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AIDS PREVENTION IN THE U.S.A.

Second Report to the
"Bundeszentrale für gesundheitliche Aufklärung"
Köln-Merheim

Update
October 15, 1987

VOLUME ONE

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San Francisco CA

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VOLUME ONE

I. INTRODUCTION

This report was prepared for the Bundeszentrale für gesundheitliche Aufklärung in the months of August, September and October, 1987.

It represent an update of a previous report dated April 30, 1987 and should be read in conjunction with it.

In preparing this update the author has again personally interviewed a number of American leaders in the field of AIDS prevention in the San Francisco Bay Area, Los Angeles, Minneapolis, Chicago, Albany NY, New York City and at the Centers for Disease Control (CDC) in Atlanta, Georgia. In these locations he also collected various relevant original materials. In addition, he subscribed to several journals, magazines, and newsletters. The report as a whole is based on information from all of these sources.

The author wishes to express his sincere appreciation to all of his American interview partners and to the various institutions and organizations he visited. Without exception they were extremely helpful and considerate, in spite of their work overloads and busy schedules. Some of them were interviewed for the second time for this report.

However, this second round of interviews conveyed an impression quite different from the one obtained before. While in the spring the general attitude was one of purposefulness and optimism, this time the author often encountered feelings of frustration, anger, hopelessness and even despair. Indeed, while all of the interview partners remained personally committed to the fight against AIDS and carried out their professional duties with great dedication, several confessed privately that they believed the battle to be lost.

It has, in fact, become obvious in recent months that, in the future, the year 1987 will be seen as having been the year in which the general success or failure of American prevention programs was decided. Thus, the present report gains some added significance as a flashlight snapshot illuminating a quickly darkening landscape.

For this and other reasons, the author has taken the unusual step of turning his report into a source book, amplifying it with a great deal of jounalistic and other material which, in its totality, illustrates the growing difficulties in controlling the epidemic. As will be seen, these difficulties are mostly of a political nature. The whole report, with all its disparate elements, can and perhaps should, therefore, also be read as a timely warning to German and other European governments.

The author is also more convinced than ever that a transatlantic AIDS information bridge should be established as soon as possible in order to take early advantage of the American experience. There is no question in the author's mind that, in one form or another, this experience foreshadows that of other Western industrialized countries.

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II. SOURCES

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2. PRINTED MATERIAL

For this report a great deal of printed material was collected, consisting mainly of brochures, pamphlets, leaflets, posters, information packets, published and unpublished scientific papers, workbooks and reports. This material remains for further reference in the possession of the author in San Francisco. However, some publications are informative and important enough to be attached to this report under separate cover. They are:

PLANNING PAPERS

1. New State Department of Health, Request for Applications for Designation of AIDS Centers, March 24, 1986.

2. New York State Department of Health, Request for Applications for the AIDS Intervention Management System, July 21, 1986.

3. New York City Inter Agency Task Force on AIDS, Report to the Mayor, April 1987.

4. AIDS Institute, State of New York, Expenditure Plan 1987-1988.

5. New York State Senate Majority Task Force on AIDS, The AIDS Crisis in New York: A Legislative Perspective and Agenda for Study, June 1987.

6. Illinois AIDS Interdisciplinary Advisory Council, The Challenge of AIDS: The Illinois Response, April 16, 1986.

7. Chicago AIDS Advisory Panel, Report to the Commission of Health, June 1986.

8. Minnesota Department of Health, The Epidemiology and Health Economics of Acquired Immunodeficiency Syndrome in Minnesota: Current Status and Future Projections, March 1986.

9. State of Minnesota AIDS Issue Team, State of Minnesota Executive Branch Policy Development Program, November 1986.

10. The Minnesota AIDS Project, Supportive Nonhospital Settings for Persons with Acquired Immunodeficiency Syndrome in Hennepin and Ramsey Counties: Research and Recommendations in Support of a Plan, April 1987.

PROGRAM ANNOUNCEMENT

1. Centers for Disease Control, Division of Health Education, State and Local Programs for School Health Education to Prevent the Spread of AIDS and Demonstration/Training Programs for School Health Education to Prevent the Spread of AIDS, 1987.

