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# AIDS Education in the Public Schools: Old Wine in New Bottles?

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## Abstract

Whether, and how, children in the public schools ought to be educated about AIDS has generated considerable controversy. In a misleading way, however, the controversy has focused largely on sex education, to the exclusion of more general and fundamental questions about how moral-political education should be formulated and conducted in a democratic society. This paper seeks to identify these more fundamental issues, and to show how, in an important sense, the educational problems raised by the appearance of AIDS are not new.

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In the United States, various educational and public health agencies – the National Education Association, the Department of Education, the Centers for Disease Control, the Surgeon General – are clamouring for AIDS education in the public schools. The infighting among several of these agencies about what form sex education ought to take<sup>1</sup> is indicative of the highly controversial nature of the issue. But this is only the tip of the iceberg: AIDS education in the public schools raises not only well worn controversies about sex education but fundamental questions about the moral-political functions of public education as well. Indeed, larger questions – about paternalism, procedures for curriculum making, and moral-political education – are logically prior to, and form the framework for, questions about what kind of sexual morality should be included in the curricula of the public schools.

In this paper I will examine various features of AIDS education in the public schools that have been largely masked by the intense preoccupation with sex education. My primary thesis is that old and familiar moral-political issues in education are buried below the surface: the AIDS epidemic simply serves to bring into sharp relief the absurd notion that either the content of the curriculum or how it is devised can be value neutral, and force educators to get clear about just what values they are prepared to defend. As a colleague of mine remarked when the ethical problems posed by the appearance of AIDS first began to garner attention, 'It's just old wine in new bottles'.

## Background: why education is the method of choice for controlling the AIDS epidemic

Educators might rightly wonder why yet another social problem is being laid at

their doorstep. The answer to this question is surely *not* that education will make AIDS disappear. Education is no magic bullet. Indeed, one of its functions is to disabuse the public and its representatives of the notion that there are any plausible ways to *solve* the AIDS problem in the near future. If educators are to fully appreciate the place of public education in the broader policy context associated with AIDS, then they need to have some appreciation of just why it is the method of choice. Thus, before turning directly to the issue of AIDS education in the public schools, a brief examination of some non-educational alternatives is in order.

The two alternatives to education that have received the most attention and that pose the greatest threat to values like liberty, privacy, and due process of law are screening and isolation, usually in combination. The intuitive justification is that these are precisely the methods that have been historically used to contain the spread of infectious diseases, like the plague or syphilis.<sup>2</sup> But advocates of such measures ignore certain crucial features of AIDS that distinguish it from other infectious diseases; they ignore the limits of medical technology as well.

First, unlike the plague, AIDS is transmitted primarily through voluntary behaviour, (mother to child transmission during pregnancy or birth, accidents in medical care and research, and blood transfusions are the exceptions, and they account for less than eight percent of cases), and not a single case of casual transmission has been reported.<sup>3</sup> Second, unlike other sexually transmitted diseases, AIDS is untreatable and individuals almost always remain infected for life. Finally, and not unlike other diseases, testing for AIDS antigens and antibodies (there is no reliable, reasonably inexpensive test for the virus itself) is far from foolproof.

These features of AIDS, coupled with the error associated with AIDS testing, engender what may be dubbed the 'double false positive problem'. *False positive problem one* is the familiar cut score problem. Like mental tests, medical tests typically employ a numerical scale. But rather than establishing a cut point to distinguish, for instance, competency from incompetency, medical tests makers are required to establish a cut point that distinguishes normal from abnormal values. Because error cannot be eliminated in either case, setting cut points unavoidably involves making judgement of value about how to balance the kinds of errors.

In the case of college admissions tests, the cut point decision is whether to minimize the number of unqualified individuals who gain admittance (false positives) at the expense of denying admittance to qualified individuals (false negatives). Although such decisions obviously affect individuals in profound ways, they pale in comparison to the effects of efforts in AIDS testing. Here, the trade-off isn't between erroneously granting or denying an individual access to the college or university of his or her choice but between erroneously labelling an individual as being infected with or free of the AIDS virus. The first kind of error (false positive) can lead to discrimination in housing, employment, health care – and of course schooling. The second kind of error (false negative) can lead to a dangerously false sense of security.

