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ABSTRACT

A discussion is presented on the problems and conflicts that arise over the question of admitting children with Human Immunodefiency Virus (HIV) to the school classroom. Legal, educational, and ethical questions are involved, including the applicability of federal statutes regarding the handicapped, the right to confidentiality, public safety, and health education. These issues are addressed through an examination of the literature on education, bioethics, and law. While common law guarantees the right to an education, the state may impose certain restrictions to protect public health. However, federal statutes regarding the handicapped provide HIV-infected children with access to regular classrooms, and privacy and confidentiality are safeguarded by federal statute. Drawing from commentary from 1981 to the persent, a sound structural basis for curriculum development for education on HIV and acquired immune deficiency syndrome (AIDS) is considered. This includes suggestions for content, program evaluation and an ethical framework for balancing parental rights with public health rights. (JD)

CONFUSION IN EDUCATION: TEACHERS' ISSUES REGARDING HUMAN IMMUNODEFICIENCY VIRUS (HIV) INFECTION IN THE CLASSROOM

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INTRODUCTION

Human immunodeficiency virus (HIV) that is responsible for AIDS is present in our nation's schools. Because educators are with our school children on a five-day per week basis, they are in a particularly sensitive position regarding HIV infection issues in education. In respect to children with HIV infection, they are confronted with the conflict between the child's right to an education and everyone else's public health right. This conflict involves both legal and ethical issues including the applicability of federal statutes regarding the handicapped, the right to privacy and the expectation of confidentiality.

As if this weren't enough, educators are also confronted with the job of educating the nation's children about HIV infection. But several issues arise. What should the curriculum be? Who should develop it? How should it be delivered? Who should deliver it? Which children should receive it? How should it be evaluated? And, when a parent wishes to exclude her child from participating in HIV education, what should happen?

The answers to these conflicts and questions are not easy, however, they are being addressed by several disciplines including education, bioethics and the law. This paper looks to the literature of the three for a degree of resolution.

THE DISEASE

Human Immunodeficiency Virus (HIV) infection is a life threatening illness that impairs the immune system and affects the body's ability to fight infection. Since its first official reporting in 1981, the disease has been known by several terms indicating progress along a continuum. Thus an individual could first test seropositive but be asymptomatic. Next the individual could progress to exhibiting AIDS Related Complex (ARC), a condition caused by HIV with certain physical symptoms but not the specific infections necessary for a diagnosis of Acquired Immune Deficiency Syndrome (AIDS). Last, the individual could exhibit specific infections such as Pneumocystis Carinii or Karposi's Sarcoma that would lead to a diagnosis of AIDS.[1] Recent literature, however, indicates a trend to refer to the entire continuum as HIV infection and that is the term used in this paper. The only exception is made in reference to the federal disease reporting system which reports only cases of full-blown AIDS.

HIV infection has been shown to be spread by sexual contact, by exposure to blood through intravenous drug abuse, by other exposures to blood, and from an infected woman to her fetus or infant. Persons exposed to HIV usually develop detectable levels of antibody against the virus within 6-12 weeks of infection. The presence of antibody indicates infection, though many infected persons have no clinical evidence of the disease for years. Most of those infected with HIV are not aware of their infection, yet the infection can be spread to others even if the infected person has no symptoms.[2]

Between 1981 and November 14, 1988, 77,078 cases of AIDS were reported in this country. Of that total, children under the age of 13 accounted for 1234 cases, and adolescents between the ages of 13 and 19 accounted for 317 cases.[3] With the exception of newborns, most of those who will develop full blown AIDS in the next five years have already been infected. While the number of children infected with AIDS is low in comparison to the number of children in the general population, there is concern for the future because the incidence of HIV infection that leads to AIDS is unknown. Also, since there is no cure for HIV infection at the present time, the only way to inhibit transmision is by educating people to develop habits that will keep them from becoming infected. Even the best education effort could not alter the course of this disease in the near term. What is hoped is that education will achieve the reduction of cases in the intermediate and long term.[4]

THE RIGHT TO AN EDUCATION

In America virtually all children attend school. Adults value education as a way of passing on culture to their children and as a way to enable their children to maintain or better their social position.

In its decision in Brown v. Board of Education,[5] the Supreme Court discussed the role of education in the lives of children.

