

# **“Can I Get HIV From Washing Machines?”**

**Hello Mr. Ray,**

**I would like to get some advice from you regarding HIV transmission.**

**Because of the nature of my job, I have to always travel from one place to another. During this I have to stay in the hotel for many days. For washing my clothes, I often use the washing machines which are kept in the hotel for washing clothes. These machines are used by many people for washing clothes. Do I need to take any special care when using these machines for washing my clothes, as these machines are used by several people; some of them might be infected with the disease or the clothes which are brought for washing might be contaminated with body fluids of the infected person.**

**Please advise.**

**There is no danger to you in using these washing machines. Infection with HIV requires direct contact with body fluids contaminated with the virus. HIV is actually a very fragile virus outside the body so even if someone were to have washed clothes containing blood or semen from an infected individual in the machine you are about to use, the virus will have been disabled long before by exposure to air, drying and the chemicals in the detergent. Infection also requires exposure to a large number of virus particles. So even if, by the remotest of chance, some virus particles survived all this (and the heat of the dryer), there simply would not be enough of them to cause infection by the time you put your clothes on or even handled them in the laundry facility.**

**I am confident that you have nothing to be afraid of.**

Respectfully,

Ray Bohlin, Ph.D.  
Probe Ministries

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## **“My Friend is HIV+”**

A person I love very much was diagnosed as being HIV positive. He was infected at the age of 16. If he had been diagnosed with cancer or some other disease the first thing people would say or think is “How terrible, I will pray for this person.” or “I’m sorry. ” They would also wonder about the injustice of it. Unfortunately, that is not the reaction a person gets from the church when they let people know they have AIDS. The first thing they want to know is “How did you get it. ”

Because of this reaction my friend has been totally turned off to Christianity. No one at are church knew about him because he was afraid of what people would say. Only his family knew. One day at church the subject of AIDS came up and quickly his fears were realized. Comments such as it being God’s judgment and people getting what they deserve for making immoral choices. You should have seen his face. He was shattered. So was I.

I know that not all churches are like this but so far I havn’t found one that wasn’t. I try and tell myself that this is not our savior talking. If he were here he would forgive and love the person afflicted with this disease. I try to talk to him about Jesus loving and healing the leper. But faced with what is said in our church its hard for him to remember that.

There are so many people struggling with this terrible disease. People who make the same bad choices lots of

teenagers in the church are making, but fortunately they only got pregnant or got someone pregnant. They were lucky enough not to get AIDS. When someone repents, God casts that sin as far as the east is from the west. Too bad we can't do that. It doesn't matter how you got the disease. That person needs to be shown the love of Christ. Don't wait until it's your loved one. Learn the facts about this disease. CHURCH, I beg of you don't let ignorance stop you from being a witness. We are His hands and feet. Lets use them to show a group of people rejected by the church His love. God has not recected those who have AIDS. He is loving them and He is expecting us to do the same. Please pray about this issue.

I am so very, very sorry to hear about this horrible experience. You are so right about the church's judgmental reaction and how it grieves not only the person who has it, and the people who love him, but the Father's heart.

The reason it's so easy for people to react so strongly is that, unlike cancer or stroke or other life-stealing disease, HIV is usually contracted through an immoral lifestyle choice, either sex or drugs. But, of course, as the disease has spread, innocent people get it from those who weren't innocent, and the accompanying unfair judgment just adds to the pain.

You're right, too, all churches aren't like this, but it's hard to find a grace-based church that knows the truth about how God accepts us no matter what. Our church, for example, embraced a man who eventually died of AIDS, and he was greatly loved. But part of that process was educating them about their own risk to exposure to him, and assuring them that unless they came in contact with his body fluids they had nothing to worry about. Which is why some of us particularly delighted in hugging him and kissing him on the forehead to communicate that we cared.

Let me share something someone e-mailed me. I love this story

and I bet you will too.

