

Needle exchange experimental program

Why it must be tried

Why it mustn't be tried

By **STEPHEN C. JOSEPH, M.D., M.P.H.**

The Department of Health will soon begin an important and controversial - needle exchange study. I strongly believe this study should be undertaken because a terrible calamity lies ahead for New Yorkers if we do not do everything in our power to minimize it. I am talking, of course, about the AIDS epidemic.

AIDS continues its relentless attack upon the people of this city like a hurricane gathering force even as it carves a swath of destruction.

Already, New York has seen 17,000 reported cases, with 14 new cases daily; 9,000 dead; 350 AIDS-diagnosed children; and many more people who are sick and dying but not diagnosed with "full-blown" AIDS. AIDS is the number-one killer of men aged 25 to 44 and women aged 25 to 39 in our city. And, tragically, it will get worse. By 1991, the city will have had 43,000 AIDS cases.

Minorities have been, and will continue to be, particularly hard hit by AIDS. Blacks comprise 32 percent of adult AIDS cases; AIDS is the leading killer of Black men and women aged 25 to 44. Black women comprise 52 percent of all adult female AIDS cases, and are the mothers of 59 percent of the all children who have AIDS in New York.

Why is this so? Largely because intravenous drug use is concentrated among the poor, and minorities are disproportionately over-represented in the ranks of the poor. Neither minority communities nor we in public health can afford to hide our eyes from the irrefutable fact that AIDS is tracked straight at minorities.

Intravenous drug users (IV-

DUs) hold the key to the future of this epidemic. They now account for as many new AIDS cases as do men who have had sex with men. If we are to slow the spread of AIDS, we must slow the spread of HIV among IVDUs and from them to their sex partners and unborn children.

How can we break the AIDS/IVDU link? But now, it is clear that no one "magic bullet" can solve this difficult problem. We need more and better drug education, especially for kids; more law enforcement at all levels; and an all-out war on drugs - not just talk - from the federal government.

But greatly increased availability of drug treatment programs must be our first line of defense. Existing treatment programs can accommodate only 35,000 of the city's 200,000 IV-DUs, and waiting lists can be months long. That is intolerable, even more so because AIDS ravages our communities through the IVDU route. I have been calling as loudly as I can for the rapid and long-overdue expansion of treatment programs. It will take a lot of money, which the Federal government and the State must help with, and the willingness of communities to accept treatment programs in their midst.

As Health Commissioner, I am duty-bound to be realistic in my efforts to protect the public health. Thus, I must take into account another cold, hard fact: even if the capacity of treatment programs were tripled in the next few years to 100,000 (and that, frankly, is not likely to happen), and even if treatment were always successful (which, of course, it is not), there would still be some 100,000 IV-DUs outside of treatment, when

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By the Ad Hoc Committee to stop the distribution of needles and syringes to addicts, Dr. James L. Curtis, M.D., Chairman and Cong. Charles B. Rangel, Cong. Floyd H. Flake, Mr. Sterling Johnson, Phyllis Harrison-Ross, M.D., Dr. Beny L. Primm, Mr. Wilbert Tatum, Mrs. Charles T. McKinney, Mr. Ed Jurith, Councilman Hilton B. Clark, Henry L. McCurtis, M.D., Stanley N. Baker, M.D., Dr. Wyatt T. Walker, and Dr. Muriel Petioni.

New York City Commissioner Stephen Joseph received approval from State Commissioner David Axelrod to begin a program in November of this year to distribute free needles and syringes to addicts as an experiment to determine whether this will stop the spread of AIDS to intravenous drug abusers in the City. This program is slated to begin with 200 addicts and if it proves to be a success, it will be expanded to the other 200,000 intravenous drug abusers in this City.

This program is completely lacking in merit as a scientific experiment, or as a medical or public health measure to stop the AIDS epidemic. It is a recklessly dangerous experiment on human beings, which will have consequences directly counter to those proposed.