The false positive problem is especially acute for AIDS testing when it is advocated on a mass scale, for 'screening.' Where so-called 'low risk' populations – marriage license applicant, teachers, school children – are involved, the number of errors is mammoth for the commonly used ELISA test. There are so many chances to be wrong and so few chances to be right in such populations that the ratio of false positives to true positives may be as high as 500:1. This error rate can be significantly reduced by conducting a so-called 'confirmatory test', the Western blot. But the odds of a correct identification are still likely to be no better than 50-50, which appears obviously unacceptable given the small number of individuals that

will be identified, the consequences for individuals labelled positive, the financial and psychological costs of mass AIDS screening, and the fact that those most likely to be positive will dodge coercive testing.<sup>4</sup>

If these problems weren't enough, there is also the question, amazingly often overlooked, of what authorities should do with the information that an individual is positive once they have it.<sup>5</sup> This gives rise to the threat of *false positive problem two*: automatically labelling infected individuals as dangerous<sup>6</sup> – the kind of false positive identification that most threatens school children and teachers.

Many individuals are known to be infected in the absence of mass screening programmes – symptomatic individuals and other 'high risk' individuals, like hemophiliacs, who have tested positive. Infected individuals, however, pose no danger to others, simply by virtue of being infected. Thus, automatically labelling infected individuals as dangerous is more often than not a 'false positive' identification – an identification that often carries with it disastrous social consequences for those who already face the horror of being infected with the AIDS virus.

Because mass screening schemes are so prone to error and targetted at the wrong individuals, because restricting the freedom of infected individuals without good evidence that they are also dangerous is precluded on both moral and legal<sup>7</sup> grounds (and would entail isolating about one million individuals for life), and because the vast majority of AIDS transmission occurs through avoidable behaviour, public health authorities are virtually unanimous in advocating education as the best means of checking the spread of AIDS, especially education targetted at 'high risk' individuals.

### **AIDS education in the public schools**

Whether it should be or not, public health policy regarding AIDS is still rife with controversy, and policy regarding what to do in public schools is unavoidably affected. Unfortunately, the public and its elected representatives, themselves afflicted with AFRAIDS, often disregard the findings and recommendations of public health authorities. Attempts to exclude AIDS-infected children and teachers from the classroom, school boycotts when either is permitted access, teacher demands to opt out of teaching such children, and calls for 'local control' (read: unfettered discretion) over whether AIDS infected children should be permitted to attend school are all too common.<sup>8</sup>

The predictable response to this conflict situation is to try a finesse, distracting the opponent by waving the banner of value neutrality and disclaiming the intent to promote this or that set of values. My first task is to show why such a finesse will not work (at least not against those who are carefully attending to the cards.)

### **The impossibility of value neutrality**

Interestingly, both 'liberal' and 'conservative' versions of neutrality are proffered. 'Liberal neutrality' consists of presenting students with the facts about AIDS and letting them decide for themselves about how they ought to behave. It advises them against engaging in sexual activities, warns those who will not abstain to engage in only 'safe sex' practices, details safe sex practices, and so forth. It claims to be morally neutral on the purported grounds that it is free of *any* commitment regarding sexual values. 'Conservative neutrality' consists in advocating abstention. It claims to be morally neutral on the purported grounds that it is based wholly on health considerations: abstention from sex (and IV drugs) is the only way to guarantee avoiding infection with the AIDS virus.

Neither liberals or conservatives are likely to be convinced by the other groups' claimed neutrality, nor should they be. No liberal would advocate telling adolescents *all* of the facts about human sexual behaviour – consider child molestation

and bestiality. Liberals wouldn't say 'If you must engage in child molestation then...' any more than they would say 'If you must steal then...' Of course, liberals *would* say 'If you must engage in intercourse, then practise safe sex.' The point of the comparison, and one not lost on conservatives, is that this sort of conditional statement opens up sexual intercourse as an alternative for adolescents which, if not perfectly OK, is at least not the sort of behaviour that makes one a bad or unusual person.