> Today, education is perhaps the most important function of state and local governments. Compulsory school attendance laws and the great expenditures for education both demonstrate our recognition of the importance of education to our democratic society. It is required in our performance of our most basic public responsibilites . . . . It is the very foundation of good citizenship. Today it is a principal instrument in awakening the child to cultural values, in preparing him for later professional training, and in helping him to adjust normally to his environment. In these days, it is doubtful that any child may reasonably (sic) be expected to succeed in life if he is denied the opportunity of an education. Such an opportunity, where the state has undertaken to provide it, is a right which must be made available to all on equal terms.[6]

Brown was a case in which the Court held that school segregation violated the fourteenth amendment. Prior to this case, education was considered an individual entitlement that could be withdrawn by the state at will. However, in Brown the Court altered the ability of the state to restrict access to public education by holding that, when a state undertakes to provide education, it must be made available to all on equal terms.[7]

In Jacobson v. Massachusetts,[8] the Court dealt with autonomy versus the public health and held that an individual's rights may be restrained providing there is public necessity. The restraint, however, must infringe on individual autonomy as little as possible and must not be exercised in an arbitrary manner. Further, the Court stated that if a community enacts protective regulations that go beyond necessity and affect certain persons in an arbitrary manner, this would be invalid as an excessive use of the state's police power.[9]

The Supreme Court recognized the importance of the socialization process of education in Goss v. Lopez.[10] In considering the potential harm involved in removing a student from the school setting, the Court took into account the importance of the student's relationships with peers and teachers as well as possible long-term effects on education and employment opportunities. In recognizing liberty and property interests in education, the Court determined that procedural safeguards are necessary; these include notice and the opportunity to be heard for students facing administrative removal.

While there is no constitutional fundamental right to education, the Supreme Court recognized in San Antonio Independent School District v. Rodriguez,[11] and confirmed in Plyler v. Doe,[12] that exclusion from education is impermissable. In Plyler, the Court stated:

> Public education is not a "right" granted to individuals by the Constitution. But neither is it merely some governmental "benefit" indistinguishable from other forms of social welfare legislation. Both the importance of education in maintaining our basic institutions, and the lasting impact of its deprivation on the life of the child, mark the distinction.[13]

In the context of children with HIV infection, the right to an education exists as it does for all other children. However, the state can impose certain restrictions providing there is public health necessity. These restrictions may not be excessive nor exercised in an arbitrary manner. If restrictions are considered, the student must be given notice and an opportunity to be heard.

THE EDUCATION OF THE HANDICAPPED ACT

In November of 1975, Congress passed the Education for All Handicapped Children Act (EHA).[14] The purpose is:

> to assure that all handicapped children have available to them . . . a free, appropriate public education which emphasizes special education and related services designated to meet their unique needs, to assure that the rights of handicapped children and their parents or guardians are protected, to assist States and localities to provide for education of all handicapped children, and to assess and assure the effectiveness of efforts to educate handicapped children.[15]

The purpose is to be accomplished by federal grants to state departments of education which, in turn, pass the funds to local agencies directly serving handicapped children.[16]

The EHA defines "handicapped children" as including "mentally retarded, hard of hearing, deaf, speech impaired, visually handicapped, seriously emotionally disturbed, orthopedically impaired, or other health impaired children, or children with specific learning disabilities, who by reason thereof require special education and related services."[17]

The EHA defines "other health impaired" (above) as "having limited strength, vitality or alertness, due to chronic or acute health problems such as a heart condition, tuberculosis, rheumatic (sic) fever, nephritis, asthma, sickle cell anemia, hemophilia, epilepsy, lead poisoning, leukemia, or diabetes, which adversely affects a child's educational performance."[18] Thus, a child with HIV infection could come within the EHA's definition of "handicapped child" if he is "other health impaired" due to "chronic or acute health problems . . . which adversely affect (his) educational performance."

It is relatively easy to see that a child with symptomatic HIV infection (AIDS) could qualify as handicapped by EHA's definitions. But what of the child with asymptomatic HIV infection? In a recent letter to Acting Assistant Attorney General Douglas Kamiec, Surgeon General C. Everett Koop, M.D. stated:

> HIV infection is the starting point of a single disease which progresses through a variable ranged stages. In addition to an acute flu-like illness, early stages of the disease may involve subclinical manifestations, i.e., impairments and no visible signs of illness. The majority of infected persons exhibit detectable abnormalities of the immune system. Almost all HIV infected persons will go on to develop more serious manifestations of the disease and our present knowledge suggests that all will die of HIV infection barring premature death from other causes. Accordingly, from a purely scientific perspective, persons with HIV infections are clearly impaired.[19]

Thus, not through case law but through cooperation between the Attorney General and the Surgeon General, both children with symptomatic HIV infection and those with asymtomatic HIV infection could fall within EHA's definition of handicapped if this new development is accepted in the courts. However, there is another hurdle. The child, by reason of his handicap, must "require special education and related services." Therefore, if the regular classroom meets his educational needs, he is not covered by EHA.