***Slandering The Blood of Jesus*** One night in a church service a young woman felt the tug of God at her heart. She responded to God's call and accepted Jesus as her Lord and Savior. The young woman had a very rough past, involving alcohol, drugs, and prostitution. But, the change in her was evident. As time went on she became a faithful member of the church. She eventually became involved in the ministry, teaching young children. It was not very long until this faithful young woman had caught the eye and heart of the pastor's son. Their relationship grew and they began to make wedding plans. This is when the problems began. You see, about one half of the church did not think that a woman with a past such as hers was suitable for a pastor's son. The church members began to argue and fight about the matter. So they decided to have a meeting. As the people made their arguments and tensions increased, the meeting was getting completely out of hand. The young woman became very upset about all the things being brought up about her past. As she began to cry the pastor's son stood to speak. He could not bear the pain it was causing his wife to be. He began to speak and his statement was this: " My fiancée's past is not what is on trial here. What you are questioning is the ability of the blood of Jesus to wash away sin. Today you have put the blood of Jesus on trial. So, does it wash away sin or not?" The whole church began to weep as they realized that they had been slandering the blood of the Lord Jesus Christ. Too often, even as Christians, we bring up the past and use it as a weapon against our brothers and sisters. Forgiveness is a very foundational part of the Gospel of the Lord Jesus Christ. If the blood of Jesus does not cleanse the other person completely then it cannot cleanse us completely. If that is the case, then we are all in a lot of trouble. What can wash away my sins, nothing but the blood of Jesus.... end of case!!! God Forgives.. So should we.

Bless you, \_\_\_\_\_.

Sue Bohlin

Probe Ministries

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# School-Based Health Clinics and Sex Education

*Kerby provides an in-depth critique of how our public schools are addressing sex education and providing sex aids through health clinics. Speaking from a Christian worldview perspective, he looks at the data and concludes that public schools are doing more harm than good in the addressing dangerous sexual activity among teenagers.*

## School-based Health Clinics

As comprehensive sex education curricula have been promoted in the schools, clinics have been established to provide teens greater access to birth control information and devices. Proponents cite studies that supposedly demonstrate the effectiveness of these clinics on teen sexual behavior. Yet a more careful evaluation of the statistics involved suggests that school-based health clinics do not lower the teen pregnancy rate.

The first major study to receive nationwide attention was DuSable

High School. School administrators were rightly alarmed that before the establishment of a school-based health clinic, three hundred of their one thousand female students became pregnant. After the clinic was opened, the media widely

reported that the number of pregnant students dropped to 35.

As more facts came to light, the claims seemed to be embellished. School officials admitted that they kept no records of the number of pregnancies before the operation of the clinic and that three hundred was merely an estimate. Moreover, school officials could not produce statistics for the number of abortions the girls received as a result of the clinic.

The most often-cited study involved the experience of the clinic at Mechanics Arts High School in St. Paul, Minnesota. Researchers found that a drop in the number of teen births during the late 1970s coincided with an increase in female participation at the school-based clinics. But at least three important issues undermine the validity of this study.

First, some of the statistics are anecdotal rather than statistical. School officials admitted that the schools could not document the decrease in pregnancies. The Support Center for School-Based Clinics acknowledged that "most of the evidence for the success of that program is based upon the clinic's own records and the staff's knowledge of births among students. Thus, the data undoubtedly do not include all births."

Second, an analysis of the data done by Michael Schwartz of the Free Congress Foundation found that the total female enrollment of the two schools included in the study dropped from 1268 in 1977 to 948 in 1979. Therefore the reduction in reported births could have been merely attributable to an overall decline in the female population at the school.

Finally, the study actually shows a drop in the teen birth rate rather than the teen pregnancy rate. The reduction in the fertility rate listed in the study was likely due to more teenagers obtaining an abortion.

Today, more and more advocates of school-based health clinics

are citing a three-year study headed by Laurie Zabin at Johns Hopkins University, which evaluated the effect of sex education on teenagers. The study of two school-based clinics in Baltimore, Maryland showed there was a 30 percent reduction in teen pregnancies.

But even this study leaves many unanswered questions. The size of the sample was small and over 30 percent of the female sample dropped out between the first and last measurement periods. Since the study did not control for student mobility, critics point out that some of girls who dropped out of the study may have dropped out of school because they were pregnant. And others were not accounted for with follow-up questionnaires. Other researchers point out that the word abortion is never mentioned in the brief report, leading them to conclude that only live births were counted.

The conclusion is simple. Even the best studies used to promote school-based health clinics prove they do not reduce the teen pregnancy rate. School-based clinics do not work.

## **Sex Education**

For more than thirty years proponents of comprehensive sex education have argued that giving sexual information to young children and adolescents will reduce the number of unplanned pregnancies and sexually transmitted diseases. In that effort nearly \$3 billion have been spent on federal Title X family planning services; yet teenage pregnancies and abortions rise.

Perhaps one of the most devastating popular critiques of comprehensive sex education came from Barbara Dafoe Whitehead. The journalist who said that Dan Quayle was right also was willing to say that sex education was wrong. Her article, "The Failure of Sex Education" in the October 1994 issue of *Atlantic Monthly*, demonstrated that sex education neither reduced pregnancy nor slowed the spread of STDs.