Conservatives advocate eliminating such hypothetical statements altogether, in favour of a categorical statement: Abstain. This imperative has traditionally been based on an explicit set of values about sex outside of marriage, and the notion that the appearance of AIDS can convert it into a neutral, wholly health-based claim is more than a little suspect. For example, suppose two young adults who plan to marry are as certain that they are free of the AIDS virus as an analogous newly married couple. Would the admonition to abstain be binding only on the unmarried couple? If so (as it assuredly would be for a conservative), then it is abstinence outside of marriage, rather than health, that is the underlying value. To take another example, on what grounds would conservatives object to the 'social clubs' that have been cropping up, in which the members are tested at six-month intervals for the AIDS virus in order that they may pursue promiscuous sex with other members of the club without risking their health?<sup>9</sup>

The general flaw in the conservative neutrality position is the implicit assumption that health is *the* overriding value in peoples' lives. This is obviously belied by the conservatives' own way of life. Otherwise they wouldn't drive cars, fly in aeroplanes, fight in wars, or even have children, since all of these activities pose a risk to health. The conservative neutrality position is basically the reassertion of a sexual value that existed long before the appearance of AIDS: sex outside marriage is morally wrong.

Insofar as neither conservative or liberals can advance a wholly neutral position, whose values should win out? Before answering this question, it will be useful to first characterize the liberal and conservative positions in terms of *procedural*, *obligatory*, and *permissible* values.

For the position I have dubbed 'liberal', a range of sexual values are permissible, though none within this range is obligatory. Thus, the question of what shape AIDS education should take becomes a procedural one that attempts to avoid installing this or that set of permissible sexual values as obligatory. For instance, if enough parents believe that AIDS education is warranted, there is enough money available, it can be taught in a sufficiently inoffensive way, and so forth, it will become part of the curriculum. On the other hand, the content would naturally also include abstinence, the conservative's sexual values, among the range of permissible behaviours. Furthermore, procedures would be put in place such that parents could refuse to enroll their children.

For the position I have dubbed 'conservative', sexual values (theirs in particular) are obligatory (even if they attempt to avoid avowing this position through the subterfuge of their claim that their concerns are wholly health based). For them, what is appropriate sexual behaviour is not open to individual discretion. Thus, they reject the notion that AIDS education ought to consist of a list of permissible values, arrived at and constrained by procedures. Instead, like moral prohibitions, against stealing, lying, murdering, and so forth, sexual values other than conservative ones are excluded from the realm of what procedures can yield as permissible.

Prior to the appearance of AIDS, the attempt by sexual conservatives to place sexual behaviour outside the realm of individual discretion (for everyone) was rejected. I shall not defend the claim that it indeed belongs outside this realm,

though I believe it does. The point I want to make instead is that setting aside the 'conservative neutrality' argument, the argument that the admonition to abstain is wholly health-based, unmask the clearly value-laden (in the sense of moral obligatoriness) of the sexual conservative's position. In other words, nothing has really changed between sexual conservatives and liberals with the appearance of AIDS, save what the latter might now consider imprudent (versus immoral) in sexual matters.

Again, then, whose values should win out? The pre-AIDS solution to the sex education problem was to follow the 'procedural' route, and, in my estimation, there are no good reasons to handle things any differently because of the appearance of AIDS. The majority of parents, who happen to be sexual liberals in the sense of the term being employed here endorse, sex education, including education about AIDS.<sup>10</sup> The rights and principles of sexually conservative parents can be protected by permitting them to exclude their children. This is not an altogether satisfactory solution for conservatives, since they can rightly claim that their children cannot be fully insulated from the effects of the 'hidden curriculum' in its various manifestations. But the alternative of being held hostage to the tyranny of the minority, and of allowing every disaffected minority group to veto power over anything they find objectionable, is much worse.

### **Packaging AIDS education**

Controversy would not end even if conservatives accepted the solution of withdrawing their children from instruction they consider offensive or immoral. Liberals are likely to disagree amongst themselves regarding the truth about AIDS and especially about how to best 'package' it for adolescents.

Certain truths about AIDS are relatively secure. One truth is that 92 per cent of the transmissions in the USA can be directly attributed to promiscuous male homosexual sex and IV drug abuse, which renders the chance of 'low risk' individuals catching AIDS exceedingly remote. But another truth is that anyone can get AIDS if they are exposed to it. A third truth is that AIDS is more efficiently communicated from males to females than vice versa. A fourth truth is that AIDS cannot be transmitted by casual contact. The list could easily be extended, but one general problem remains: how to convert these kinds of truths into a prospective estimate of risk for sexually active adolescents.