This program was opposed in the resolution passed in December 1986 by the Medical Society of the State of New York, opposed by a resolution passed by the Medical Board of the Harlem Hospital in January 1987, opposed by Black physicians with long experience in the field of drug addiction, opposed by Black elected political officials, and for two years has been opposed by members of the Black clergy of this City.

The basic reason for this op-

position is that this proposal would legalize, condone, and encourage intravenous drug abuse and all of the anti-social and self-injuring behavior associated with addiction. It would almost certainly have the untoward effect of producing more rather than fewer cases of HIV infection and AIDS. Let us explain this position in greater detail.

Intravenous drug abusers are believed to make up approximately half of the 300,000 persons in New York City who are already infected with the AIDS virus. Almost all women become infected through association with an intravenous drug abuser. It is estimated that in some parts of New York City such as Central Harlem and the South Bronx and other predominantly Black and Hispanic communities, as many as 10 percent of the women of childbearing age may already be infected and up to 5 percent of all newborn infants may be infected. Infected newborn babies only live an average of two years. It has now become known that almost all persons who are infected by the HIV virus will eventually die of AIDS.

AIDS is the terminal stage of HIV infection. A person infected with the HIV virus may show no symptoms for eight years or more, but such persons are able to pass on this disease to others during all those years. There is, therefore, an obvious need for a vast expansion of public health education, HIV testing and counseling programs to prevent the spread of this fatal disease. Presently there is no cure, but the disease is completely preventable. All persons who are sexually active should be encouraged voluntarily

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HRA head commends Black clergy

By **WILLIAM J. GRINKER**

Last Wednesday I met with a coalition of Black clergymen and women to kick-off a very important recruitment effort for foster care and adoptive homes, The New York Metropolitan



who desperately need their love and support.

Rev. Fred Lucas, Jr., pastor of the Bridge Street AME Church in Brooklyn, was instrumental in bringing the churches and the city together. At

Evangelical Christian Church called upon her fellow pastors to reach out. She said, "Our children are our most important resource. We cannot leave their growth and development to chance. I implore every pastor in the City of New York to find a loving home with this congregation for one child. We should make every effort and

gram. Besides the Revs. Lucas, Rucker and Sanders, Rev. Robert Ross Johnson of St. Alban's Congregational Church, Rev. Charles Betts of the Morning Star Baptist Church, Rev. Gerard Valdivia of the Ebenezer Pentecostal Church of North America, and Rev. Larry E. Dixon of the Carter Community AME Church.

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ther due to lack of openings or unwillingness to enter treatment.

And every IVDU who shares needles is a potential vector for the spread of HIV to other IVDUs, to sex partners, and to unborn children.

No one, myself included, has come easily to the decision to investigate the potential role of sterile needle exchange in slowing the spread of HIV among IVDUs. And no one, least of all myself, believes that availability of sterile needles can be the be-all and end-all of that effort.

But the inexorable progress of AIDS in our city and the all-too-familiar numbers -- 200,000 IVDUs, half or more HIV-infected, and only 35,000 treatment slots available -- force us to carefully consider the merits, and to honestly weight the risks, of any measure that could slow the spread of HIV among and from IVDUs.

A needle exchange program that serves a supportive bridge to drug treatment is one such measure. Conducting a small, carefully controlled study involving one-tenth of one percent of the city's IV drug users -- as we shall do -- will have a negli-

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to receive the serology test and counseling in the interest of protecting their personal health.

They should also urge testing and counseling for persons they are considering as a sexual partner, and they should be informed of the potential hazards of choosing and any partner who continues to be involved in promiscuous sexual behavior or the sharing of needles with other intravenous drug users.

Testing and counseling have been kept to a minimum because of the extreme emphasis which has been placed on confidentiality and secrecy. Innocent persons, without their knowledge, are becoming infected and are infecting others every day. Medical professionals, are prohibited from making a diagnosis in a timely manner.