Finally, if the child with HIV infection falls within EHA's definition of handicapped and does, by reason of his handicap, require special education and related services, he must be placed in the "least restricted environment."[20] The EHA requires that, to the maximum extent possible,

handicapped children should be educated with their non-handicapped peers, and that special classes, separate schooling, or other removal from a traditional setting should occur only when the nature or severity of the handicap is such that education in regular classes cannot be achieved in a satisfactory manner.[21]

If a child with HIV infection does fall within the scope of the Education of the Handicapped Act, he will receive all of the substantive and procedural protections afforded all exceptional education students. These protections are a powerful ban to exclusion from the regular classroom setting.

SECTION 504 OF THE REHABILITATION ACT OF 1973

Section 504 of the Rehabilitation Act provides:

> No otherwise qualified handicapped individual in the United States . . . shall, solely by reason of his handicap, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal financial assistance . . .[22]

The generally-applicable definition of handicapped is "any person who (i) has a physical or mental impairment which substantially limits one or more of such person's major life activities, (ii) has a record of such an impairment, or (iii) is regarded as having such an impairment."[23]

In School Board of Nassau County v. Arline,[24] the Supreme Court considered the question whether a person with a contagious disease is a handicapped individual within Section 504. It concluded that, notwithstanding their contagiousness, these persons are within the section 504 definition of handicapped individual.

In supporting their finding the court looked to ethical matters. It stated that, "Congress acknowledged that society's accumulated myths and fears about disability and disease are as handicapping as are the physical limitations that flow from actual impairment."[25] Further, it stated that, "Allowing discrimination based on the contagious effects of a physical impairment would be inconsistent with the basic purpose of section 504, which is to ensure that handicapped individuals are not denied jobs or other benefits because of the prejudiced attitudes or ignorance of others."[26]

Arline was the story of a woman with tuberculosis who was considered to have a physical impairment that brought her within the protection of Section 504 via its definition of handicapped. This is possibly analogous to a person who has symptomatic HIV infection. But the Court specifically did not reach the issue regarding a person with asymptomatic HIV infection. "This case does not present, and we therefore do not reach, the questions whether a carrier of a contagious disease such as AIDS could be considered to have a physical impairment, or whether such a person could be considered, solely on the basis of contagiousness, a handicapped person as defined by the Act."[27] In addition, the Court remanded to the District Court the issue of the "otherwise qualified" standard required by section 504.

District courts have addressed the issue of HIV infected individuals in respect to section 504. In Ray v. School District of De Soto County,[28] the court granted a preliminary injunction under section 504 to prevent the exclusion of three brothers with asymptomatic HIV infection from their regular classes.

The case of Thomas v. Atascadero Unified School District[29] concerned a kindergarten student with HIV infection. After a few days in school, he bit another child. Weighing expert testimony concerning the child and current medical knowledge, the court ruled that the child was entitled to attend regular classes under the mainstreaming provisions of section 504.[30]

Thomas is an example of a court reconsidering the Center for Disease Control (CDC) 1985 recommendation of a "more restricted environment" for pre-school aged children and "some neurologically handicapped children who lack control of their body secretions or who display behavior such as biting, and those children who have uncoverable, oozing lesions."[31] This reconsideration is due to doubts that have been raised concerning the CDC's 1985 recommendations because no cases of HIV infection are known or suspected to have been transmitted from one child to another is a school setting.[32] Also, the CDC recently reported that saliva has not been implicated in HIV transmission[33]

Regarding Section 504, its broad definition of handicapped and the willingness of the courts, on ethical rather than solely legal grounds, to apply its protection to symptomatic and asymptomatic HIV infected persons in an education setting make this anti-discrimination statute a powerful bar to exclusion from the regular classroom setting.

PRIVACY AND CONFIDENTIALITY

Between 1981 and November 14, 1988, 1551 children from birth to nineteen years of age were diagnosed as having AIDS. Of that number, 1019 were under the age of five, 215 were between the ages of five and twelve, and 317 were between the ages of thirteen and nineteen.[34]

The presence of children with HIV infection in our schools causes tension between the competing interests of two of our basic societal values, namely public education for all and the necessity for a healthy school environment in which to educate our children.

