

Condoms ought to be freely available

Flip Clifford

Recent letters to *The Davidsonian* have expressed negative opinions towards the issue of placing condom machines on the Davidson campus. Several of these opinions seem to be based on misconceptions, irrational thought, and even mere reality blindness. In contrast, last week's editorial approached the issue from a more reasonable position. It weighed the pro's and con's, finding the pro's somewhat more important if not numerous than the con's. "Our maturity" as students is not threatened by the appearance of these machines. Our request for them is a manifestation of our maturity. We cannot be blind to the reality before us. The virus can be transmitted from one person to another before its presence in the body can be detected. The HIV virus, as it should be called, despite being much smaller than a human sperm, cannot penetrate a latex condom when

it is properly used. This leaves the same 10% failure rate despite the virus being constantly active.

It is clear that certain students are going to engage in sexual intercourse and that some of them will not use a condom. We, the student body, must be mature enough to realize that, even at such a Christian institution as Davidson, unplanned premarital sex does occur; and, that we must educate student while providing some type of prevention for those instances when Cornwell Drugs is closed and an individual's maturity lapses.

If we are the mature individuals that we say we are, then we would have no trouble realizing that the presence of the machines would do more to prevent the spread of the HIV virus than to increase sexual activity on campus. And, indeed, the women of Davidson are mature enough to just say "No" when it comes to sex! They do not need the excuse of the lack of protection in order to refrain from intercourse. Nor, should they (or the male population) feel pressured by sex, if we are as mature as we say we are. Davidson's image

should lead us as a community, not just as students, to realize the reality of the day and the dangers encapsulated by possible infection by the HIV virus.

Our college should find no loss of integrity or Christian standing if we deal with this real danger in a mature manner. Davidson's Christian foundation is firm and strong and should not be challenged in any way. But, the very foundation of Christian religion is the realization that man will sin. For those students who choose to sin, at least let them sin safely. Would it not be worth the swallowing of some political pride and a painful awakening to the realities that face us (or will soon face us), if these machines, in the end, can save even one life from this deadly virus?

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Sex is sex with or without a condom—only the first is safe

Chip Cole

I am writing in response to Boyd Miller's letter last week on the issue of condom machines being installed in dormitories. Knowing Boyd as I do, I am not at all surprised at the position he takes; however, his method of argument is based on false assumptions and, therefore, is not sound.

Boyd first asserts the claim that "condoms not only fail to stop AIDS, but provide a false sense of security for those who use them." He attempts to tie this to the claim that condoms fail to prevent pregnancy among 10% of the couples who use them. Likewise he implies that since the AIDS virus (HIV) is smaller than the human sperm, and the sperm manages to penetrate condoms 10% of the time, the AIDS virus will, therefore, penetrate a condom more frequently thus, driving the percentage of success down.

There are several misconceptions here. First, condoms are proven to be 90-95% effective among sexually active couples over a one year time span in prevention of pregnancy according to *The Journal of the American Medical Association (JAMA)*. Furthermore, according to the U.S. FDA, "three out of every one thousand condoms leak" or 0.3%. Also, among the remaining one to five percent (depending on the study) the greatest number of failures are due to user error and not to the actual failure of the condom.

One issue that seems to be overlooked (perhaps purposely) is pregnancy. Besides preventing the spread of AIDS and other sexually transmitted diseases, condoms, when used properly, prevent pregnancy 90% of the time and

are up to 98% effective when used along with nonoxonal 9 foams or jellies. This is an issue for another paper, but it is surely a more common occurrence than AIDS is at Davidson.

Continuing, the AIDS virus can indeed penetrate condoms which are made of natural skins. Latex condoms, however, are proven to be strong enough to prevent penetration of the virus. It is absurd to say that "such a notion is actually ungrounded in reality and statistically non-viable." A

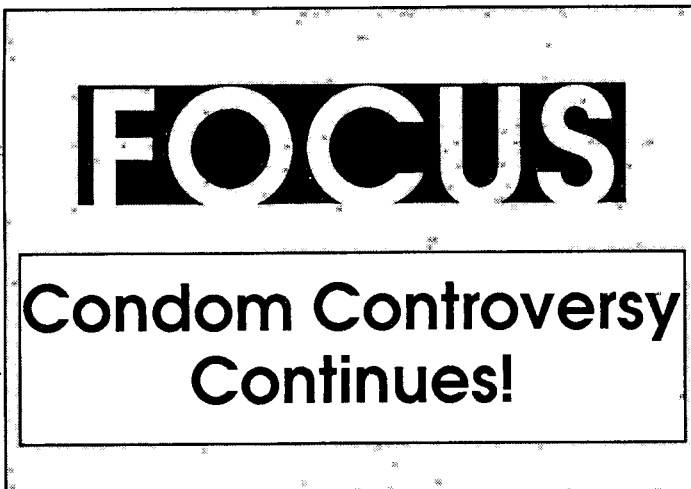
study document in *JAMA* (Mar. 1988) entitled "Condoms as Physical and Chemical Barriers Against Human Immunodeficiency Virus" shows that condoms provide an effective physical barrier against HIV. It also indicates that condoms