Experts disagree about the risks. Some point to the African experience, where AIDS is raging in some areas and the male-female ratio is 1:1, as the model that ought to be applied to the United States. Others criticize this model on the grounds that the health status and health and sexual habits of the Africans in question are vastly different and that recent evidence indicates that AIDS is not spreading to the 'low risk' population in the US. Some experts counter these claims, pointing to the military testing programme as evidence that AIDS is even more prevalent than originally projected and that it is indeed spreading to the general population. Still others rejoin that the military population is atypical and that soldiers lie to military personnel about their sexual practices.

Though uncertainty lingers, the weight of the evidence continues to accumulate on the side of those who deny that AIDS poses a threat to the general population.<sup>11</sup> Even Otis Brown, Secretary to the Department of Health and Human Services, recently shifted ground, stating 'we do not expect any explosion into the heterosexual population'.<sup>12</sup> Bowen formerly disagreed with the sizeable group of epidemiologists who maintained all along that AIDS would remain confined to certain 'high risk' groups. Although the risk for sexually active adolescents who avoid risky behaviours is miniscule, it nonetheless would be unwise to become complacent, especially since information about AIDS can be folded into existing

sex education programmes and since practices that prevent the communication of AIDS also help prevent other sexually transmitted diseases as well as pregnancy – in any case, the juggernaut is already on the move. How to convey the risk, combined with how to handle the sexual details of AIDS transmission, thus focuses the controversy on the question of packaging.

Two general approaches are available: paternalist and neutralist. 'Paternalism' is based on the view that children, say, through high school age, are simply not competent to master all of the information about AIDS, including the uncertainty, needed to make responsible judgements – adolescents are too occupied with their sexual identities, peer pressure, and so forth, and perhaps even lack the necessary cognitive wherewithal that comes with maturity. The paternalistic response is to protect the adolescents from themselves. Rather than cluttering their heads with the controversy and uncertainty surrounding AIDS transmission, which might only confuse them and raise sensitive and potentially embarrassing sexual topics as well, paternalists would advocate a simple and straightforward educational strategy, like telling adolescents the following: AIDS is always fatal. Any sexual activity poses a significant risk of contracting AIDS. Therefore, abstain from sexual activity. If you must engage in sexual activity, confine yourself to one partner who has not and does not engage in risky behaviour. The risk of contracting AIDS can be reduced by using latex condoms, and reduced further by augmenting condoms with certain spermicides.

Paternalism has problems. Although telling adolescents the half-truth that sexual activity per se poses a *significant* risk is not really a problem for paternalists in principle – indeed, restricting information in this way is what makes the approach paternalistic – it lands paternalists on the horns of a dilemma. The first horn is that many adolescents are likely to be exposed to information about AIDS from other sources, such as newspapers, magazines and television. These sources of information, as well as adolescents' native curiosity, are bound to prompt questions that test the paternalist's line. Simply brushing them aside would likely compromise the ability of instruction to affect behaviour, by calling into question the credibility of the information being presented. In this case, the justification for the paternalistic stance – protecting adolescents from themselves – will have been sacrificed. The second horn is that frankly responding to such questions would require entertaining the uncertainty that surround AIDS transmission, as well as the good evidence that some sexual activities are much less risky than others. In this case, paternalism will have been abandoned.

The alternative of 'neutralism' eschews the paternalistic aim of protecting adolescents from themselves, and is based instead on the view that adolescents' autonomy ought to be respected and that it is wrong for schools to 'impose' values. Neutralists are thus committed to first presenting with all the pertinent facts, including the uncertainty about behaviours associated with more and less efficient means of transmission, and then permitting them to make up their own minds about what risks are worth undertaking.

Neutralism also has problems. Taken to the extreme, it requires presenting students with *all* of the information about AIDS transmission. Otherwise, students would not be capable of making a truly informed, and thus truly autonomous decision. But providing students with complete information is impracticable: the amount of information is mammoth, and also constantly accumulating. Moreover, providing complete information is sometimes objectionable. Not *everything* is fair game to the public schools. Lines have to be drawn somewhere: explicit tapes of sexual acts are beyond the line; whether to frankly tell students that lesbian sex is virtually risk free is more debatable. In any case, parents are likely to be made

uneasy, if not downright hostile, by the degree of frankness associated with the neutral approach. Teachers are likely to exhibit similar attitudes.

