

THE IMPACT OF AIDS ON SPORTS

PAUL D. STAUDO HAR

California State University, Hayward

BRUCE W. KIELER

University of California, Berkeley

ABSTRACT

When basketball star Magic Johnson contracted the AIDS virus in 1991, the subject of AIDS in sports was thrust into the public consciousness. Important issues are raised by the threat of AIDS to athletes. How do they become infected? Can they transmit the AIDS virus to other players? Should athletes be tested? What is education's role in preventing spread of the virus? This article addresses these issues and reviews policies that are emerging in amateur and professional sports.

AIDS in sports has recently become a lively topic. There is, however, little if any scholarly literature. A growing quantity of data on HIV/AIDS generally is available. This article pulls together information from the popular press and scientific reports and considers it in light of developments in sports.

Specifically, we examine the question of what AIDS is and what is the potential for infection with the AIDS virus, both in society at large and in sports. This is followed by discussion of the Magic Johnson case. Although Johnson does not have AIDS, he is infected with the virus that can develop into AIDS. His popularity as a basketball player has helped focus national attention on the subject. Other sports figures' involvement with AIDS is noted as well. Testing of athletes is reviewed, followed by an assessment of AIDS education in sports.

THE NATURE OF AIDS

AIDS is an acronym for Acquired Immunodeficiency Syndrome, which is associated with and probably results from infection with the Human

Immunodeficiency Virus (HIV). In the overwhelming majority of cases, the inevitable outcome of HIV infection is a diagnosis of AIDS, an invariably fatal condition.

People who are HIV-positive, that is, those who are infected with HIV and have developed antibodies to this virus, can develop AIDS or any number of HIV-related diseases, but not necessarily. Even though they do not have AIDS, however, HIV-positive individuals can transmit the virus to others through certain body fluids, primarily semen, vaginal secretions, and blood as well as embryonic fluids (mother to unborn child). The AIDS virus attacks the body's immune system by destroying white blood cells (CD4 lymphocytes) that would normally protect a person from infections. Lacking this defense system, persons infected with HIV are vulnerable to numerous diseases, including Kaposi's sarcoma, a type of cancer, and pneumocystis carinii, a type of pneumonia. It has also been found that HIV itself can cause disease, including dementia and gastrointestinal complications ("slim disease").

Initially, it was observed that persons with AIDS died within two years of an AIDS diagnosis. Presently, however, significant improvements in length and quality of life of persons with HIV-AIDS have become possible as a result of medical advances and aggressive treatment of HIV/AIDS-related illnesses.

POTENTIAL FOR INFECTION

The Centers for Disease Control in Atlanta (U.S. Department of Health and Human Services) found that as of June 30, 1992, there were about 230,000 reported cases of Americans with AIDS, including 200,000 men, 24,000 women, and nearly 4,000 children [1, p. 283]. Among men who have sex with men (excluding those who use injection drugs), the rate of increase in reported AIDS cases began to decline in 1987; however, the number of cases associated with injection drug use and heterosexual transmission has continued to rise, and the rate of increase in AIDS among women now exceeds that in men [2, p. 10].

Over one million Americans are HIV-positive, about one out of every 100 men and one out of every 800 women. Approximately 20-30 percent of HIV-positive people develop AIDS within five years [3, p. 221]. HIV infection resulting from blood transfusions has dropped significantly since March 1985, when routine screening of blood for HIV began. But there are still about 40,000 to 50,000 new HIV infections annually in the United States.

There is no way to predict accurately how rapidly HIV infection will continue to spread in America. Given the large number of HIV-positive individuals, it would seem likely that the incidence of HIV infection will continue to rise substantially. However, a recent report from the Global AIDS Policy Coalition at Harvard University noted that the number of HIV-positive persons in the U.S. seems to have stabilized at approximately 1.5 million, which means the number of new infections with HIV about equals the number of individuals dying of

HIV/AIDS [4, pp. 2-3]. This apparent stability was also reported by Dr. John Ward, chief of AIDS surveillance for the U.S. Centers for Disease Control [5]. It is hoped that education about HIV/AIDS and awareness concerning precautions to avoid it may slow the spread of this deadly disease.