Thus a question arises. If we are responsible for providing education for children with HIV infection, how much privacy and confidentiality should be afforded them? Stated another way, where is the fulcrum between protecting the privacy rights of the child with AIDS and protecting the public health rights of all the other children?

Complicating the matter is that children may need even more protection than adults due to their special vulnerability. This applies both to children who have HIV infection and those who do not.

Privacy is defined as the right to be left alone. This right is protected by the constitution and includes the right to have personal records protected from disclosure to the public.[35] Confidentiality refers to information that is disclosed with the understanding that it will not be passed on.

Privacy and confidentiality are both ethical and legal obligations. In the case of persons with HIV infection, the ethical obligation can be argued two ways. One argument is that uninfected persons have a need to know of the presence of person with HIV infection. Thus, some combination of school officials, teachers and students should know of the presence of a child with HIV infection so they can refrain from contact that could lead to contagion. The opposing argument is that, if privacy and confidentiality are breached, persons with HIV infection will no longer feel free to step forward and inform authorities of their health problems for fear of unauthorized disclosure and resulting social ostracism. Thus, students with HIV infection would be absolutely unknown in the student population and, if they wish the protections afforded by the Education of the Handicapped Act or Section 504 of the Rehabilitation Act of 1973, they would be unable to claim them.

In the education setting, the latter argument, in favor of maintaining privacy and confidentiality would seem to be preferable. To date, none of the identified cases of AIDS are known or are suspected to have been transmitted from one child to another in a school or day care setting.[36] Thus, according to an ethical analysis, maintaining privacy and confidentiality does not impinge upon the public health rights of those who do not have HIV infection but does maintain the autonomous privacy and confidentiality rights of the individual.

Information is school records remains there unless it is removed. Due to the tenacity of this type of information and the special

vulnerability of children, the law affords protection of privacy. For children and their parents covered by the Education of the Handicapped Act, confidentiality protection is mandated by the statute.[37] More general protection is provided by the Family Educational Rights and Privacy Act of 1974, known as the Buckley Amendment.[38] This protects the privacy of parents and children in educational agencies that receive funds from a program administered by the Secretary of Education. Though this act provides exceptions to its rule regarding privacy of educational records, it does offer protection to the general student and parent population. Private causes of action are also available to individuals in respect to disclosure without consent.

There is indication that the education community is in favor of maintaining confidentiality to some degree. In a survey of 100 school superintendents, selected from among 500 identified as outstanding by "Excutive Educator," a publication of the National School Boards Association, responses indicated that access to HIV test results should be limited to the superintendent, the personnel officer and the health offices. The superintendents placed principals and teachers low on the list of those who should have access to test results, and they placed school board members at the bottom of that list.[39]

Thus the legal and educational communities are working to adjust the fulcrum between protecting the privacy rights of the child with AIDS and protecting the public health rights, of all other children. However, this area remains unsettled. Advice to school superintendents from the

Department of Justice included the following statement. "There is no precise standard for divulging either the identity or presence of an AIDS student to administrative or other school staff. That determination rests on several factors, including when failure to disclose would create an unacceptable health risk, and the likelihood that knowledge of the situation would become public."[40]

HIV EDUCATION CURRICULUM

Parental Rights v. Public Health Rights

In its "Guidelines for Effective School Health Education to Prevent the Spread of AIDS," the Centers for Disease Control stated:

> The Nation's public and private schools have the capacity and responsibility to help assure that young people understand the nature of AIDS and the specific actions they can take to prevent HIV infection . . . The specific scope and content of AIDS education in schools should be consistent with parental and community values.[41]

President Reagan established several principles regarding education about AIDS. Among these was, "The scope and content of the school portion of the AIDS education effort should be locally determined and should be consistent with parental values."[42]

The expression of the necessity for HIV education coupled with the suggestion for compatibility with parental/community values leads to competing interests regarding what should be taught. Parental authority is recognized under the law. While the Constitution offers no specific protection for parents, the Supreme Court has recognized the right to marry, establish a home, and direct the upbringing and education of children under one's control.[43] On the other hand, the Court has found that the public health interest can override private rights in the case of communicable disease.[44]

From an ethical point of view both positions have value. Carried to their logical extremes, however, the resulting conflict places an additional burden on what is already becoming a major health crisis.