Comprehensive sex education is mandated in at least seventeen states, so Whitehead chose one of those states and focused her analysis on the sex education experiment in New Jersey. Like other curricula, the New Jersey sex education program rests on certain questionable assumptions.

The first tenet is that *children are sexual from birth*. Sex educators reject the classic notion of a latency period until approximately age twelve. They argue that you are “being sexual when you throw your arms around your grandpa and give him a hug.”

Second, *children are sexually miseducated*. Parents, to put it simply, have not done their job, so we need “professionals” to do it right. Parents try to protect their children, fail to affirm their sexuality, and even discuss sexuality in a context of moralizing. The media, they say, is also guilty of providing sexual misinformation.

Third, *if mis-education is the problem, then sex education in the schools is the solution*. Parents are failing miserably at the task, so “it is time to turn the job over to the schools. Schools occupy a safe middle ground between Mom and MTV.”

*Learning about Family Life* is the curriculum used in New Jersey. While it discusses such things as sexual desire, AIDS, divorce, condoms, and masturbation, it nearly ignores such issues as abstinence, marriage, self-control, and virginity. One technique promoted to prevent pregnancy and STDs is noncoital sex, or what some sex educators call “outercourse.” Yet there is good evidence to suggest that teaching teenagers to explore their sexuality through noncoital techniques will lead to coitus. Ultimately, outercourse will lead to intercourse.

Whitehead concludes that comprehensive sex education has been a failure. For example, the percent of teenage births to unwed mothers was 67 percent in 1980 and rose to 84 percent in 1991.



In the place of this failed curriculum, Whitehead describes a better program. She found that “sex education works best when it combines clear messages about behavior with strong moral and logistical support for the behavior sought.” One example she cites is the “Postponing Sexual Involvement” program at Grady Memorial Hospital in Atlanta, Georgia, which offers more than a “Just say no” message. It reinforces the message by having adolescents practice the desired behavior and enlists the aid of older teenagers to teach younger teenagers how to resist sexual advances. Whitehead also found that “religiously observant teens” are less likely to experiment sexually, thus providing an opportunity for church- related programs to help stem the tide of teenage pregnancy.

Contrast this, however, with what has been derisively called “the condom gospel.” Sex educators today promote the dissemination of sex education information and the distribution of condoms to deal with the problems of teen pregnancy and STDs.

## **The Case Against Condoms**

At the 1987 World Congress of Sexologists, Theresa Crenshaw asked the audience, “If you had the available partner of your dreams and knew that person carried HIV, how many of you would have sex, depending on a condom for your protection?” None of the 800 members of the audience raised their hand. If condoms do not eliminate the fear of HIV infection for sexologists and sex educators, why encourage the children of America to play STD Russian roulette?

Are condoms a safe and effective way to reduce pregnancy and STDs? Sex educators seem to think so. Every day sex education classes throughout this country promote condoms as a means of safe sex or at least safer sex. But the research on condoms provides no such guarantee.

For example, Texas researcher Susan Weller, writing in the

1993 issue of *Social Science Medicine*, evaluated all research published prior to July 1990 on condom effectiveness. She reported that condoms are only 87 percent effective in preventing pregnancy and 69 percent effective in reducing the risk of HIV infection. This 69 percent effectiveness rate is also the same as a 31 percent failure rate in preventing AIDS transmission. And according to a study in the *1992 Family Planning Perspectives*, 15 percent of married couples who use condoms for birth control end up with an unplanned pregnancy within the first year.

So why has condom distribution become the centerpiece of the U.S. AIDS policy and the most frequently promoted aspect of comprehensive sex education? For many years the answer to that question was an a priori commitment to condoms and a safe sex message over an abstinence message. But in recent years, sex educators and public health officials have been pointing to one study that seemed to vindicate the condom policy.

The study was presented at the Ninth International Conference on AIDS held in Berlin on June 9, 1993. The study involved 304 couples with one partner who was HIV positive. Of the 123 couples who used condoms with each act of sexual intercourse, not a single negative HIV partner became positive. So proponents of condom distribution thought they had scientific vindication for their views.

Unfortunately, that is not the whole story. Condoms do appear to be effective in stopping the spread of AIDS when used "correctly and consistently." Most individuals, however, do not use them "correctly and consistently." What happens to them? Well, it turns out that part of the study received much less attention. Of 122 couples who could not be taught to use condoms properly, 12 became HIV positive in both partners. Undoubtedly over time, even more partners would contract AIDS.

How well does this study apply to the general population? Not very well. This study group was quite dissimilar from the

general population. For example, they knew the HIV status of their spouse and therefore had a vested interest in protecting themselves. They were responsible partners in a committed monogamous relationship. In essence, their actions and attitudes differed dramatically from teenagers and single adults who do not know the HIV status of their partners, are often reckless, and have multiple sexual partners.