What dangers does HIV/AIDS pose to sports? Would it be possible, for instance, for HIV to be transmitted from one player to another during an athletic contest? Considering the fact that about one percent of American men are HIV-positive, there is a good chance that in any given game there could be a player who is infected with the virus.

The most intriguing case about HIV transmission during a sporting event was reported in a letter to the British medical journal *Lancet*, from Donato Torre, a physician from the Division of Infectious Disease in Varese, Italy. Dr. Torre wrote that in 1989 a twenty-five-year-old man collided with a drug abuser who was HIV-positive during a soccer match between drug addicts and volunteer workers and aides at a rehabilitation center [6]. The collision caused severe head lacerations around the eyebrows and both players bled profusely. According to Dr. Torre, the man who became infected as a result of the collision had tested negatively for HIV a year earlier. He had had a four-year relationship with a woman, was not homosexual or an intravenous drug user, and had not had a blood transfusion. This supports Dr. Torre's belief that HIV transmission was caused by the collision. This is only a supposition, however, because the Italian doctors did not compare particles of the blood of the two men to see if they matched. The HIV virus leaves a distinctive "fingerprint" that would be identical or nearly so in two cases that were linked by transmission. Thus, the link was never positively established.

The Surgeon General of the United States reported that one cannot get AIDS from casual social contact, such as shaking hands, hugging, kissing, crying or sneezing [7, p. 21]. As noted above, HIV is found in body fluids such as blood, semen, and vaginal secretions. It is not typically found in urine, feces, nasal secretions, sweat, sputum, or vomit, unless they contain visible blood. Of the persons diagnosed with AIDS, a small percentage has "no identified risk factor," which means it is not known how they contacted the disease. This suggests an information gap in how the AIDS virus is transmitted. Accordingly, there seems to be some risk of getting the virus through contact sports, especially because bleeding sometimes results from sports injuries. Several health care workers have been infected with HIV by accidental needle pricks or cuts during surgery.

Although medical practitioners recognize some risk of HIV transmission through sports, it is infinitesimal. One practitioner indicates an athlete runs a greater risk of getting struck by lightning on a sunny day than contracting HIV by playing a game [8]. The infections in the health care industry were caused by transmission of large amounts of blood through needles. Contracting HIV through cuts is thought to be virtually impossible because people bleed out, not in. Even a severe head butt of the sort sustained by the soccer player in Italy would be

extremely unlikely to transmit the virus. Despite all the sporting events over the past several years, there is not a single confirmed case of HIV transmission through sports.

Ironically, it is the behavior of athletes off the field that is far more likely to result in HIV infection. A study of collegiate athletes by Dr. James C. Puffer of UCLA's School of Medicine, found them to be: 1) one and a half times more likely than nonathletes to have greater numbers of sexual partners, 2) less likely to use contraceptive devices, and 3) four times more likely to get sexually transmitted diseases [9]. It is not surprising that athletes are more active sexually. They are often physically attractive, full of energy, and enjoy risk-taking behavior. Well-conditioned and highly skilled, they like to test their limits in the fast lane. Professional athletes are adored by legions of fans and have abundant time between games to indulge themselves sexually.

THE MAGIC MAN

Earvin "Magic" Johnson is one of the finest basketball players ever. In 1990, at the peak of his career with the Los Angeles Lakers, he became the sixth player in National Basketball Assoc. history to win the regular-season Most Valuable Player award three times. He brought many honors to his team and himself during his eleven-year career. On November 7, 1991, Johnson announced his retirement at age thirty-two after testing positive for HIV during a routine medical examination for an insurance policy. Johnson claimed he contracted the virus from a heterosexual experience, but that he did not know who the woman was.

Although Johnson retired from the Lakers, he made a spectacular one-time return to the league by winning the MVP award in the NBA all-star game in February 1992. Encouraged by this performance, he played for the U.S. Olympic basketball team in the 1992 Barcelona games. After these games, in September 1992, Johnson announced that he would rejoin the Lakers for the coming season, which would have made him the first known HIV-positive player in professional sports. His intention was to play fifty to sixty of the eighty-two regular-season games, sitting out games scheduled on consecutive nights.

