

# AIDS: Disease grows despite research

By T. Jeffries  
Of The Print

AIDS: An ironic acronym for perhaps the most deadly medical mystery to face the American medical system in recent years. The deadly disease first appeared in homosexual communities in San Francisco, New York and Los Angeles. Then it broke out among heroin addicts, Haitian refugees and, more recently, hemophiliacs, heart patients, and small children.

The name, Acquired Immune Deficiency Syndrome, means a breakdown in the body's natural defensive system. This leads to fatal forms of cancer and lethal bouts of infection. With a mortality rate of 40 percent and climbing, experts have become more concerned with each new-reported case, particularly because no one knows what causes the disease.

AIDS was first recognized in 1981, and since that time some 1,300 cases have been documented at the Centers for Disease Control. A spokesman for the Oregon Red Cross stated that the number of cases is almost doubling every month.

Ten recent victims appear to have contracted the disease through blood transfusions. Because AIDS develops slowly over a period of months, or even years, victims have donated blood, not realizing that they were passing on a deadly infectious agent. The first symptoms of the syndrome are: a generalized feeling of ill-health, a low-grade fever, night sweats, weight loss and swollen lymph glands.

In 40 percent of the cases it leads to Kaposi's sarcoma, a form of skin cancer almost unknown outside of equatorial Africa with a 20 percent mortality rate. AIDS victims also

suffer lethal infections that rarely occur in healthy people. Among the worst is pneumocystis carinii, a parasite-linked form on pneumonia that kills 50 percent of its victims. Other high risk diseases include a type of herpes that attacks the central nervous system, and microbacterial infection that is usually found in chickens and pigs. When a victim recovers from one infection, they often contract another.

Dr. Henry Masur of the National Institute of the Health, said, "Once they develop a severe case of the disease, I suspect they all die."

None of the victims he has studied have lived more than eighteen months," Masur said. "The actual defect brought about by AIDS involved the white blood cells. Victims do not have enough of the white cells especially equipped to combat tuberculosis-type organisms. They also have too few of the helper

cells that activate the immune system and too many of the cells that suppress it."

Recent study has led to the theory that AIDS is caused by an infectious agent, since the pattern closely resembles the occurrence of hepatitis B, a liver disease, that also strikes homosexuals, drug addicts, and occasional blood recipients. If so, then AIDS could be transmitted sexually, through blood or through contaminated hypodermic needles. The children who have contracted the disease are mainly from high-risk parents: Haitians and intravenous drug abusers.

However, no one can explain why the Haitians are connected. Theories, ranging from voodoo practices involving blood mixing to vacationing gays bringing it back from the islands are being checked out by health officials, but the actual agent of the fatal disease is still unknown.

Health officials warn against undue alarm in regards to blood transfusion. Dr. Harold Jaffe of the California Medical Center said, "The need for blood far outweighs the concern about AIDS." This is particularly true since many people have come under the mistaken impression that AIDS can be contracted by donating blood. This unfounded rumor has spread and officials of the Oregon Red Cross fear a drop in number of donors. The vitally-important fluid is even now way below present needs. (Please see story, this page)

However, there is a light at the end of the tunnel. If AIDS is linked to a transmissible agent, the chance is good that a vaccine could eventually be developed. Until that time AIDS will remain as the most baffling and deadly epidemic in recent times, surpassing even Legionnaires' disease and Toxic Shock Syndrome.

## Red Cross Plans Blood drive

Once per term, Red Cross of Oregon holds a blood drive on campus. The next one is scheduled for Friday, May 20.

Red Cross usually allows four hours for the drives. However, the turnout for the first two sessions of this year was considered very strong. Dennis Donin, the Red Cross representative to the College, announced that two extra hours will be added to this drive. It will be held from 9 a.m.-3 p.m. in the Community Center Mall.

There has been a sharp decrease in the amount of blood donated lately, Donin said. One reason for this is a rumor that a person can get AIDS, Acquired Immune Deficiency Syndrome, from donated blood. Donin stressed that this is not true (Please see story, this page).

This year, for the first time, Red Cross will bring a mobile laboratory to the College. The donated blood will be fractionated while still here, Donin said. The mobile lab is 50 feet long and tours will be conducted during the day.

The last blood drive was held on Jan. 24 and netted 101 units (pints) of blood from students, staff and faculty members. The College's record is 108 units, donated this time last year.

The school record for Portland Community College is 107 units, and the record for Mt. Hood Community is 156, Donin said. Both schools have higher enrollment than Clackamas and Donin said, "You should all be very proud of the job you've done."

The need for blood is on the rise, he added. "After July 1, we will need 515 units of blood per day in Oregon."

Blood that is donated is separated into three parts and sent to hospitals throughout Oregon, as well as a few in Idaho and Washington.

The blood is separated into red cells, plasma and platelets. The red cells are used for patients undergoing surgery, and anemics. The plasma is retained for victims of burns and shock. Donin pointed out most burn victims die not from the burns, but from blood infection.

The third section is the platelets, which create the clotting effect of blood and are used for patients receiving cancer therapy.

## Handicap Committee examines Pauling doors

The College's Handicapped Advisory Council examined the issue of electronic doors on the Pauling Science Center and allegations of "bad press" about The Print at a meeting on Monday, May 16.

Rob Barrentine, the College's architect, expressed anger at The Print and the College's Handicap Specialist Debbie Derr. Barrentine said

his company, Architects Barrentine, Bates and Lee, has received undue criticism over the lack of handicap access doors on the Pauling Center. "There has been a lot of criticism, or bad press, on this issue," he said.

Barrentine further stated his anger at The Print, because the newspaper allegedly stated the Pauling Center does not meet the minimum building codes by not providing electronic doors for wheelchair-bound persons. "The press said the building didn't fit the codes," he said, and explained that he was referring to the College's newspaper.

However, in the April 6, 1983 and Oct. 7, 1981 issues of The Print, articles appeared dealing with the issue of handicap access doors. Both issues stated the Pauling Center does meet minimum building codes.

The doors of the Pauling Center were designed to meet the ANTSI (American National Standards Institute) codes, which refer to minimum door widths and proper pull-weight, Barrentine said. The pull-weight refers to the amount of pressure necessary to open a door.

The decision to not include the electronic doors was made by the College's Planning and Operations department, Barrentine said. "We (Architects Barrentine, Bates and Lee) were concerned about automatic doors when we designed the building," he said.

According to the ANTSI codes, outside doors must have a maximum of seven pounds pull. The Pauling doors were designed to fit within that code, although Barrentine said he has recently measured the doors and they have a heavier pull-weight than required. "I know the doors do pull harder, but I don't think the only answer is (to install) automatic doors," he said.



ROB BARRENTINE, architect, spoke before the Handicapped Advisory Council meeting.

Photo by Dan Youngquist



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