### **Procedures for curriculum making**

Two procedures may be distinguished: expert and democratic. In the expert approach, various authorities devise curriculum materials and then hand them over to teachers to be implemented. This is the sort of top-down approach to be identified with 'technical rationality' roundly criticized for stripping teachers and parents of autonomy and authority: empowering teachers is one of the major themes of current calls for the reform of teacher education, and neo-Marxist theorists have long advocated empowering teachers and parents alike. Though much more needs to be said, further discussion of the flaws of the expert approach are beyond my purposes here. I will instead examine the alternative of a democratic approach.

A democratic approach has the disadvantage of providing no clear-cut, all purpose *guide* to teaching about AIDS: balancing competing considerations and values requires both that certain empirical information be known and that contextual features of instructional situations be taken into account. Insofar as neither teachers or students can become *completely* informed about AIDS, one empirical question is how to create a simplified, but reasonably accurate picture of AIDS. A second empirical question is the age at which mature judgement emerges. If the paternalists are right about adolescents' inability to make mature judgements, then they are right to insist that adolescents be presented with information about AIDS in a way that takes into account the inappropriate weights they may assign to the value of sexual activity in light of its risks. (In defence of paternalism, autonomy is not the only value at stake, and, moreover, autonomy for its own sake, not based on mature judgement, is not worth having – a child refusing an immunization because shots are painful is a paradigm illustration.)

General baseline behaviour about how to effectively simplify information and about when mature judgement emerges only goes part way, however, in determining the shape that AIDS sex education ought to take, for both will vary from student to student. Furthermore, the level of risk; the sexual values of students, parents and teachers; the general school environment; and teacher-student relationships will vary from one locale to another. (This, by the way, sets the limits on the contributions that experts can make, be they paternalists or neutralists.) Because of the immense variation in conditions and individuals, school deliberation and negotiation among parents, teachers, school and public health authorities and, at some level, students, is required. Such a procedure is by no means perfect, and would no doubt sometimes result in animosity and discord, as well as some questionable programmes. But, all things considered, such a local, democratic procedure seems by far the best way to establish the trust and credibility necessary for AIDS sex education to be effective.

This suggestion to democratize the curriculum-making points directly to the more fundamental moral-political issues the AIDS epidemic raises for public education. Even if AIDS education weren't rendered more effective by democratic pressures (and what 'effective' might mean is itself controversial and tied to conservative versus liberal values – among the candidate measures are increased abstinence, increased use of condoms, and decreased incidence of other sexually transmitted diseases), there is another reason to democratize curriculum-making: parents as well as teachers have a legitimate interest in how children are to

be educated. The fact that this is bound to lead to clashes among parent, teachers, school authorities, and governmental units is not a justification, at least not in a democracy, for excluding parents and teachers from curriculum deliberations and turning decisions over to the 'experts'. As Amy Gutmann observes:

In a democracy, political disagreement is not something that we should generally seek to avoid. Political controversies over our educational problem are a particularly important source of social progress because they have the potential for educating so many citizens . . . [W]e pay a very high price for their avoidance: we neglect educational alternatives that may be better than those to which we have become accustomed or that may aid us in understanding how to improve our schools before we reach the point of crisis, when our reactions are likely to be less reflective because we have so little time to deliberate.<sup>13</sup>

Of course, local democratic control cannot proceed unchecked. There are limits to the kinds of results that local democratic deliberation can yield. Curriculum arrangements that exclude or isolate AIDS-infected children are unacceptable on moral and legal grounds. In general, local democratic control may not serve as a pretext for discrimination against AIDS-infected children any more than it may serve as a pretext for discrimination on the basis of race.