CONFERENCE PAPERS

1. National AIDS Network, AIDS into the Nineties: A National Conference, Washington DC, October 8 and 9, 1987.

AIDS LEGISLATION

1. Art Agnos, California Assemblyman, Assembly Bill 87 and supporting material. (The bill represents a legislative proposal for a comprehensive AIDS law. It was supported by the U.S. Surgeon General but failed to pass the legislature this year.)

REPORTS

1. American College Health Association, AIDS on the College Campus, Rockville MD, 1986.

2. U.S. Department of Health & Human Services, Report of the Surgeon General's Workshop on Children with HIV Infection and their Families, April 1987.

INFORMATION PACKETS

1. AIDS Institute, New York State Health Department

2. New York City Department of Health

3. Minnesota Department of Health

4. AIDS Project Los Angeles

5. San Francisco AIDS Foundation

6. Archdiocese of San Francisco

RESOURCES AND REFERRAL MANUAL

1. Minnesota AIDS Project, AIDS Related Resources for Referral in Minnesota, May 1987.

EDUCATIONAL MATERIAL

1. New York State Department of Health, AIDS -- 100 Questions and Answers, May 1987.

2. New York Life Insurance Company and New York City Department, AIDS Education, documentation of an advertising campaign, 1987.

3. O.D.N. Productions, New York City, Sex, Drugs and AIDS, booklet based award-winning film, Bantam Books, New York, June 1987.

4. Minnesota AIDS Project, Corey's Story, an comic book on AIDS prevention.

III. EPIDEMIOLOGY

1. NATIONAL UPDATE AND FUTURE PROJECTIONS

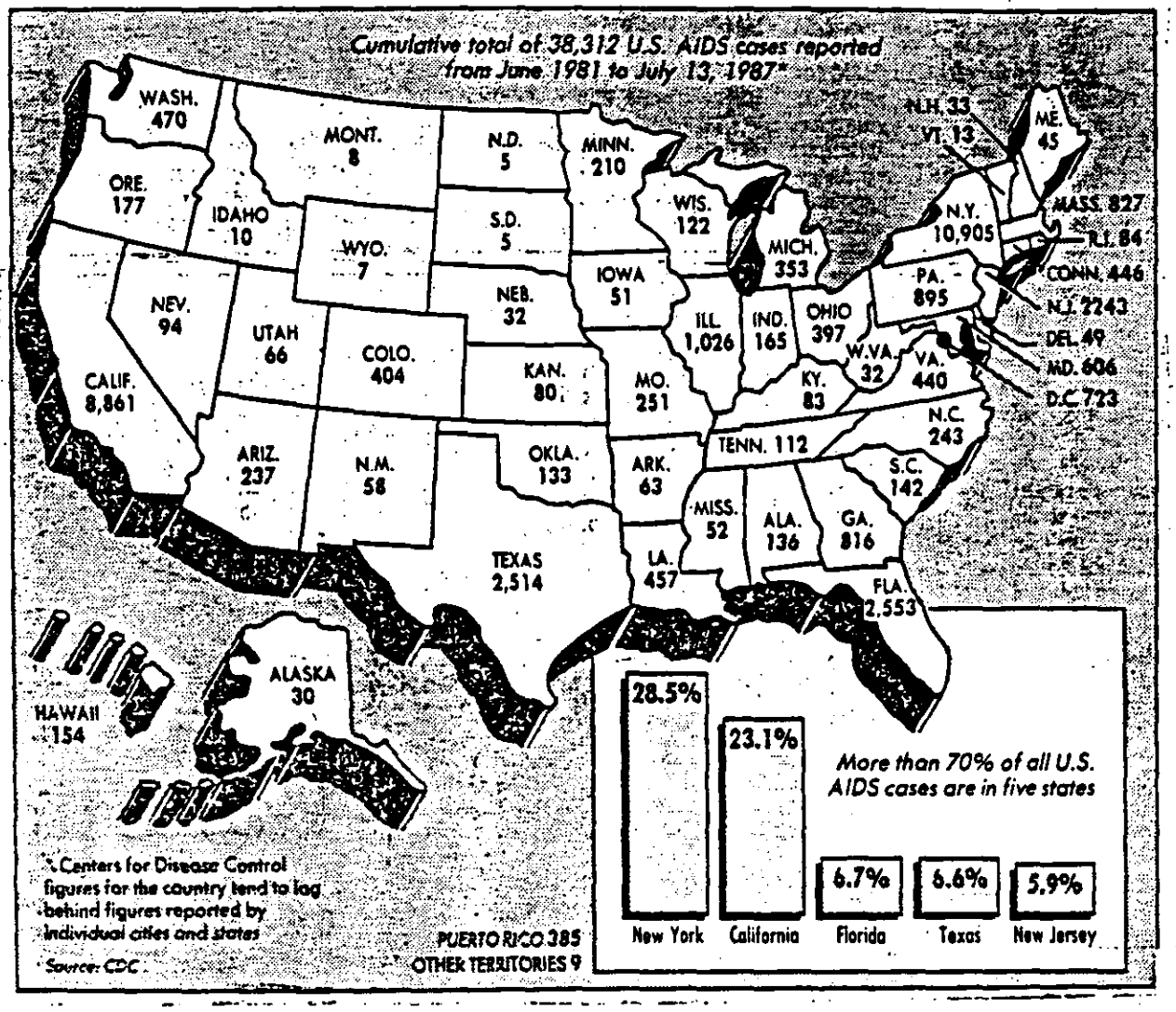
Once again, the epidemiology of AIDS in the United States is not the focus of this report. Even so, it may be useful to include here some basic data. The attached surveillance report of the CDC as well as a graph and a tentative projection made by Dr. Neil Schram of Los Angeles illustrate the enormity of the present problem and its potential growth.