ultimately factor in determining whether or not students engage in sex. I disagree with the claim that "to student (especially incoming freshman) the installation of condom machines sends the same message as the school-based contraceptive clinic: "You, like all college student, are expected to engage in sexual intercourse." The message conveyed to me is that Davidson recognizes the seriousness of the AIDS epidemic and encourages safe sex when choosing to have sex because we are not so naive as to believe that all students abstain from sex. It says that the college cares about the well-being of its community.

Boyd claims that "condom machines take away a viable excuse for a woman to say NO to sexual intercourse," and that "[women] could use the man's lack of protection as a valid excuse." Boyd, the women who come to Davidson are surely capable of saying No to sex regardless of whether condom machines are installed in dormitories. Sex is sex with or without a condom; but safe sex occurs only in the case of the former. It is not the case that "the machines promote irresponsibility on the part of the students and administration," or that "the dispenser condescendingly tell students that we are not mature enough to handle the obligations of our own personal decisions." It says rather that they realize we are mature enough to have the same values and judgments whether in the presence of dormitory condom machines or not.

This issue is indeed very delicate. No hasty decision can be made. What is evident is that a case against installing condom machines needs to be based on stronger premises. Boyd closes by saying "principles of nature are strongest and most meaningful when tested by adverse circumstances." He thinks that moral courage is the combatant force. Let us put moral courage on one hand and practice safe sex on the other and see which one saves more lives.

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treated with nonoxonal 9 (most manufacturers make these available) may provide a chemical barrier as well.

Although there is a .3 - 10% failure rate among condoms the study indicates that the number of slippage and breakage rates are highest in cases of anorectal intercourse. Finally, *in vitro* studies have confirmed that condoms are impermeable to *Neisseria gonorrhoeae*, *chlamydia trachomatis*, herpes simplex type 2 virus, cytomegalovirus, hepatitis B virus, and HIV.

The next claim that bothers me is that "school based condom machines ... would have a detrimental effect on increasing sexual promiscuity on campus." Come on Boyd, give the Davidson student more credit than this; the presence of condom machines on campus will not be the

times.

Secondly, estimates on condom reliability do not rule out the failure due to use error. User errors include such practices as not using condoms every time, failure to use the condom throughout the entire act of intercourse, or failure to use the condom effectively. In fact, according to the March 1989 issue of *Consumer Reports* researchers contend that couples with "a strong motivation to use condoms properly could theoretically cut failure rate to 1 or 2 percent (over the course of a year of use)." The effectiveness of condoms in preventing AIDS can be increased even more if used in conjunction with a water-based lubricant containing the spermicide nonoxynol-9 (this spermicide has been found to kill the AIDS virus). The U.S. department of health and human services recom-

Responsibility in the Condom Controversy

Brennan Guth

Boyd Miller in his commentary argues that "mature" college students choosing to be sexually active have the "responsibility" to walk to the corner drugstore to buy a condom. As Mr. Miller preaches how Davidson students should be responsible in the midst of the current AIDS epidemic, he supports his case with misrepresentations and distortion of the facts which bring into question Mr. Miller's own sense of responsibility. Regardless of what side one takes concerning the issue of condom machines at Davidson, individuals who choose to publicly state their claims have the responsibility to be educated and present facts in a truthful and non-misleading way.

Mr. Miller argues that "rubbers [being an] effective tool against AIDS...is actually ungrounded and statistically non-

viable." How can Mr. Miller responsibly make a statement that is glaringly non-factual and works to undermine the efforts of AIDS educators. AIDS scientists, researchers and doctors all back up the fact, as stated by the Surgeon General C. Everett Koop, that "using a condom can reduce your risk of acquiring a sexually transmitted disease (including AIDS)."

Attacking nationally recognized AIDS researcher Dr. Kimmel's position that "[condoms] are the only way to stop the AIDS virus from spreading", Mr. Miller infers that because a "variety of studies" show condoms failing to prevent pregnancy in 10% of couples that condoms must fail at least 10% of the time in preventing AIDS. Mr. Miller again fails to inform the reader of two very important points when considering this statistic. First, condom effectiveness is measured in terms of failure per one year of use. In no way, as Mr. Miller wants to convey, will a condom fail to prevent AIDS in a single act of sexual intercourse one in ten