In addition to questions about procedures for curriculum making, AIDS also raises questions about the inherently political nature of the curriculum itself. One of the complicating features of AIDS education is that it cannot be confined to just sex. It is only one step from talking about risky behaviours, (one of the riskiest of which, IV drug use, is not even sexual) to talking about the victims of AIDS, social policy, compassion, and constitutional rights. Students are likely to have views about these issues, just as they have views about AIDS and sex, independent of schooling. Morally abhorrent views – such as 'AIDS victims ought to be cast off to some far away island' – and false factual beliefs – like 'You can get AIDS from a toilet seat' – ought to be met head on. More generally, the controversies surrounding AIDS ought not to be ducked. Evasiveness only contributes to artificiality of schooling, and results in missing an opportunity for some timely and important political education. Students ought to be taught how to cope with controversy and disagreement, rather than presented with a model of how to ignore it – a practice that imparts a 'hidden' message of its own. As Scriven observes:

[W]e won't get very far with the 'avoid controversy at all costs' approach . . . Moral [and political] education is education for citizenship, for mature life, and is exactly like vocational education in that it will be useful exactly to the degree it faces real-life problems – and that *means* controversy.<sup>14</sup>

Just as there are limits to local democratic control, there are also limits to the morality that may be protected by public school curricula. Because neutrality is impossible, *some* values are going to be promoted in education, no matter what. But these values ought to be ones associated with responsible democratic citizenship; they ought to be 'procedural' values – like toleration, the disposition to negotiate decisions rationally, non-violence, non-discrimination, respect for liberty, and respect for constitutional principles<sup>15</sup> – not the values that define this or that group's peculiar conception of a virtuous sex life.



### Conclusion

Old wine in new bottles? Such a conclusion is difficult to avoid. Even the strategy of cloaking morals in claims about health risks (which I originally thought novel, or at least confined to medicine) has its precedent. Consider this gem of 'scientific fact' from the curriculum of the Women's Temperance Christian Union (circa 1903):

Alcohol 'will gradually eat away the flesh. If anyone drinks, it will pickle the inside of the body.'<sup>16</sup>

Compare this to the following statement from a booklet endorsed by the Department of Education (circa 1988):

Don't engage in intimate contact at all. If you have had that kind of contact in the past, stop now. That is the only 'safe sex.' If you engage in close sexual contact, you are playing Russian Roulette with your life.<sup>17</sup>

Nowadays, we would recognize the reference to the pickling of the inside of the body (I wonder am I a dill, or a sweet?) as preposterous, and a not too subtle effort to promote a moral view in the name of health. Perhaps someday we will view the 'conservative neutrality' argument – SAFE SEX = NO SEX – in the same way.

Such speculation aside, my major aim in this paper has been to show that despite the dramatic nature of AIDS; the clamour it has created; and the perception that it presents a genuinely new problem that sexual conservatives, of all people, now advocate sex education (of a peculiar brand of course); the problems it creates are actually old and familiar ones – about paternalism, sex education, moral-political education more generally, and procedures for curriculum making. Although I did not hide my views regarding what directions ought to be taken on these matters, my arguments were admittedly thin. On the other hand, I will have achieved my primary objective if I managed merely to properly label the bottle – so we least know what kind of wine we're being served.

### Notes and References

1. The Department of Education, for instance, has been at odds with the Centre for Disease Control, the Surgeon General, and Congress over whether 'safe sex' or abstinence should be the thrust of the AIDS education programmes. See 'E. D. draft on AIDS subpoenaed', *Education Week*, 7 October 1987, p. 18. For example, former Secretary of Education Bennett is fond of ridiculing safe sex guidelines by associating them with 'condomania'. See FUMENTE, M., 'The political uses of an epidemic', *The New Republic*, August 8 & 15 1988, pp. 19–23, for other examples of Bennett's statements and the general positions and arguments of the Department of Education.
2. I have encountered this argument frequently in my dealings with physicians and testified against screening bills in Michigan. It is the position of former Education Secretary William Bennett, according to Fumante, 'The political uses of an epidemic'.
3. See STOUSE, J., and PHILLIPS, J., 1987, 'Teaching about AIDS: a challenge to educators', *Educational Leadership*, April, pp. 76–80. It is important to recognize that the evidence is not simply that no cases of transmission by casual contact have been reported; medical researchers have looked at households in which AIDS patients live, where casual transmission is most likely to occur, and have not found it. See SANDE, M., 1985 'Transmission of AIDS', *New England Journal of Medicine*, 253, 23, pp. 3405–8.
4. For a more detailed discussion of the pitfalls of mandatory screening, see my 'Why mandatory screening for AIDS is a very bad idea.' In: PIERCE, C., and VAN DE VEER, D., (Eds) (1988). *AIDS: Ethics and Public Policy*. Belmont CA: Wadsworth, pp. 140–9. Regarding the prediction that individuals will dodge coercive testing, this has been the recent experience in Illinois. See 'Premarital AIDS-Test Law Clogs Illinois Clinic', *The Denver Post*, 26 January 1988, Sec. A, p.5.