One resolution endorsed by the United States Department of Education[45] and Phi Delta Kappa[46] is encouraging parents and community members to participate in curriculum development. This experience can be facilitated by combining elements of the literature of education, bioethics and medicine to develop a curriculum that will lend itself to parental/community involvement and approval. What, then, should be the elements of this curriculum?

Content

Education about HIV infection is more than instruction about a disease; it is teaching people that they can make choices that will protect themselves and others. The purpose of HIV education is three fold: 1) to prevent HIV infection,[47] 2) to allay students' fears and demonstrate how they can be in control of this aspect of life,[48] and 3) to develop unbiased sensitivity to persons with HIV infection.

To achieve these purposes the curriculum should include both a strong affective and a strong cognitive component. The affective component should stress a humanistic attitude toward those who have HIV infection. Also, it should emphasize a mature attitude of personal responsibility for the health of self and others.[49]

The cognitive component should stress personal behavior and prevention methods. Biomedical information should be limited to that which the student needs to know to avoid infection.[50] Suggested topics within the cognitive component are information about the frequency of HIV or AIDS in the population, how the virus is and is not transmitted,

symptoms of HIV infection, prevention methods and how to get more information about HIV infection.[51]

Especially in the case of HIV infection, it is unsafe to assume that spoken is taught or heard is remembered. Therefore, it becomes necessary to build into curriculum content lessons in which students can rehearse handling HIV issues in a social context. While it is necessary to tailor the activities to the developmental level of the students, some general suggestions include answering imaginary advice column letters about HIV infection, practice using phone numbers and addresses that give access to HIV information, and for more mature students, rehearsing talking about HIV prevention with a partner.[52]

Format

School superintendents recently indicated that they favor an early start for HIV education. Nineteen percent of those surveyed said that instruction on HIV should begin in grades K-3; 39% said instruction should begin in grades 4-5; 35% favored grades 6-8 as the starting point; and 7% indicated it should begin in grades 9-12.[53]

As to who should teach HIV education, in the elementary grades the regular classroom teacher is the logical choice.[54] This person has had training in human growth and development and is the most familiar with the sensitivities and capabilities of each child in the class. In departmentalized secondary schools, the qualified health teacher is the

preferable person to teach HIV education.[55] This individual has had training in adolescent development and health matters and is one of the persons best able to put HIV education in the broader context of health and wellness learning.

An additional consideration is the inclusion of HIV education with education on other sexually transmitted dieseases (STD's). IN 1987 there were 86,545 reported civilian cases of syphilis and 780,905 reported civilian cases of gonorreah.[56] These, along with other STD's such as chlamydia, herpes and genital warts are of more concern now than ever before.[57]

Sexually transmitted diseases are epidemiologically correlated with acquisition (and possibly transmission) of HIV.[58] Also, concurrent STD's and HIV infection interact; one hypothesis is that chronic antigenic simultation of other infections can lead to more rapid deterioration of the immune system.[59] Thus, since HIV and the other sexually transmitted diseases are linked, HIV education should be included within the broader range of STD education, both of which share similar prevention strategies.

Finally, it is important that HIV education takes place over an extended period of time.[60] A single lecture or film will not do. It takes time and reinforcement to acquire or change habits, therefore HIV education should be sufficiently extensive to assure that students develop good habits resulting from the lessons.

Philosophical Considerations

In addition to ethical matters, including confidentiality, already discussed, it is necessary to examine an additional ethical issue, namely the tension between the moralist view and the rationalist view in respect to HIV education.[61] The former views sex outside of marriage, and drug use, as wrong, therefore any discussion (such as using condoms or sterile needles) that appears to condone these activities is also wrong. Thus in an education setting, one always ought to avoid including HIV curriculum as it will lead to further decline in society's moral standards. The rationalist view sees HIV education as a health matter relative to behaviors that will occur but should be modified to make them safer. Therefore, HIV education belongs in school curriculum as a primary means by which to help people avoid contageon.

Though extremely difficult to accomplish, the balancing of these views and all their shadings must be taken into account in designing HIV curriculum and in making decisions as to who should receive it.

Evaluation

One of the most important components of any educational program is evaluation. In the case of HIV education, both a health and an ethical issue, a dual evaluation is appropriate.

As a health issue, HIV education can be evaluated insofar as it leads to changes in behavior that eliminate or substantially reduce the risk of transmission.[62] This evaluation will emerge statistically over time and could be verified in school and/or community populations.