In an effort to encourage more widespread use of HIV testing and counseling the Medical Society of the State of New York has, without success, attempted to persuade the State Health Department to allow approved laboratories to do the HIV test. Physicians cannot order an HIV test without the patient's specific consent, and the consent form which the patient must sign is designed to discourage the test. Patients are warned that they may suffer financial losses, homes, insurance, or other discrimination.

Currently HIV testing is limited to laboratories operated by the City, State, or blood banks such as the American Red Cross. The Medical Society of the State of New York has also joined other specialty societies in bringing a lawsuit

Department to classify HIV infection and AIDS as a sexually transmissible, communicable diseases. Currently AIDS cases are reported, but HIV cases which are ten times as many, are not reported.

Such a declaration would require that physicians report all cases and that patients be asked to give the names of their sex partners, so that the Health Department will be able to contact and warn them of their risk of infection and their need to be tested and counseled, without giving the name of the person who may have put them at risk.

The City and State Health Department should be seeking additional public funds to provide the kind of serious educational, testing and counseling programs described above. They should also be in favor of expanding drug treatment programs for substance abusers willing to go in treatment.


Currently there is no New York City agency charged with the responsibility of obtaining federal and state and other funds, or accepting responsibility to monitor and quality of such programs. The City Health Department abandoned this function more than a decade ago. The Health Department also should favor increased law enforcement both against drug users and drug dealers, since a drying up of the source of drugs would make an impact on controlling the AIDS epidemic. These additional drug treatment and law enforcement programs would, of course, be costly but are definitely needed in view of this public health emergency.

Rather than supporting the

above-named programs, the Commissioners of Health of the State and City are supporting a plan to distribute free needles and syringes. Such a program would be a very serious mistake for the obvious reasons that it would represent the first step in legalizing intravenous drug abuse, thereby encouraging an additional number of addicts, and even enticing addicts currently in treatment to drop out. Addicts would also be given the message that intravenous drug abuse can be safe, despite the fact that many other serious infections result from injecting drugs through unclean skin.

Moreover many addicts inject themselves with a fatal overdose because they do not always know the nature or the strength of the substances they are injecting. More of the AIDS virus would be spread. It is well known that many addicts finance their drug habits through selling drugs to others or through sexual prostitution. There is no good description of how all of these contaminated needles would be safely kept away from other persons, including children.

Addicts participating in this program would be provided an identification card and a photograph making them immune from arrest for possessing drug paraphernalia. All of this is being done in the name of public health, but it would have disastrous public health consequences. It is obvious that such a program would lead to a breakdown of law and order in minority group communities in New York City and to wholesale destruction of these people.



REFRESHES THE

... from Carter, and Crown Heights Health Center, 1218 Prospect Place, Brooklyn, participants will receive the same counseling, but no exchange of needles. Critics of the program assert it will encourage drug use and question the legality of such a program.

"We're not going to have it," Fraser-Howze said. "All of the doctors of the commission have reviewed the protocol from a medical point of view; and the lawyers are reviewing the protocol from a legal point of view."

"There are some very serious legal questions about the commission having the legal power to exempt someone from arrest. You know it is against the law in New York to walk around with hypodermic needles for the purpose of injection of illicit drugs. You know people get arrested for that. They call it possession of drug paraphernalia. But the commissioner's proposal is that 200 intravenous drug users be carded saying they cannot be arrested. I'm sure there is a legal issue involved here."

"There is absolutely no question that this program is legal," Joseph stated through Public Affairs spokesperson Sam Friedman. "People can say they have problems with it, but it has withstood various close scrutiny of top legal experts and the top legal counsel of the Health Department."

It is generally accepted that at least half of the estimated 200,000 intravenous drug users in the city are already infected with the AIDS virus and many spread the disease by sharing dirty needles.