5. During my testimony against a pre-marital screening bill introduced into the Michigan House of Representatives I asked its sponsor just what use the information was to be put to. Should those who test positive be sterilized? Be prevented from marrying? Or what? She was disarmed by the question! (Incidentally, the bill was withdrawn. But, as an indication of the politics of AIDS, its clone was introduced later in the Michigan State.)
6. I owe this use of 'false positive' to Ruth Macklin, 'Predicting dangerousness and the public health response to AIDS', *Hastings Center Report* (Special Supplement), December 1986, pp. 16-23.
7. Of course, it is impossible to know ahead of time precisely what is illegal in unsettled areas of law. So far, the 5th and 14th Amendments, in conjunction with the Vocational Rehabilitation Act of 1973, have been used to block local school boards from excluding AIDS infected children from regular classrooms. A legal analysis of the state of Michigan Ad Hoc AIDS Legal Committee concluded that AIDS infected children may not be excluded without due process and 'without a showing of dangerous conduct'. See Appendix B of *AIDS and Michigan Law*, Michigan Department of Public Health, November 1987. See REED, S., 'Children with AIDS: how schools are handling the crisis' (Kappan Special Report), *Phi Delta Kappan*, January, 1988, pp. K1-K12, for an account of several legal cases.
8. See REED, S., 'Children with AIDS', for an account of several of these responses.
9. Such a club is described in 'Club to take social approach to avoiding sexually transmitted diseases', *Detroit Free Press*, 14 February 1987, sec. A, p. 3.
10. Over 80 per cent of parents endorse sex education, including education about AIDS. See GALLUP, A., and CLARK, D., (1986). 'The 19th Annual Gallup Poll of the Public's Attitudes Toward the Public Schools', *Phi Delta Kappan*, September, pp. 17-30.
11. There have been reasons to be sceptical of a threat to the general population right along. See, for example, LONGONE, J., (1985). 'AIDS', *Discover*, December, 1985 pp. 28-53, in which he estimates the chances of someone in the general population of contracting AIDS to be less than one in a million, or roughly half the chance of being struck by lightning (1 in 600,000). Also see his, 'AIDS update: still no reason for hysteria', *Discover*, September 1986, pp. 28-47. More recently, a pair of medical researchers, HEARST, N., and HULLEY, S., (1988). 'Preventing the Heterosexual Spread of AIDS', *Journal of the American Medical Association*, **259**, 16, estimated that the probability of an individual contracting AIDS from one sexual encounter (vaginal-penis intercourse) with a partner in no high risk group and not using a condom is 1 in 5,000,000; the probability with a condom is 1 in 50,000,000. If the partner has tested negative and a condom is used, the probability is 1 in 5,000,000,000. This hardly looks like 'Russian Roulette', the sort of description sexual conservatives like to use, especially in the light of the other chances individuals take when they get in cars, on airplanes, or walk across the street. Of course, individuals can't know for sure whether their partners lie about their habits. But IV drug use, for one, shouldn't be that hard to detect. Furthermore, Fumante 'The political uses of an epidemic', reports that the Centers for Disease Control estimate the possibility of a male contracting infection from a female *who is infected* is 5 in 10,000 and probability of a female contracting infection from a male *who is infected* is 1 in 1,000. Fumante goes on to point out that most cases of heterosexual transmissions occur because of repeated sexual encounters with the same (infected) person.
12. 'Dire talk of AIDS explosion off mark', *The Denver Post*, 14 February 1988, sec. A, p. 1.
13. GUTMANN, A., (1987). *Democratic Education*, Princeton, NJ: Princeton University Press, p. 5.
14. SCRIVEN, M., (1975). 'Cognitive Moral Education', *Phi Delta Kappan*, June, pp. 693-4.
15. The first four of these I owe to Gutmann, *Democratic Education*.
16. Cited in TYACK, D., and JAMES, T., 'Moral majorities and the school curriculum: historical perspectives on the legalization of virtue', *Teachers College Record*, **86**, 4, 518-9.
17. Cited in FUMENTE, 'The political uses of an epidemic', p. 20.