As an ethical issue, HIV education can be evaluated based on four widely accepted ethical principles: respect for persons, the harm principle, beneficence, and justice.[63]

Respect for persons requires that individuals be recognized as autonomous beings. Confidentiality and the right of parents to direct the upbringing of their children, including their education, flow from this principle.

The harm principle permits limitations on an individual's liberty to pursue personal choices when that pursuit will harm others. Beneficence requires that we behave with deference to the interests and welfare of others. Public health authority flows from these two principles.

Justice requires that benefits and burdens of actions be distributed fairly. It also prohibits discrimination.

In evaluating elements of an HIV education curriculum and their possible outcomes, these principles may be employed to provide an ethical balance.

Parental Rights v. Public Health Rights. Revisited.

The analysis of the ethical evaluation of HIV curriculum offers to relieve some of the tension between parental rights and public health rights when they are in opposition. While respect for persons favors parental rights, and the harm principle and beneficence favor public health rights, justice suggests that there is a third option. After giving parents and community members an opportunity to participate in curriculum development, give those parents who espouse a moralist view

the opportunity to opt out of HIV instruction on behalf of their children. This option is not likely to have a great impact on public health. But, if the public health does begin to suffer, it is always possible to adjust the fulcrum to favor the public health interest in the name of beneficence and the harm principle.

A Letter

In an open letter to his colleagues,[64] retired superintendent John W. Washburn of the Harvard University Chapter of Phi Delta Kapa, discussed AIDS education from both a personal and professional point of view:

> I am a recently retired school superintendent (as of last June) I have also been a classroom teacher and a principal. While I grew up in Oklahoma, I have spent more than 25 years elsewhere as a professional educator, the last 15 years in New York State. I have AIDS.
>
> AIDS is a deadly disease - one from which there is no recovery. 'I'm 17 years old, in the middle of my senior year . . . . ' 'I'm 15 and pregnant . . . . ' 'I'm in fifth grade; next year I'm going to middle school . . . . ' 'I'm in first grade, and I have a new lunch box, and I'm learning to read . . . . ' As you deal with young people every day in the schools, bear in mind that no one recovers from AIDS.
>
> There are enormous dilemmas involved in dealing with AIDS in the school setting - moral issues, ethical consideration, legal dilemmas, and the issue of whose responsibility is it anyway for teaching about AIDS. There can be little debate, it seems to me, that teaching children about AIDS is a parental responsibility. And, since we in the schools are acting in loco parentis, let's not waste precious time or energy debating which parents should act. Rather, let's take the lead to inform the national debate, to inform our own practice, and to inform and instruct our students.
>
> Many have recovered from the lack of a formal education. None have recovered from AIDS. Please decide to make a difference.

CONCLUSION

Some of the answers to teachers' issues regarding HIV infection in the classroom are provided by the literature of education, bioethics and the law. Common law guarantees the right to an education but allows the state certain restrictions in the event of public health necessity. In addition, federal statutes regarding the handicapped provide HIV infected children with a powerful bar to exclusion from a regular classroom setting. Privacy and confidentiality are safeguarded by federal statute, private causes of action, and ethical analyses by member of both the legal and educational communities.

The curriculum for HIV education, yet to be determined in many school districts, is not so clearly in focus as the educational fate of a child who is infected with HIV. Drawing from commentary from 1981 to the present, it is, however possible to form a sound structural basis for curriculum development. This includes suggestions for content, format and program evaluation as well as a proposed ethical framework for balancing parental rights with public health rights.

From 1981 until November 14, 1988, 1551 young people under the age of nineteen were reported as having AIDS.[65] While we provide the best education possible for those AIDS victims who are of school age, let's also provide the best HIV education curriculum possible to the rest of our students in the hope of putting an end to this preventable disease.

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59. Id. at 3607.

60. Guidelines for Effective School Health Education to Prevent the Spread of AIDS, supra note 41, at 5.

61 Fineberg, Education to Prevent AIDS: Prospects and Obstacles, Science, Feb. 5, 1988, at 593.

62. Id. at 593.

63. Bayer, HIV Antibody Screening: An Ethical Framework for Evaluating Proposed Programs, 1769 J.A.M.A. (1986).

64. Washburn, An Open Letter To My Colleagues, Kappan, Jan. 1988, at 357.

65. Weekly Surveillance Report, supra note 3, at 5.