Over the course of the next month or so there was mixed reaction to Johnson's decision to return to the league. Mostly the fans were delighted. But there were negative rumblings about risk to other players and rumors began to spread about the way Johnson contracted the virus. In a widely referenced article in the *New York Times* on November 1, 1992, Karl "Mailman" Malone of the Utah Jazz was critical of Johnson's decision to return because of the risk to young players [10]. Also critical was Jerry Colangelo, president of the Phoenix Suns, who verbally underscored the risk factor [10]. The comments of Malone and Colangelo triggered numerous newspaper stories. Adding fuel to the fire was Johnson's cutting his arm a few weeks earlier in an exhibition game for the Lakers and this

had affected him as well as the other players. Johnson said he "could see the fear upon people's faces" after this incident [11].

Controversy was also sparked by a column in *The Sporting News* by Dave Kindred. He challenged Johnson to "tell the whole truth" about how he acquired the AIDS virus, implying that he did not get it through a heterosexual experience [12]. Johnson himself was reported to have been convinced that an NBA player was spreading rumors of his bisexual activities [13]. This player was believed to be Isiah Thomas of the Detroit Pistons.

Fear and innuendo took its toll on Johnson. He resigned from the National Commission on AIDS, to which he had been named by President George Bush. Johnson had earlier threatened to quit the post when the Bush Administration failed to act on any of the thirty recommendations made by the commission. In his published autobiography, *My Life* Johnson described as "very upsetting" a comment made by a young AIDS activist who had addressed the commission and told Johnson that he was probably going to die [14]. It is truly unfortunate that Magic Johnson chose not to continue to play the game he loves and that he could not serve as an example to people that one can live his or her normal life after becoming HIV-positive. Even so, he will make meaningful contributions to sport and society through the Magic Johnson Foundation and his visibility as a public figure.

OTHER ATHLETES

While Magic Johnson is the most prominent example of an athlete with HIV, other sports figures have been afflicted more seriously because their virus has escalated into AIDS. The first known professional athlete to die of AIDS, in 1986, was Jerry Smith, who had played tight end for the Washington Redskins. In 1989 stock car driver Tim Richmond died of AIDS. The sport with the highest incidence of AIDS is figure skating, with numerous cases reported in North America. Recently, Rob McCall and Brian Pockar, Canadian skaters, died of AIDS; and John Curry from Great Britain, who won the gold medal at the Olympics in 1976, died in 1994 of an AIDS-related heart attack.

In 1992 Arthur Ashe, former tennis great, revealed that he was diagnosed with AIDS in 1988. Ashe, who won the U.S. Open and Wimbledon, contracted HIV as a result of a blood transfusion either after a 1979 coronary bypass operation or another heart operation in 1983. He was living privately with the disease until *USA Today* called him and revealed that it was working on a story saying that he had AIDS. When confronted with the anticipated story, Ashe determined that it was necessary to reveal his illness.

Although Ashe experienced some AIDS symptoms, his health remained relatively normal for several years. After he became infected he wrote an admirable three-volume history of black athletes in America, and a book about his life and career; established a program of tennis clinics for inner-city children; advocated

reform in college sports; captained the U.S. Davis Cup team; was a tennis commentator on television; hosted the first AIDS Tennis Challenge, featuring top pros; and established the Arthur Ashe Foundation. In 1992 Ashe was named *Sports Illustrated's* Sportsman of the Year, the first inactive athlete to receive this high honor. He died in 1993 of AIDS-complicated pneumonia.

TESTING

Whether to test athletes for HIV is controversial. Drug testing has become common in sports, especially at the professional level [15]. Major league baseball, football, and basketball test for marijuana, cocaine, and other psychoactive substances. Steroids were recently added to the National Football League's tests. In May 1992 the New York Giants became the first professional sports team to include a test for HIV, and the Philadelphia Eagles have followed suit. In 1993 Ruben Palacio, the World Boxing Organization featherweight champion, was discovered to be HIV-positive as a result of a mandatory test in England. Consequently, he was stripped of his title. Had the fight been scheduled for, say, New York or California, however, there would have been no test because it is not required in those states. Nevada and Oregon are the only states that require HIV testing for boxers.

