

SCIENCE

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LETTERS

The Missing AIDS Science

The special section on scientific problems in AIDS (acquired immunodeficiency syndrome) research (28 May, p. 1253) is a generally excellent review of the current state of research on HIV (human immunodeficiency virus) vaccine development and on treatments for HIV infection. The most striking feature of the section, however, is the neglect of behavioral and social science aspects of AIDS research. HIV is transmitted through a limited number of well-identified behaviors. The determinants and modifiers of those behaviors are amenable to scientific investigation, and the resulting knowledge can be incorporated into systematic behavior change programs to reduce HIV transmission.

Many of the top problems in behavioral and social research also have the potential to contribute to scientific understanding beyond AIDS. To cite only three examples: Why are even those adolescents who know the risks unlikely to practice safer sex? Why is the injection of illicit drugs, with its risk of HIV infection and other health problems, spreading so rapidly in so many industrialized and developing countries? How can we effectively communicate health risks?

The neglect of behavioral and social sciences in *Science* reflects an unfortunate but pervasive misperception about the relative quality, value, or prestige of different disciplines. Perpetuating ignorance of the behavioral and social sciences, especially the fact that present knowledge can be used to guide effective interventions, contributes greatly to the relative unwillingness of political leaders to implement programs to reduce AIDS risk behavior.

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The recent special section "AIDS: The unanswered questions" was extremely informative, and it encouraged positive social and scientific attitudes. I was particularly impressed with Michael H. Merson's policy forum "Slowing the spread of HIV: Agenda for the 1990s" (p.

1266) and his calls for (i) the use of prevention as "the key to curtailing the ultimate impact of AIDS"; (ii) a "nonstigmatizing approach to groups who often face discrimination (such as homosexual and bisexual men)"; (iii) a lifting of sexually transmitted disease care from its "traditionally coercive context"; and (iv) a need to acknowledge "the existence of risk behaviors, such as sex among young people." Sadly, the statistics on single and multiple exposure categories in adult and adolescent AIDS cases through December 1992 in the United States reveal that one in five cases was associated with intravenous drug use, which was also an exposure category for 54% of Puerto Rican Hispanics (1). Future issues of *Science* that investigate AIDS and its prevention should include serious discussions of the need to destigmatize the human beings who choose to inject drugs, the efficacy of educational programs in preventing the spread of HIV among intravenous drug users and their sexual partners, and the benefits to be gained from needle-exchange programs and the decriminalization of the possession and use of syringes, needles, and currently illicit injectable drugs.

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References

1. *HIV/AIDS Surveillance* (Centers for Disease Control, Atlanta, GA, 1993), tables 14 and 16.

Hubble Telescope Research

Faye Flam's article "NASA PR: Hype or public education?" (News & Comment, 4 June, p. 1416) had the potential to be a substantive look at the complex task of publicly presenting scientific research derived from such a high visibility project as the Hubble Space Telescope. Instead your readers were given a jaundiced and prejudicial picture of the Hubble public communication effort. Flam's caricature of a cynical, scheming NASA "publicity machine" maligns those of us engaged in a serious attempt to communicate Hubble scientific results to the public.

In the absence of substantiation, Flam appears to be making the case for "Hubble-hype" with innuendo, implying conspiracy and quoting from a few scientists who may not have read the actual Hubble press releases or attended the news briefings.