"The Black Leadership Commission on AIDS is now in the process of formulating an action plan to oppose the city's needle

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University of Pennsylvania, Dawn C. Baxter, a student, Fieldston School. He leaves R. David Cobbs, grand son-in-law, N.J.; and the rev. Murren, dean, Church of the Intercession. A wake was held at the Augustus Jenkins Funeral Home.

Is needle program legal?

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exchange and to work on the expansion of quality drug treatment for every I.V. drug user who wants it," Fraser-Howze explained.

"Joseph has already said that he is going to do it despite the opposition, so we have to go to other powers that be to stop it. And we are going to stop it."

Members of the commission includes: Kenneth Knuckles, deputy Borough President, Bronx, Dr. Mark Wade, Dr. James Dumpson; Rev. Preston Washington, Rev. Calvin Butts, Rev. Herbert Daughtry, Rev. Floyd Flake, Rev. Timothy Mithcell, Rev. Calvin Rice and Rev. Calvin O'Pressley. Others

are: Hazel Dukes, Manhattan Borough President David Dinkins, Sen. Albert Vann, Sen. David Paterson Earl Lynch, a AmNews Chief Executive Officer Wilbert Tatum and Archie Spigner.

Also included in the commission's 52-member body are Betty Adams of the Coalition of 100 Black Women, Roscoe Brown, President 100 Blackmen, Dr. Larry Brown, Dr. Barbara Justice, Lorraine Hall, Darwin Davis Vice President of External Affairs Equitable Life Assurance Co.

A report on the medical aspects of the needle exchange program is expected to be released this week.

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restricted to the Supreme Court but to the appointment of Federal District Judges, whom the president appoints as well.

Currently, he pointed out, (President) Regan has appointed the lowest number of women and minorities to the Federal bench in recent history." In Moore's opinion George Bush is prepared to carry on "the Reagan legacy, regarding the courts. "Mediocre people will be appointed to the bench who know little of jurisprudence, Moore continued, "but who have definite biases in favor of the conser-

Brooklyn, "that a president can set the stage for conditions that continue for generations."

Pointing to the emotionalism and shortsightedness of such persons, the activist clergyman said the question before those persons is "Do we want to mortgage our children's future because we play some game of indifference or tit for tat."

Noting his understanding of the "sense of frustration in the Black community," which he said is justified, Colin Moore went on to describe why African-Americans and the poor are facing such political rever-

Editorials

Koch must resign

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 bined, with revenues of \$80 billion a year (New York City and State combined have a budget of \$70 billion) with 300,000 employees. Holland, with a population of 15 million people, double that of New York City, has an addicted population of 17,500, 70 percent of whom are under treatment. Most of the treatment is out-patient. There are, however, 200 permanent treatment beds. Estimates of the addicted population in New York City range from 695,000 upward, and there are approximately 33,000 treatment slots, few of them being paid for by New York City government. Yet, there are 200,000 IV drug users. There are 501 reported cases of AIDS in Holland, as compared to 15,186 adult and 331 child cases reported since 1980, 23 percent of the total in the nation. In 1987, there were 162 murders in Holland compared to 1,691 in New York City. Prostitution is legalized in Holland, and there is an area in Amsterdam, the Canal Zone, where it is practiced openly and regulated by health officials.

There is no homelessness in Holland, and new housing is being built at the rate of 103,000 units a year. In fiscal 1988 19,705 apartments were built in New York City with capital funds. There are 80,000 homeless in the city.

Given this, how could a mayor of New York go to another country knowing these kinds of statistics and have the audacity or stupidity, as the case may be, to open his mouth in such an arrogant way? Or, did the mayor know? or was he briefed?, or did he care to know, or be briefed?

New York has lost a great deal of its prestige in Holland because they believe we have a stupid mayor. They are kind about it though, with one government official dismissing it by saying that, "We were surprised and shocked by what he had to say. But we know that he talks all the time... mostly without thinking."