HIV testing in sports has not become common because of questionable necessity. As noted earlier, no one has become HIV-positive as a result of playing sports. From a public health and humanitarian standpoint, however, testing makes some sense because players are susceptible to HIV in their activities off the playing field. It is quite possible, for instance, that Magic Johnson had HIV long before he discovered it. In 1992 Johnson was sued in Michigan federal court by a woman claiming he gave her the virus in 1990.¹ Also, when teams give multiyear guaranteed contracts to players, they are at risk if a player develops a disease that ends his career. Johnson, for example, walked away with \$14.6 million that he was guaranteed for agreeing to return to the Lakers. For a sport as bloody as boxing, prudence would seem to require testing.

As a practical matter, however, HIV testing presents difficulties. One is invasion of privacy, which comes up if mandatory testing is imposed. Insurance companies favor mandatory testing because of the high cost of AIDS-related claims. Such tests have been challenged as unfair discrimination, but federal and state courts have upheld insurers' rights to test for AIDS [16]. Another problem is that it takes three to six months after a person gets HIV for it to show up in a blood test. Thus, effective testing would have to occur fairly frequently, say two or more times a year. Because it is a blood test rather than the usual urine tests given athletes, HIV testing would add substantially to testing costs. Still, it would not place an undue economic burden on sports franchises. But if a player tests positive

¹ Johnson did admit he was HIV-positive in 1991. The suit was not filed until 1992.

it would be difficult to ensure confidentiality because some states require reporting positive HIV test results to public health authorities.

There is also a question as to whether mandatory testing can be imposed unilaterally by a club or league. Under the National Labor Relations Act, changes in work rules are considered a mandatory subject for bargaining. No HIV testing cases have been decided yet by the National Labor Relations Board, but that board has determined that mandatory drug testing is negotiable under the law as a term and condition of employment [17, p. 49].

Additionally, the National Commission on AIDS at its November 17, 1992 meeting recommended to the president that mandatory testing in the Job Corps, Peace Corps, and State Department be ended. The commission further recommended that if "a rational justification exists for such testing, it should never be a condition for admission into any group or access to any career" [18]. Under the Americans with Disabilities Act, which became effective in 1992, it is illegal for an employer to discriminate against someone with HIV or AIDS. On the other hand, the Occupational Safety and Health Act is not violated by employing an HIV-positive person, because AIDS is not transmitted through casual contact.

EDUCATION

AIDS education is a concern at the professional level, and some teams are providing information to players on the disease, as to how it is contracted, and how and where to get tested. Education is perhaps even more important at the school levels since it has been found that a majority of American teenagers (no doubt athletes among them) are sexually active. The current epidemic of sexually transmitted diseases (STD) among teens [19] makes HIV/AIDS education urgent, since transmission of HIV may be facilitated or enhanced by STD infection. Similar to drug education, lessons in "AIDS 101" should serve to acquaint young people with the need to exercise prudence and caution concerning sexual activity.

In 1989 the National Federation of State High School Associations began an interactive educational service on HIV and AIDS. It provides a software video called TIP-AAIDS and has a brochure about AIDS and sports. This program has won praise for its coverage and quality. The National Collegiate Athletic Association provides information to member colleges and universities on AIDS. In December 1992 the NCAA issued a policy statement on AIDS, that a practice or game should be stopped when a player sustains a wound or laceration that bleeds, and the player should not return to the field without approval of medical personnel. Any tape, padding, or uniform that becomes saturated with blood should be changed.

Major league baseball and the Major League Baseball Players Association have jointly established the AIDS Education Initiative. This program provides for meetings with players to discuss HIV and AIDS, offers an informational brochure printed in English and Spanish, and urges voluntary HIV testing which is arranged

confidentially by the program's medical advisors. The National Basketball Association and National Football League also provide seminars and literature to players. For better or worse, professional athletes are role models and leading members of society. It is important that they become knowledgeable about HIV/AIDS, for themselves as well as for the people they influence.