The financial dimensions of possible future epidemiological developments are discussed in the following newspaper articles.

The material makes it obvious that the threat of the still spreading AIDS epidemic has by no means been averted. (By the end of September of this year, the total number of AIDS cases was over 42,000.) Although there is no dramatic jump in the epidemiological curve, the trend is still upward. The most frightening aspect of this development, however, is the fact that most AIDS patients diagnosed in the coming five to ten years are already infected today. Thus, the country must prepare itself to deal with ever-increasing numbers of patients suffering from either ARC or AIDS in the coming years. This is true nationwide as well as in the individual states and cities.

The epidemiological updates of New York, Chicago, Minneapolis, Los Angeles and San Francisco are given separately in the following respective chapters.

STATE BREAKDOWN OF AIDS CASES



AIDS WEEKLY SURVEILLANCE REPORT[1] - UNITED STATES
AIDS PROGRAM, CENTER FOR INFECTIOUS DISEASES
CENTERS FOR DISEASE CONTROL
SEPTEMBER 28, 1987

UNITED STATES CASES REPORTED TO CDC

A. TRANSMISSION CATEGORIES[2]

	MALES				FEMALES				TOTAL			
	Since Jan 1		Cumulative		Since Jan 1		Cumulative		Since Jan 1		Cumulative	
ADULTS/ADOLESCENTS	Number	(%)	Number	(%)	Number	(%)	Number	(%)	Number	(%)	Number	(%)
Homosexual/Bisexual Male	8816	(72)	27579	(71)					8816	(67)	27579	(66)
Intravenous (IV) Drug Abuser	1531	(13)	5450	(14)	415	(43)	1435	(49)	1946	(15)	6885	(16)
Homosexual Male and IV Drug Abuser	891	(7)	3138	(8)					891	(7)	3138	(8)
Hemophilia/Coagulation Disorder	132	(1)	374	(1)	2	(0)	9	(0)	134	(1)	383	(1)
Heterosexual Cases[3]	213	(2)	784	(2)	309	(32)	876	(30)	522	(4)	1660	(4)
Transfusion, Blood/Components	235	(2)	575	(1)	126	(13)	314	(11)	361	(3)	889	(2)
Undetermined[4]	420	(3)	960	(2)	104	(11)	276	(9)	524	(4)	1236	(3)
SUBTOTAL [% of all cases]	12238	[93]	38860	[93]	956	[7]	2910	[7]	13194	[100]	41770	[100]
CHILDREN[5]												
Hemophilia/Coagulation Disorder	8	(9)	29	(9)	1	(1)	3	(1)	9	(5)	32	(5)
Parent with/at risk of AIDS[6]	66	(75)	229	(74)	71	(80)	229	(84)	137	(77)	458	(78)
Transfusion, Blood/Components	11	(13)	43	(14)	8	(9)	27	(10)	19	(11)	70	(12)
Undetermined[4]	3	(3)	10	(3)	9	(10)	14	(5)	12	(7)	24	(4)
SUBTOTAL [% of all cases]	88	[50]	311	[53]	89	[50]	273	[47]	177	[100]	584	[100]
TOTAL [% of all cases]	12326	[92]	39171	[92]	1045	[8]	3183	[8]	13371	[100]	42354	[100]