Ireland, the end destination of Koch's trip with Cardinal O'Connor, described as a "mission of peace," wound up in controversy too as Koch, in what the Daily News describes as an "abrupt turnabout defended Great Britain's role in strife-torn Northern Ireland, provoking severe criticism from Irish-American leaders back home." Koch had previously denounced the British presence in Northern Ireland. How's that for intelligence and sensitivity?

When Koch was unceremoniously told that he would not be welcome, nor could he have a role at the Democratic National Convention and he decided to accompany the Cardinal to Ireland, this Newspaper suggested that the trip would be a good thing, especially for New Yorkers who would not have him at the convention and absent from New York. As it turns out, we were wrong. He shouldn't have gone to the Netherlands or Ireland either.

It should be clear to everyone by now that this man should not be let loose on a nation or a people or a group or individual anywhere in the world. He is our problem, and we must deal with him.

This clear and present danger to all of us called EDWARD I. KOCH MUST RESIGN OR BE REMOVED.

Needlemania

It is not enough that used needles are washing up on our shores in New York and New Jersey forcing the closing of beaches due to the presence of "hazardous medical waste." We understand that the State Health Czar, David Axelrod, is seriously considering making available to needle-using addicts, fresh needles so that the spread of disease will be lessened. All they have to do, according to leaks from the proposal, is to turn the needle in, just like a pop bottle, in order to get a new one.

The David Axelrod that we know, who was appointed by Governor Cuomo, is simply not dumb enough to go for such an experiment. Before doing such a thing, he would certainly talk to acknowledge experts in the field such as

Dr. Benny Prim, Dr. Phyllis Harrison-Ross and Dr. James Curtis. The Axelrod we know would also release the proposal so that the frightening kinds of images being conjured up would be put to rest, if the circumstances and facts warrant it. It is curious that neither he nor Dr. Joseph have had the good sense to do so.

This Koch-backed idiocy, brainchild of Dr. Joseph and his cohorts, calls for the expenditure of \$300,000 of taxpayers' money in order to purchase and distribute needles to intravenous drug users in order to prevent the spread of AIDS.

"What this program really means," says Congressman Charles B. Rangel, Chairman of the House Select Committee on Narcotics Abuse and Control, "is that we would help poor people become better addicts. Here we are," he continues, "in the middle of the worst drug epidemic of our time, and we are going to spend \$300,000 to help these addicts to do a better job of injecting themselves with poisonous heroin by offering them clean needles. Do you give someone who wants to commit suicide a brand new loaded gun?" the congressman asked.

Quite apart from the secrecy surrounding the proposal, it is apparent that there have been enough "floats" or "leaks" from the City Health Department and the State Department of Health to have caused a strange array of forces to wind up solidly against it. These include Congressman Rangel, Special Narcotics Prosecutor Sterling Johnson, Black Psychiatrists of America and many physicians at Harlem Hospital. There is virtually no organized medical support for this project.

What disturbs so many professionals in the field is that whatever Joseph intends to do is being kept under wraps, and Axelrod is helping him, according to knowledgeable sources inside the medical community. One physician went so far as to say that, "This is being handled like some super secret 'Manhattan Project,' that resulted in the development of the atom bomb. Given Dr. Joseph's knowledge of the 'Tuskegee Experiment' (the discontinued experiment at Tuskegee Hospital, Alabama, in which the U.S. Army was responsible for allowing Black ex-G.I.'s with syphilis to go untreated and die in order to track the progress of the disease. In spite of the fact that there was a cure, and without the knowledge and consent of the victims), it would seem to us that he would want everything that he is doing to be above suspicion. And so should Dr. Axelrod. Besides, what kind of medical proposal should there be that cannot be shared with those who would have to deal with repercussions, potential harm and tragic outcome for this program that has been predicted by experts?"

