or of the AIDS disease, however, the infected children will be capable of spreading the AIDS infection to others.

When the AIDS infection takes hold in the family, it can mean either that parent (or parents) may not be around for long to rear the child (children), or that the child (children) may face death at an early age. The alternative for many couples, unfortunately, will be abortion. Such is the advice given in an article in the British medical journal, *The Lancet*, by G. Luzi et al of the University of Rome, Italy: "For pregnant women who are anti-HTLV-III positive abortion should be considered, because of the high risk of AIDS and ARC in their offspring."²² The fact that an antibody test has been discovered for screening the blood of possible victims is an important step forward, but of dubious relevance in the defense of family life. As of the present, the blood test "does not indicate the time of exposure, or whether virus is still present in either the active or the dormant stage."²³ Even the discovery of the long-awaited vaccine for the AIDS virus would not give promise of a normal life for children of AIDS-related couples. Only a cure of the dreaded AIDS infection and disease can dissipate the clouds of anguish and fear which threaten family life. This all-important objective must be "handled with prayer," - and with a deep sense of reparation and repentance.

The reference to "reparation and repentance" admittedly must be explained with charity and diplomacy. So many victims of AIDS are entirely blameless from a moral viewpoint. They are victims of the weakening and corroding moral standards of our day. An editorial in *The Journal of the American Medical Association* describes the contemporary moral climate under the title of "The Age of AIDS: A Great Time for Defensive Living:"

It was an age of overindulgence. It was the age of tolerance for anything in anybody. It was the age of fear of imposing one's own social values on someone else. It was the age of the trivialization of sex. It was the age of anticelibacy. It was the age when early teenage sex was commonplace. It was the age when homosexuality came out of the closet and became almost acceptable to those who once found it intolerable. It was an age of easy, irresponsible oversex, abortion on demand, chlamydia, and genital herpes. And it was the age of AIDS.²⁴

The authors of the 1985 publication, *The Aids Epidemic*, also have an answer to the question of AIDS and morality: "Will heterosexual Americans acquire a 'new morality'? If so, this will be a morality based on pragmatism, rather than on scriptural advice."²⁵ May they be proved guilty of having under-estimated by far the spiritual-renewal potential of the majority of the citizens of God-blessed America! Therein lies a crucial pastoral challenge.

II - The Risk of Transmitting AIDS by Way of the Communion Cup

As of the present, the AIDS virus has been isolated from peripheral blood, lymph nodes, brain tissue, cerebrospinal fluid, tears, bone marrow, cell-free plasma, saliva and semen.²⁶ Some sources speculate that it may be isolated also from human feces and from vaginal secretions. The risk from saliva will be discussed presently. Just in passing, it could be mentioned

that the Centers for Disease Control have issued recommendations with regard to contact with tears. The recommendation is that instruments or contact lenses which have been in contact with tears of AIDS victims should be sterilized with a 3% hydrogen peroxide solution for five to ten minutes. The chief of a laboratory of molecular microbiology is quoted as having said: "I can't guarantee that the virus could not be spread through contact with tears," and added that he would not like to have tears with virus in it rubbed into an open wound on his arm.²⁷

That phrase "rubbed into an open wound" is significant. Most authors on the subject of AIDS have emphasized that the transmission of the infection does involve a blood portal of entry. Marwick states this position in his article in *The Journal of the American Medical Association* as follows:

Fauci (Anthony S. Fauci, director of the National Institute of Allergy and Infectious Diseases) stresses that "there's no evidence whatever that AIDS is transmitted through casual contact or through nonblood and blood product contact. It has not been transmitted by sneezing, coughing, touching or otherwise socially interacting with someone who has AIDS. This is true despite the fact that the virus has been found in the saliva of patients with AIDS."²⁸

Dr. Robert Gallo, who led the American team that isolated the AIDS virus, did find the virus in saliva samples from 8 out of 18 subjects who were at high risk for AIDS. Although these eight individuals did not have the AIDS disease, all had been involved in intimate contact with AIDS victims or showed some symptoms of the generalized illness that often precedes the AIDS disease. The account continues:

Gallo agrees that AIDS is unlikely to be spread through saliva droplets emitted in talking, sneezing or giving a peck on the cheek. But he cautions that "heavy" kissing should not be discounted as a possible route, since the AIDS virus is thought to enter the body through broken skin (common inside the mouth) and mucous membranes—possibly including those that line the mouth and throat.²⁹

Slaff and Brubaker mention one reported case (without identifying the source of the report) in which a woman's only identifiable risk in developing AIDS was given as "kissing her AIDS-patient husband."³⁰

Even if the danger of the transmission of AIDS through contact with the saliva of an infected person is considered extremely remote, the possibility must be considered of situations where blood could be mixed with saliva. Hennessey states that the risk of transmission via saliva is less well documented, but adds: "... but (it) may be a problem with open sores, biting or trauma."³¹ If the blood portal of entry is present both on the part of one who communicates from the cup (cut on the lip, open canker sore, etc.) and on the part of one who has communicated from the cup previously on the same occasion (breaks in the mucous membranes or open lesions inside the mouth, bleeding gums, etc.), the risk of transmitting the virus is neither impossible nor improbable.