B. TRANSMISSION CATEGORIES BY RACIAL/ETHNIC GROUP

	WHITE, NOT HISPANIC		BLACK, NOT HISPANIC		HISPANIC		OTHER[7]/ UNKNOWN		TOTAL	
	Cumulative		Cumulative		Cumulative		Cumulative		Cumulative	
ADULTS/ADOLESCENTS	Number	(%)	Number	(%)	Number	(%)	Number	(%)	Number	(%)
Homosexual/Bisexual Male	20440	(80)	4063	(40)	2794	(49)	282	(71)	27579	(66)
Intravenous (IV) Drug Abuser	1335	(5)	3488	(35)	2023	(35)	39	(10)	6885	(16)
Homosexual Male and IV Drug Abuser	2033	(8)	700	(7)	386	(7)	19	(5)	3138	(8)
Hemophilia/Coagulation Disorder	330	(1)	20	(0)	25	(0)	8	(2)	383	(1)
Heterosexual Cases[3]	266	(1)	1158	(11)	228	(4)	8	(2)	1660	(4)
Transfusion, Blood/Components	677	(3)	129	(1)	63	(1)	20	(5)	889	(2)
Undetermined[4]	478	(2)	512	(5)	224	(4)	22	(6)	1236	(3)
SUBTOTAL [% of all cases]	25559	[61]	10070	[24]	5743	[14]	398	[1]	41770	[100]
CHILDREN[5]										
Hemophilia/Coagulation Disorder	20	(17)	5	(2)	6	(4)	1	(20)	32	(5)
Parent with/at risk of AIDS[6]	55	(45)	284	(89)	115	(82)	4	(80)	458	(78)
Transfusion, Blood/Components	38	(31)	19	(6)	13	(9)			70	(12)
Undetermined[4]	8	(7)	10	(3)	6	(4)			24	(4)
SUBTOTAL [% of all cases]	121	[21]	318	[54]	140	[24]	5	[1]	584	[100]
TOTAL [% of all cases]	25680	[61]	10388	[25]	5883	[14]	403	[1]	42354	[100]

[1] These data are provisional.
[2] Cases with more than one risk factor other than the combinations listed in the tables or footnotes are tabulated only in the category listed first.
[3] Includes 916 persons (200 men, 716 women) who have had heterosexual contact with a person with AIDS or at risk for AIDS and 744 persons (584 men, 160 women) without other identified risks who were born in countries in which heterosexual transmission is believed to play a major role although precise means of transmission have not yet been fully defined.
[4] Includes patients on whom risk information is incomplete (due to death, refusal to be interviewed or loss to follow-up), patients still under investigation, men reported only to have had heterosexual contact with a prostitute, and interviewed patients for whom no specific risk was identified.
[5] Includes all patients under 13 years of age at time of diagnosis.
[6] Epidemiologic data suggest transmission from an infected mother to her fetus or infant during the perinatal period.
[7] Includes patients whose race/ethnicity is Asian/Pacific Islander (257 persons) and American Indian/Alaskan Native (45 persons).