And why has there been such a positive response to the proposal from white media, such as appeared on NIGHTLINE a few nights ago where interested parties, including director of ADAPT, a drug treatment program in Brooklyn, who has no formal training that makes her competent to render a medical judgment in matters such as these where guided into positions of advocacy, with the exception of Dr. Benny Prim?

The question is being asked in the Black community as to whether or not this proposal is the first step in a concerted media supported effort to legalize heroin. If this is so, why? Who is destined to be perpetually narcotized and controlled?

Major Robinson: RIP

Major Robinson can best be described as a man who loved his chosen profession, journalism, and was a fine practitioner of his art. The Amsterdam News, Jet, and so many others were so fortunate to have had his services. What will we do about THE TATTLER without Major, and what will Copeland's do without his Public Relations services?

Most importantly, what will we do... those of us who knew and loved him... without the presence of this "down" human being? Rest in Peace, dear Major. You left us much too much, too soon.

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Atlanta Daily World

Published Every Tuesday, Thursday, Friday, Sunday

Founded August 3, 1928; Became Daily, March 12, 1932; W.A. Scott II, Founder-Publisher, August 3, 1928 to February 7, 1934. Published at 145 Auburn Avenue, N.E., Atlanta, Georgia 30335-1201.

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MAIL SUBSCRIPTIONS RATES:

Daily: 1 year \$51.00; 6 months \$27.00; 3 months \$14.50;
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45 W. 45th Street
(212) 869-5220
New York, N.Y. 10036

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Chicago, Illinois 60616

Free Needles!

Sometimes it's hard to be sure whether one lives in the real world or not; that's the reaction of many to the announcement by officials in New York City that will shortly begin providing free needles to drug addicts.

The idea behind this is that giving free needles to addicts will lessen the rate of AIDS infection. That is, if fewer addicts use contaminated needles, fewer addicts and homos will contract AIDS.

Perhaps this can be justified under the rationalization that anything necessary to stop the spread of the dreaded disease is worth trying. On the other hand, giving free needles to addicts somewhat encourages addicts to shoot themselves (and others) reducing the fear factor

and amounts to a sort of acceptance of drug use, though not so intended.

Surely first priority should go to curing addicts, educating addicts and getting them into rehabilitation centers. New York City officials will argue that this indeed remains their first priority.

But if it is, is this free-needle program in a way self-defeating, since it makes drug use safer and less dangerous? In that way it actually encourages addicts.

The program was initially opposed by state officials in Albany, who later allowed it to begin on an experimental basis. Results will be interesting if they can be monitored accurately. Meanwhile, addicts, New York is the place - as it long has been!

A MINORITY VIEW

BY DR. WALTER E. WILLIAMS, Economist



Let's Ban The Wimps!

These are the times that try men's souls. "Okay," you ask, "what is it this time, Williams?"

I'm tired of people moaning and groaning at the slightest provocation. I'm tired of people striving to be victims. Stand up! Be somebody! Don't be a wimp.

Years ago, in order for a white to insult a black, he had to at least mention the word "nigger." After we got that straightened out, it was all downhill. A black could easily be considered a victim of racism if someone called him "colored" or a "Negro." So now we've settled on black.

Being nearly 52 years old, I've seen us come full circle. When I was a young man, calling a Negro "black" was sufficient grounds for a fist fight. We considered the proper color description to be closer to brown.

Times have changed. Now all that's necessary to victimize a black is to come up with some half-baked eugenics theory, like Jimmy "The Greek" Snyder did. Jimmy lost his \$450,000 job even though he apologized and licked the boots of the Rev. Jesse Jackson, who, on behalf of all black people forgave him.

Jesse was the right person to do the forgiving; he's had a problem or two with ethnicity. We ought to forget Snyder's poor-taste, and CBS ought to rehire "The Greek" with back pay. After all, if the networks banned poor taste on television, we'd be left with just a test pattern to watch.

Women are relatively new in the race for victim status. Several years ago I earned considerable consternation when I insisted upon the title of

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