There are several conditions which are physical indications that a person

may be developing AIDS, which could account for the presence of blood mixed with saliva in the oral cavity of the infected person. Such possible conditions include the following: purple or reddish blotches or bumps on the skin or the lining of the mouth; an overgrowth of yeast throughout the digestive tract causing "cheesy" white deposits in the mouth (oral thrush), dry mouth, sore throat and painful swallowing; bacterial infections such as bronchitis or pneumonia, producing a cough with phlegm.³² Even AIDS victims who are completely asymptomatic and who claim to be in perfect health may have bleeding gums or accidental cuts in the mucous membranes of the oral cavity. Individuals with suspicious symptoms or physical indications as above probably would respond favorably to an announcement from the pulpit or in the parish bulletin that "communicants who have communicable illnesses should refrain from drinking from the chalice," but they are only the tip of the iceberg for the AIDS risk through communicating from the communion cup. The average victim of the AIDS infection simply has no way of knowing, for at least a year after exposure to the virus, that he or she has the infection and can pass it on to others. Even an individual whose lifestyle is such that exposure to the virus might be suspected, may register negative in the antibody blood test because there is a time lapse of weeks and even months between the infection and the appearance of measurable antibodies.³³

It should be mentioned that pregnant women and immunosuppressed health care workers are at special risk in making contact with AIDS patients - and presumably also in drinking from the communion cup. The reason for this caution is stated as "because of the frequency of herpes viruses such as cytomegalovirus, in this patient population."³⁴ An example of an immunosuppressed individual would be the recipient of a kidney or liver transplant who already is under medication (cyclosporine) for deficiency of the immune system.

"Sharing the Cup" in View of Factors Known and Unknown

In the general instruction of the Roman Missal (n. 240), Holy Communion under both species is said to be more expressive of the Eucharistic meal, of the new and eternal covenant ratified by the Blood of the Lord, and of the relationship between the Eucharistic banquet and the eschatological banquet. The wonderful virtue of *pietas* (piety), which might be described in this setting as loving loyalty to the doctrinal traditions of the Church, could be cited as an argument for adhering to this richly symbolic practice - but not at any cost. The Catholic Church saw fit to bypass this meaningful practice ever since 1415 when a decree of the Council of Constance made it obligatory to administer the Eucharist under the appearances of bread only. Due to remote but reasonable risk of transmitting the AIDS virus through the communal sharing of the communion cup, the Church could still maintain the basic symbolism of meal, covenant and eschatology by favoring rather the practice of

intinction.

An argument could be made for sharing the communion cup in small and intimate settings such as sharing the cup with the bride and groom, at wedding anniversary celebrations, etc. To extend the practice beyond such rare special occasions, however, is to court damaging embarrassment and consternation for the Church in the extremely unlikely and yet reasonable possibility that some member of the faithful might contract (or claim to have contracted) the AIDS infection through partaking of the communion cup. Until the anxiety is resolved by the joyous announcement of the discovery of a cure for the dreaded scourge of AIDS, the wisdom of "tutior pars" (the more cautious route) should be invoked. The master virtue of prudence should prevail over the virtue of piety.

One author defines the virtue of prudence in the broad sense of the word as consisting of "devising, choosing and preparing appropriate means for the attainment of any purpose or for avoiding any evil."³⁵ The evil to be avoided in the present situation (pending the good news of a cure for AIDS) is any practice which might contribute, however remotely, to the spread of this baffling epidemic. The good purpose to be attained is to protect the Blessed Eucharist from an association, however remote and unintended, with such an evil - to ward off any physical danger to the faithful and to their loved ones. On the first score, the members of the Bishops' Committee on the Liturgy sketched the objective in glowing terms by saying: "Under no circumstances therefore should the Eucharist ever become a source of anxiety or contention or controversy."

It just could be (God forbid!) that one or the other of the faithful have already become infected by the AIDS virus through sharing in the communion cup. Both those who as yet may be completely asymptomatic and those who have registered as positive in the antibody blood test must be considered as capable of passing the virus on to others - including their own spouse in the intimacy of marriage, and their own children in the gestation and birth process. Considering the very real threat to nation, Church and family life as posed by the growth and virulence of the AIDS epidemic throughout the past five years, it is irresponsible and naïve to sit back and downgrade the danger in anticipation of a miraculous cure for the scourge of AIDS within the near future. Slaff and Brubaker emphasize the urgency of "speaking up" with regard to the AIDS challenge in persuasive terms:

The desire not to be a bearer of bad news or appear to be an "alarmist" is understandable. But it is impossible to understand why it is more important to prevent anxiety than to prevent death Underplaying the threat is close to encouraging the spread of the virus. Ignoring the threat is worse. AIDS presents to our society the first infectious, deadly disease that kills young people since the polio epidemic.³⁶

It must also be admitted that the current practice of administering the communion cup to large crowds in particular makes it difficult to observe the recommended precautions. Without a solid base on which to rest the cup between communicants (seldom provided), it is most difficult to wipe

and turn the cup respectfully (danger of spillage) and effectively as prescribed. This is true especially if the level of the Precious Blood in the cup is significantly above the half-way mark. In many parishes the individual cups, replete with myriad finger prints and saliva markings, are seldom honored with a thorough washing with soap and hot water. The reason why some distributors of the cup give only brief and cursory attention to the task of consuming the last vestiges of the Precious Blood and rinsing out the cup is not apparent. There have been reports, however, that some distributors have neglected to "drain and clean" precisely because of the AIDS publicity.

Sometimes silence can be tragic. The question of whether or not the situation sketched and explained in this article constitutes such a time must be decided by the individual reader. If the practice of sharing the communal is continued, the arguments presented herein may persuade individual members of the faithful to refrain from partaking of the communion cup - or at least to join in a campaign of fervent prayer that the discovery of an effective vaccine and eventually of a cure for AIDS will be pursued and attained as a gift of Our Heavenly Father. In the meantime, shall prudence or piety prevail? The appropriate answer should be the one which is most in keeping with the will of Our Eucharist Lord, and most in harmony with the fine-tuned requirements of the virtues of justice and charity.

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