C. AIDS CASES BY STATE OF RESIDENCE AND DATE OF REPORT TO CDC

STATE OF RESIDENCE	Year Ending SEP 28, 1986		Year Ending SEP 28, 1987		CUMULATIVE TOTAL SINCE JUNE 1981					
					Adult/Adolescent		Children		Total	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
New York	3466	(28.9)	3827	(22.7)	11852	(28.4)	212	(36.3)	12064	(28.5)
California	2737	(22.9)	3872	(23.0)	9645	(23.1)	39	(6.7)	9684	(22.9)
Florida	689	(5.8)	1284	(7.6)	2828	(6.8)	67	(11.5)	2895	(6.8)
Texas	706	(5.9)	1349	(8.0)	2728	(6.5)	19	(3.3)	2747	(6.5)
New Jersey	696	(5.8)	894	(5.3)	2353	(5.6)	77	(13.2)	2430	(5.7)
Illinois	339	(2.8)	532	(3.2)	1145	(2.7)	11	(1.9)	1156	(2.7)
Pennsylvania	303	(2.5)	448	(2.7)	1010	(2.4)	11	(1.9)	1021	(2.4)
Massachusetts	253	(2.1)	395	(2.3)	891	(2.1)	16	(2.7)	907	(2.1)
Georgia	266	(2.2)	407	(2.4)	881	(2.1)	13	(2.2)	894	(2.1)
District of Columbia	216	(1.8)	338	(2.0)	777	(1.9)	8	(1.4)	785	(1.9)
Maryland	160	(1.3)	304	(1.8)	645	(1.5)	11	(1.9)	656	(1.5)
Washington	152	(1.3)	215	(1.3)	514	(1.2)	2	(0.3)	516	(1.2)
Louisiana	150	(1.3)	208	(1.2)	497	(1.2)	6	(1.0)	503	(1.2)
Virginia	150	(1.3)	194	(1.2)	479	(1.1)	8	(1.4)	487	(1.1)
Connecticut	159	(1.3)	162	(1.0)	454	(1.1)	14	(2.4)	468	(1.1)
Ohio	140	(1.2)	237	(1.4)	463	(1.1)	2	(0.3)	465	(1.1)
Colorado	132	(1.1)	199	(1.2)	439	(1.1)	2	(0.3)	441	(1.0)
Puerto Rico	110	(0.9)	123	(0.7)	371	(0.9)	23	(3.9)	394	(0.9)
Michigan	123	(1.0)	183	(1.1)	387	(0.9)	6	(1.0)	393	(0.9)
Missouri	79	(0.7)	153	(0.9)	298	(0.7)	2	(0.3)	300	(0.7)
North Carolina	76	(0.6)	146	(0.9)	288	(0.7)	4	(0.7)	292	(0.7)
Arizona	86	(0.7)	133	(0.8)	273	(0.7)	2	(0.3)	275	(0.6)
Minnesota	79	(0.7)	117	(0.7)	235	(0.6)			235	(0.6)
Oregon	59	(0.5)	115	(0.7)	216	(0.5)	1	(0.2)	217	(0.5)
Indiana	59	(0.5)	95	(0.6)	200	(0.5)	2	(0.3)	202	(0.5)
Hawaii	51	(0.4)	76	(0.5)	164	(0.4)	1	(0.2)	165	(0.4)
South Carolina	45	(0.4)	75	(0.4)	158	(0.4)	5	(0.9)	163	(0.4)
Alabama	28	(0.2)	98	(0.6)	152	(0.4)	6	(1.0)	158	(0.4)
Oklahoma	34	(0.3)	95	(0.6)	155	(0.4)	1	(0.2)	156	(0.4)
Wisconsin	34	(0.3)	82	(0.5)	146	(0.3)			146	(0.3)
Tennessee	58	(0.5)	51	(0.3)	131	(0.3)	1	(0.2)	132	(0.3)
Nevada	38	(0.3)	45	(0.3)	100	(0.2)			100	(0.2)
Rhode Island	24	(0.2)	54	(0.3)	97	(0.2)			97	(0.2)
Kansas	30	(0.3)	44	(0.3)	87	(0.2)	1	(0.2)	88	(0.2)
Kentucky	29	(0.2)	31	(0.2)	87	(0.2)			87	(0.2)
Utah	19	(0.2)	30	(0.2)	69	(0.2)	3	(0.5)	72	(0.2)
New Mexico	22	(0.2)	32	(0.2)	70	(0.2)			70	(0.2)
Arkansas	30	(0.3)	31	(0.2)	67	(0.2)			67	(0.2)
Mississippi	19	(0.2)	35	(0.2)	61	(0.1)			61	(0.1)
Iowa	18	(0.2)	27	(0.2)	56	(0.1)	1	(0.2)	57	(0.1)
Delaware	21	(0.2)	18	(0.1)	54	(0.1)	1	(0.2)	55	(0.1)
Maine	20	(0.2)	19	(0.1)	47	(0.1)	1	(0.2)	48	(0.1)
West Virginia	8	(0.1)	19	(0.1)	36	(0.1)	2	(0.3)	38	(0.1)
Nebraska	12	(0.1)	19	(0.1)	37	(0.1)			37	(0.1)
New Hampshire	12	(0.1)	18	(0.1)	33	(0.1)	2	(0.3)	35	(0.1)
Alaska	13	(0.1)	15	(0.1)	34	(0.1)			34	(0.1)
Vermont	5	(0.0)	7	(0.0)	15	(0.0)			15	(0.0)
Idaho	6	(0.1)	5	(0.0)	10	(0.0)	1	(0.2)	11	(0.0)
Montana	5	(0.0)	3	(0.0)	8	(0.0)			8	(0.0)
Wyoming	4	(0.0)	3	(0.0)	8	(0.0)			8	(0.0)
Virgin Islands	3	(0.0)			7	(0.0)			7	(0.0)
North Dakota	3	(0.0)	2	(0.0)	5	(0.0)			5	(0.0)
South Dakota	1	(0.0)	3	(0.0)	5	(0.0)			5	(0.0)
Guam					1	(0.0)			1	(0.0)
Trust Territory					1	(0.0)			1	(0.0)
TOTAL	11977	(100.0)	16867	(100.0)	41770	(100.0)	584	(100.0)	42354	(100.0)