And even if condoms are used correctly, do not break, and do not leak, they are still far from 100 percent effective. The Medical Institute for Sexual Health reported that “medical studies confirm that condoms do not offer much, if any, protection in the transmission of chlamydia and human papilloma virus, two serious STDs with prevalence as high as 40 percent among sexually active teenagers.”

## **Abstinence Is the Answer**

Less than a decade ago an abstinence-only program was rare in the public schools. Today, directive abstinence programs can be found in many school districts while battles are fought in other school districts for their inclusion or removal. While proponents of abstinence programs run for school board or influence existing school board members, groups like Planned Parenthood bring lawsuits against districts that use abstinence-based curricula, arguing that they are inaccurate or incomplete.

The emergence of abstinence-only programs as an alternative to comprehensive sex education programs was due to both popularity and politics. Parents concerned about the ineffectiveness of the safe-sex message eagerly embraced the message of abstinence. And political funding helped spread the message and legitimize its educational value. The Adolescent Family Life Act, enacted in 1981 by the Reagan Administration, created Title XX and set aside \$2 million a year for the development and implementation of abstinence-based programs. Although the Clinton Administration later cut funding for

abstinence programs, the earlier funding in the 1980s helped groups like Sex Respect and Teen-Aid launch abstinence programs in the schools.

Parents and children have embraced the abstinence message in significant numbers. One national poll by the University of Chicago found that 68 percent of adults surveyed said premarital sex among teenagers is "always wrong." A 1994 poll for USA Weekend asked more than 1200 teens and adults what they thought of "several high profile athletes [who] are saying in public that they have abstained from sex before marriage and are telling teens to do the same." Seventy-two percent of the teens and 78 percent of the adults said they agree with the pro-abstinence message.

Their enthusiasm for abstinence-only education is well founded. Even though the abstinence message has been criticized by some as naive or inadequate, there are good reasons to promote abstinence in schools and society.

First, teenagers want to learn about abstinence. Contrary to the often repeated teenage claim, not "everyone's doing it." A 1992 study by the Centers for Disease Control found that 43 percent of teenagers from ages fourteen to seventeen had engaged in sexual intercourse at least once. Put another way, the latest surveys suggest that a majority of teenagers are not doing it.

A majority of teenagers are abstaining from sex; also more want help in staying sexually pure in a sex-saturated society. Emory University surveyed one thousand sexually experienced teen girls by asking them what they would like to learn to reduce teen pregnancy. Nearly 85 percent said, "How to say no without hurting the other person's feelings."

Second, abstinence prevents pregnancy. After the San Marcos (California) Junior High adopted the Teen-Aid abstinence-only program, the school's pregnancy rate dropped from 147 to 20 in

a two-year period.

An abstinence-only program for girls in Washington, D.C. has seen only one of four hundred girls become pregnant. Elayne Bennett, director of "Best Friends," says that between twenty and seventy pregnancies are common for this age-group in the District of Columbia.

Nathan Hale Middle School near Chicago adopted the abstinence-only program "Project Taking Charge" to combat its pregnancy rate among eighth-graders. Although adults were skeptical, the school graduated three pregnancy-free classes in a row.

Abstinence works. That is the message that needs to be spread to parents, teachers, and school boards. Teenagers will respond to this message, and we need to teach this message in the classroom.

Third, abstinence prevents sexually transmitted diseases (STDs). After more than three decades, the sexual revolution has taken lots of prisoners. Before 1960, doctors were concerned about only two STDs: syphilis and gonorrhea. Today there are more than twenty significant STDs, ranging from the relatively harmless to the fatal. Twelve million Americans are newly infected each year, and 63 percent of these new infections are in people under twenty-five years of age. Eighty percent of those infected with an STD have absolutely no symptoms.

Doctors warn that if a person has sexual intercourse with another individual, he or she is not only having sexual intercourse with that individual but with every person with whom that individual might have had intercourse for the last ten years and all the people with whom they had intercourse. If that is true, then consider the case of one sixteen-year-old girl who was responsible for 218 cases of gonorrhea and more than 300 cases of syphilis. According to the reporter, this illustrates the rampant transmission of STDs through

multiple sex partners. "The girl has sex with sixteen men. Those men had sex with other people who had sex with other people. The number of contacts finally added up to 1,660." As one person interviewed in the story asked, "What if the girl had had AIDS instead of gonorrhea or syphilis? You probably would have had 1,000 dead people by now."