Persons with HIV suffer major problems at school and work, as Magic Johnson discovered. They may be shunned by their peers or coworkers. Much of this ostracism is the result of ignorance about AIDS. The National Leadership Coalition on AIDS, a business and labor group in Washington, D.C., informally estimates that only twenty percent of U.S. employers have begun educational programs or established policies for dealing with the disease [20]. Generally, people who know about AIDS are less likely to fear casual contact with persons with HIV/AIDS.

It seems likely that in the future there will be active professional athletes who are HIV-positive, if there are not some already. This is something Americans are going to have to learn more about and adjust to, for the sake of possibly infected persons as well as their own health. AIDS is a preventable disease only insofar as HIV infection is preventable, and HIV infection is preventable.

* * *

Paul D. Staudohar (Ph.D) is a professor of business administration at California State University, Hayward.

Bruce W. Kieler (M.B.A./M.P.H.) is a candidate for the doctorate in public health at the University of California, Berkeley.

ENDNOTES

1. L. Custrini, Dealing with AIDS in the Workplace, *California Employment Law Reporter*, pp. 283-285, 1992.
2. U.S. Congress, Office of Technology Assessment, *The CDC's Case Definition of AIDS: Implications of the Proposed Revisions*, Office of Technology Assessment, Washington, D.C., 1992.
3. S. N. Hurd and E. C. Wesman, AIDS: A Unique Dilemma—The Hospital as Employer and Care Provider, *Journal of Individual Employment Rights*, 1:3, pp. 219-244, 1992-93.
4. J. M. Mann, D. J. M. Tarantola, and T. W. Netter, eds., *AIDS in the World: A Global Report*, Harvard University Press, Cambridge, Massachusetts, 1992.
5. U.S. Says Spread of AIDS to Slow, *New York Times*, p. 1, January 15, 1993.
6. E. Almond, Defusing Fear Still Problem, *Los Angeles Times*, p. C1, December 5, 1992.
7. U.S. Department of Health and Human Services, *Surgeon General's Report on Acquired Immune Deficiency Syndrome*, Washington, D.C., 1986.
8. J. Kirschenbaum, ed., Uniformly Uninformed, *Sports Illustrated*, p. 13, November 30, 1992.

9. M. Knisley and S. Meyerhoff, AIDS and Sports, *The Sporting News*, p. 15, November 9, 1992.
10. H. Araton, "Johnson's Return to League isn't Welcomed by Some," *New York Times*, p. 1, November 1, 1992.
11. S. Silverstein, AIDS and the Workplace, *Los Angeles Times*, p. D1, November 7, 1992.
12. D. Kindred, "My Life"? *The Sporting News*, p. 7, October 12, 1992.
13. B. Jenkins, Fear Rules on Basketball's Day of Shame, *San Francisco Chronicle*, p. C1, November 3, 1992.
14. E. Johnson, *My Life*, excerpted in *Los Angeles Times Magazine*, p. 44, November 8, 1992.
15. P. D. Staudohar, Drug Abuse Programs in Professional Sports: Lessons for Industry, *Personnel*, 64:10, pp. 44-5, 1987.
16. S. Pulliam, Fateful AIDS Test for Magic Johnson Was for Insurance, *Wall Street Journal*, p. A1, November 8, 1991.
17. P. D. Staudohar, *The Sports Industry and Collective Bargaining* (2nd Edition) ILR Press, Cornell University, Ithaca, New York, 1989.
18. Dr. Krim Testifies Before the National Commission on AIDS, *AmFar Report*, American Foundation for AIDS Research, New York, p. 5, January 1993.
19. J. Portner, Teenage Pregnancy, AIDS Spurring Support for Abstinence in Curricula, *Education Week*, 12:18, p. 1, 1993.
20. S. Silverstein, AIDS and the Workplace, *Los Angeles Times*, p. D1, November 7, 1992.

Direct Reprint requests to:

Paul D. Staudohar
California State University
Hayward, CA 94542