hill course of the illness firsthand, which could be a more effective influence than a cross-sectional classroom contact. In addition, a student volunteer program would enrich the supply of community volunteers who will be increasingly needed as the epidemic progresses.

Adolescents are a group at increasing risk for exposure to the human immunodeficiency virus (HIV), and society must exert every possible effort to motivate and influence their behavior toward a lower risk profile. If personal contacts with people with AIDS do have such an influence, then we need to study programs that facilitate such interactions to evaluate their potential importance in the educational approach to preventing AIDS.

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Fineberg's simple model of HIV acquisition correctly highlights the *individual* risks of unsafe sex; however, it is important that his results not be misinterpreted. For example, in evaluating a "safe sex" educational program, the discovery that active gay men have, on average, reduced their numbers of partners by a factor of 2 might be viewed as inconsequential according to Fineberg's model. In fact, such a change could have a dramatic impact on the prevalence of HIV among gay men. Similarly, consistent condom use over the long term would also have a large impact. Fineberg's model ignores the role risky behavior plays in *determining* the prevalence of HIV infection. Thus, although I agree with the general tone of his remarks, it is important not to understate the effects that reduction in (as opposed to erasure of) risky behavior can have on the AIDS epidemic.

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