Abstinence prevents the spread of STDs while safe sex programs do not. Condoms are not always effective even when they are used correctly and consistently, and most sexually active people do not even use them correctly and consistently. Sex education programs have begun to promote "outercourse" instead of intercourse, but many STDs can be spread even through this method, and, as stated, outercourse almost always leads to intercourse. Abstinence is the only way to prevent the spread of a sexually transmitted disease.

Fourth, abstinence prevents emotional scars. Abstinence speakers relate dozens and dozens of stories of young people who wish they had postponed sex until marriage. Sex is the most intimate form of bonding known to the human race, and it is a special gift to be given to one's spouse. Unfortunately, too many throw it away and are later filled with feelings of regret.

Surveys of young adults show that those who engaged in sexual activity regret their earlier promiscuity and wish they had been virgins on their wedding night. Even secular agencies that promote a safe-sex approach acknowledge that sex brings regrets. A Roper poll conducted in association with SIECUS (Sexuality Information and Education Council of the United States) of high schoolers found that 62 percent of the sexually experienced girls said they "should have waited."

Society is ready for the abstinence message, and it needs to be promoted widely. Anyone walking on the Washington Mall in July 1993 could not miss the acres of "True Love Waits" pledge cards signed by over 200,000 teenagers. The campaign, begun by

the Southern Baptist Convention, provided a brief but vivid display of the desire by teenagers to stand for purity and promote abstinence. For every teenager who signed a card pledging abstinence, there are no doubt dozens of others who plan to do the same.

Teenagers want and need to hear the message of abstinence. They want to promote the message of abstinence. Their health, and even their lives, are at stake.

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## **Best Way to Avoid AIDS: Know Your Partner**

The recent World AIDS Day brought accelerated national and state efforts to combat the deadly disease.

The federal Centers for Disease Control launched a major, campaign to make young Americans aware of AIDS risks, and California's Department of Health Services announced a three-year, \$6 million effort to reduce the spread of HIV in the state.

The advertising, marketing and community relations' strategy is impressive. But is its message completely on target?

The number of AIDS cases diagnosed in the United States, recently passed 500,000. An estimated one of every 92 American males ages 27 to 39 has the HIV virus. The CDC says AIDS is now the leading killer of people ages 25 to 44. California has more than 87,000 documented AIDS cases. Many people don't

realize they're at risk. The campaigns wisely seek to warn them.

The young adult component of the California campaign, "Protect Yourself- Respect Yourself " promotes "safer sex" practices. It says that "latex condoms, when properly used, are an effective way to prevent (HIV) infection." Just how safe are latex condoms?

Theresa Crenshaw, M. D., is past president of the American Association of Sex Educators, Counselors and Therapists. She once asked 500 marriage and family therapists in Chicago, "How many of you recommend condoms for AIDS protection?"

A majority of the hands went up. Then, she asked how many in the room would have sex with an AIDS-infected partner using a condom. Not one hand went up.

These were marriage and family therapists, the "experts" who advise others. Dr. Crenshaw admonished them, "It is irresponsible to give students, clients, patients advice that you would not live by yourself, because they may die by it."

Condoms have an 85 percent (annual) success rate in protecting against pregnancy. That's a 15 percent failure rate. But a woman can get pregnant only about six days per month. HIV can infect a person 31 days per month. Latex rubber, from which latex gloves and condoms are made, has tiny, naturally occurring voids or capillaries measuring on the order of one micron in diameter. Pores or holes 5 microns in diameter have been detected in cross sections of latex gloves. (A micron is one-thou-sandth of a millimeter.) Latex condoms will generally block the human sperm, which is much larger than the HIV virus.

But HIV is only 0.1 micron in diameter. A 5-micron hole is 50 times larger than the HIV virus. A 1-micron hole is 10 times larger. The virus can easily fit through. It's kind of like running a football play with no defense on the field to stop



you.

In other words, many of the tiny pores in the latex condom are large enough to pass the HIV virus (which causes AIDS) in its fluid medium. (HIV sometimes attaches to cells such as white blood cells; other times, it remains in the tiny cell-free state.)

Earlier this year, Johns Hopkins University reported research on HIV transmission from infected men to uninfected women in Brazil. The study took pains to exclude women at high risk of contracting HIV from sources other than their own infected sex partners. Of women who said their partners always used condoms during vaginal intercourse, 23 percent became HIV-positive. Risk reduction is not risk elimination.

One U. S. Food and Drug Administration study tested condoms in the laboratory for leakage of HIV-size particles. Almost 33 percent leaked. That's one in three.

Burlington County, New Jersey, banned condom distribution at its own county AIDS counseling center. Officials feared legal liabilities if people contracted AIDS or died after using the condoms, which the county distributed.

Latex condoms are sensitive to heat, cold, light and pressure. The FDA recommends they be stored in "a cool, dry place out of direct sunlight, perhaps in a drawer or closet." Yet they are often shipped in metal truck trailers without climate control. In winter, the trailers are like freezers. In summer, they're like ovens. Some have reached 185 degrees Fahrenheit inside. A worker once fried eggs in a skillet next to the condoms, using the heat that had accumulated inside the trailer.

Is the condom safe? Is it safer? Safer than what?

Look at it this way. If you decide to drive the wrong way down a divided highway, is it safer if you use a seat belt? You wouldn't call the process "safe." To call it "safer"

completely misses the point. It's still a very risky—and a very foolish —thing to do.

AIDS expert Dr. Robert Redfield of the Walter Reed Hospital put it like this at an AIDS briefing in Washington, D. C.: If my teenage son realizes it's foolish to drink a fifth of bourbon before he drives to the party, do I tell him to go ahead and drink a six-pack of beer instead?

According to Redfield, when you're talking about AIDS, "Condoms aren't safe, they're dangerous."

"Condom sense" is very, very risky. Common sense says, "If you want to be safe, reserve sex for a faithful, monogamous relationship with an uninfected partner."

At this season of the year, much attention is focused on a teacher from Nazareth, who said, "You shall know the truth, and the truth shall make you free." Could it be that the sexual practice that he and his followers advocated—sexual relations only in a monogamous marriage—is actually the safest, too? AIDS kills. Why gamble with a deadly disease?

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## Safe Sex?

Starlight dances off the sparkling water as the waves gently lap the shore. A cool breeze brushes across your face as you stroll hand in hand along the moonlit beach.

The party was getting crowded and the two of you decided to take a walk on the deserted waterfront. You've only known each

other a short while but things seem so right. You laugh together and sense a longing to know this person in a deeper way.

You pause and tenderly gaze into each other's eyes, blood rushing throughout your body as your heart beats faster. Soon you are in each other's arms kissing softly at first, then fervently. You tug at each other's clothes and both kneel to the sand. The condom comes on. You join in passionate lovemaking, then relax, hearing only the gentle waves and each other's breathing, grateful that you are comfortable in mutual care and that all is safe.

Or is it?

Was the condom you used enough to keep you safe? Aside from the emotional and psychological implications of your romantic encounter, realize that the condom is not a 100% guarantee of safety against AIDS for the same reason the condom is not a 100% guarantee of safety against pregnancy. There's always the possibility of human or mechanical error. Condoms can slip and break. They also can leak. Even the experts aren't certain condoms can guarantee against sexual transmission of the HIV virus.

Theresa Crenshaw, M.D., has been a member of the President's Commission on HIV. She is past president of the American Association of Sex Educators, Counselors, and Therapists<sup>[1]</sup> and once asked this question to 500 marriage and family therapists in Chicago: "How many of you recommend condoms for AIDS protection?"

A majority of the hands went up. Then she asked how many in the room would have sex with an AIDS infected partner using a condom. Not one hand went up.

These were marriage and family therapists, the "experts" who advise others. Dr. Crenshaw admonished them that, "It is irresponsible to give students, clients, patients advice that

you would not live by yourself because they may die by it.”{2} What does this tell you about the confidence experts have in condoms to protect persons against AIDS?

Not too long ago herpes caught the public’s attention. Now, of course, the focus is on AIDS. As with herpes, it is very difficult to be absolutely certain that your partner in premarital sex does not have AIDS and there is no known cure. But, of course, there’s a big difference between herpes and AIDS: herpes will make you sick; AIDS will kill you.

## Assessing the Risk

After I had made these remarks at a university in California, one young man asked me to explain what I meant when I said that condoms aren’t safe. Consider this:

Condoms have an 85% (annual) success rate in protecting against pregnancy. That’s 15% a failure rate.{3} But remember, a women can get pregnant only about six days per month.{4} HIV can infect a person 31 days per month.

Latex rubber, from which latex gloves and condoms are made, has tiny, naturally occurring voids or capillaries measuring on the order of one micron in diameter. Pores or holes five microns in diameter have been detected in cross sections of latex gloves.{5} ( A micron is one thousandth of a millimeter.) Latex condoms will generally block the human sperm, which is much larger than the HIV virus. (A human sperm is about 60 microns long and three to five microns in diameter at the head.{6} But the HIV virus is only 0.1 micron in diameter.{7} A five- micron hole is 50 times larger than the HIV virus. A one-micron hole is 10 times larger. The virus can easily fit through. It’s kind of like running a football play with no defense on the field to stop you or shooting a soccer ball into an open goal. The hole is huge!

In other words, many of the tiny pores in the latex condom are

large enough to pass the HIV virus (that causes AIDS) in its fluid medium.

One study focused on married couples in which one partner was HIV positive. When couples used condoms for protection, after one and one-half years, 17% of the healthy partners had become infected.[\[8\]](#) That's about one in six, the same odds as Russian roulette.

One U.S. Food and Drug Administration (FDA) study tested condoms in the laboratory for leakage of HIV-sized particles. Almost 33% leaked.[\[9\]](#) One in three.

One analysis of 11 studies on condom effectiveness found that condoms had a 31% estimated failure rate in protecting against HIV transmission. In other words, as the report stated, "These results indicate that exposed condom users will be about a third as likely to become infected as exposed individuals practicing "unprotected" sex.... The public at large may not understand the difference between "condoms may reduce risk of" and "condoms will prevent" HIV transmission. It is a disservice to encourage the belief that condoms will prevent sexual transmission of HIV. Condoms will not eliminate risk of sexual transmission and, in fact, may only lower risk somewhat."[\[10\]](#) Burlington County, New Jersey, banned condom distribution at its own county AIDS counseling center. Officials feared the legal liabilities if people contracted AIDS or died after using the condoms the county distributed. They were afraid the county would be held legally responsible for the deaths. [\[11\]](#)

## Over Easy Please

Latex condoms are sensitive to heat, cold, light, and pressure. The FDA recommends they be stored in "a cool, dry place, out of direct sunlight, perhaps in a drawer or closet."[\[12\]](#) Yet they are often shipped in metal truck trailers without climate control. In winter the trailers are

like freezers. In summer they're like ovens. Some have reached 185F (85C) inside. A worker once fried eggs in a skillet next to the condoms, using the heat that had accumulated inside the trailer.[{13}](#) Are you thinking of entrusting your life to this little piece of rubber?

Is the condom safe? Is it safer? Safer than what?

Look at it this way: If you decide to drive the wrong way down a divided highway, is it safer if you use a seat belt?[{14}](#) You wouldn't call the process "safe." To call it "safer" completely misses the point. It's still a very risky and a very foolish thing to do.

Remember that a national study found that condoms have a 15% failure rate with pregnancy. Perhaps you have flown in airplanes. Suppose only 15 crashes occurred for every 100 plane flights. Would you say airline travel was safe? Safer?[{15}](#) Would you still fly?

AIDS expert Dr. Redfield of the Walter Reed Hospital put it like this at an AIDS briefing in Washington, DC: If my teenage son realizes it's foolish to drink a fifth of bourbon before he drives to the party, do I tell him to go ahead and drink a six pack of beer first, instead? [{16}](#) According to Dr. Redfield, when you're considering AIDS, "Condoms aren't safe; they're dangerous."[{17}](#)

## The Test

You might say, "We've both been tested for AIDS. Neither of us has it."

The time span between HIV infection and detection of HIV antibodies has been found to be anywhere from three to six months, sometimes longer. [{18}](#) In rare cases it can even take years for signs of the virus to appear.[{19}](#) Dr. Redfield says that after he was exposed to HIV in his work, he waited 14 months before having sex with his wife.[{20}](#) Suppose you meet

someone who says, "I had an HIV test a year ago; it was negative. I haven't had sex for a year. I just had another test; it was negative. I'm safe." You see the test results in writing. Is it safe to sleep with that person?

We all know how hormones can influence honesty. It comes down to this: Are they telling the truth about not being sexually active in the interim? Is there even a chance that person might twist the truth even slightly in order to get into bed with you? Even with the tests, it all boils down to trust. That's why I say, "It's very difficult to be absolutely certain that your partner in premarital sex does not have AIDS."

"Condom sense" is very, very risky. Common sense says, "If you want to be safe, wait."

## **The Total You**

There are many other benefits to waiting (or to stopping until marriage, if you're a sexually active single). By "waiting," I mean reserving sex for marriage.

Sex involves your total personality—body, mind, and spirit. Besides being physically risky, premarital sex can hurt you emotionally and relationally. While you are single, sex can breed insecurity ("Am I the only one they've slept with? Have there been, or will there be, others?"). It can generate performance fears that can dampen sexual response. (If you fear even slightly that your acceptance by your partner hinges on your sexual performance, that fear can hamper your performance.) It can cloud the issue, confusing you into mistaking sexually charged sensations for genuine love.

After you marry, you might wonder, "If they slept with me before we married, how do I know that they won't sleep with someone else now that we are married?" (Marital faithfulness in the age of AIDS is, of course, important both emotionally

and physically.) When disagreements crop up with your mate, will you be tempted to ask yourself, "Did we just marry on a wave of passion?" Don't forget flashbacks, those mental images of previous sexual encounters that have a nasty way of creeping back into your mind during arousal. Who wants to be thinking of previous sex partners while making love with their spouse? Worse, who wants their spouse to be thinking of previous sex partners?

Waiting until marriage can help you both have the confidence, security, trust, and self respect that a solid, intimate relationship needs. "I really like what you said about waiting," said a recently married young woman after a lecture at Sydney University in Australia. "My fianc and I had to make the decision and we decided to wait." (Each had been sexually active in other previous relationships.) "With all the other tensions, decisions, and stress of engagement, sex would have been just another worry. Waiting 'till our marriage before we had sex was the best decision we ever made."[\[21\]](#)

## **Why Is It Hard to Wait?**

Apart from the obvious physical power of one's sex drive, there are other equally powerful emotional factors that can make it difficult to wait. A longing to be close to someone or a yearning to express love can generate intense desires for physical intimacy. Many singles today want to wait but lack the inner strength or self-esteem They want to be loved as we all do and may fear losing love if they postpone sex. They are frustrated when unable to control their sexual drives or when relationships prove unfulfilling.

Often sex brings an emptiness rather than the wholeness people seek through it. As one TV producer told me, "Frankly, I think the sexual revolution has backfired in our faces. It's degrading to be treated like a piece of meat." The previous night her lover had justified his decision to sleep around by telling her, "There's plenty of me for everyone." What I



suspect he meant was, "There's plenty of everyone for me." She felt betrayed and alone.

I explained to her and to her TV audience that sexuality also involves the spiritual. One wise spiritual teacher understood our loneliness and longings for love. He recognized human emotional needs for esteem, acceptance, and wholeness and offered a plan to meet them. His plan has helped people to become whole "new creatures,"[{22}](#) that is, "brand new person(s) inside."[{23}](#) He taught that we can be accepted just as we are, even with our faults.[{24}](#) We can enjoy the self-esteem that comes from knowing who we are and that our lives can count for something significant.[{25}](#) He promised unconditional love to all who ask.[{26}](#) Once we know we're loved and accepted, we can have greater security to be vulnerable in relationships and new inner strength to make wise choices for safe living.[{27}](#) This teacher said, "You shall know the truth, and the truth shall make you free."[{28}](#) "My peace I give to you," He explained. "Do not let your hearts be troubled and do not be afraid."[{29}](#) Millions attest to the safety and security He can provide in relationships. His name, of course, is Jesus of Nazareth. I placed my faith in Him personally my freshman year at Duke, Two Lambda Chi's influenced me in that direction. Though I was skeptical at first, it "has made all the difference," as Robert Frost would say.

Sex and spirituality are, of course, quite controversial topics. I realize that our International Fraternity contains a wide spectrum of beliefs on these issues. I offer these perspectives not to preach but to stimulate healthy thinking.

Diversity was one of the things that attracted me to our chapter at Duke. Politically, philosophically, and spiritually we ran the gamut. There were liberals, conservatives, Christians, Jews, atheists, and agnostics. We tried to respect one another and learn from each other even when we differed on issues like these. That is the spirit in which I offer these

remarks; may I encourage you to consider them in the same way.

To summarize, the only truly safe sex is the lovemaking that occurs in a faithful monogamous relationship where both partners are HIV negative. Condoms may reduce the risk of HIV transmission somewhat, but they can't guarantee prevention. Please, don't entrust your life to something as risky as a condom.

## Notes

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16. Robert Redfield, Jr., M.D., "Why Wait? Capital Briefing; AIDS: What You're Not Hearing Could Kill Your Youth," oral presentation), Washington, DC, May 8, 1992. (Dr. Redfield is chief of the Department of Retroviral Research at Walter Reed Army Institute of Research.)

17. Ibid.

18. Ibid.

19. Ibid. Redfield says that some people with hypogammaglobulinemia do not make antibodies, hence it takes years for them to show signs of HIV infection. (Current HIV tests detect not the virus itself, but rather the antibodies that the human body manufactures to attempt to fight the virus.)

20. Ibid.

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23. 2 Corinthians, 5:17, Living Bible.

24. Luke 15:10-32.

25. John 1:12; II Corinthians 5:20.

26. John 3:16; 13:34-35; 17:20, 23, 26; I John 4:7-21.

27. Acts I :8; Ephesians 5: 18; Galatians 5: 16-24; I Corinthians 6:18-20.

28. John 8:32.

29. John 14:27, NIV.

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