D. AIDS CASES BY TRANSMISSION CATEGORIES AND DATE OF REPORT TO CDC, TWELVE-MONTH TOTALS

TRANSMISSION CATEGORIES[1]	Year Ending SEP 28, 1986		Year Ending SEP 28, 1987		CUMULATIVE CASES AND DEATHS SINCE JUNE 1981			
ADULTS/ADOLESCENTS	Number	(%)	Number	(%)	Number	(%)	Deaths	(% Cases)
Homosexual/Bisexual Male	7851	(66.5)	11040	(66.4)	27579	(66.0)	15433	(64.2)
Intravenous (IV) Drug Abuser	2018	(17.1)	2542	(15.3)	6885	(16.5)	4175	(17.4)
Homosexual Male and IV Drug Abuser	846	(7.2)	1140	(6.9)	3138	(7.5)	1909	(7.9)
Hemophilia/Coagulation Disorder	118	(1.0)	167	(1.0)	383	(0.9)	228	(0.9)
Heterosexual Cases[2]	459	(3.9)	671	(4.0)	1660	(4.0)	941	(3.9)
Transfusion, Blood/Components	236	(2.0)	448	(2.7)	889	(2.1)	607	(2.5)
Undetermined[3]	283	(2.4)	622	(3.7)	1236	(3.0)	738	(3.1)
SUBTOTAL	11811	(100.0)	16630	(100.0)	41770	(100.0)	24031	(100.0)
CHILDREN[4]								
Hemophilia/Coagulation Disorder	6	(3.6)	15	(6.3)	32	(5.5)	21	(5.5)
Parent with/at risk of AIDS[5]	137	(82.5)	183	(77.2)	458	(78.4)	292	(76.6)
Transfusion, Blood/Components	20	(12.0)	26	(11.0)	70	(12.0)	52	(13.6)
Undetermined[3]	3	(1.8)	13	(5.5)	24	(4.1)	16	(4.2)
SUBTOTAL	166	(100.0)	237	(100.0)	584	(100.0)	381	(100.0)
TOTAL	11977		16867		42354		24412	

E. AIDS CASES BY DATE OF DIAGNOSIS AND STANDARD METROPOLITAN STATISTICAL AREA (SMSA) OF RESIDENCE[6]

SMSA OF RESIDENCE	POPULATION[7]	BEFORE 1984	1984	1985	1986	1987[8]	CUMULATIVE TOTAL
New York, NY	9.12	1575	1702	2572	3355	1765	10969
San Francisco, CA	3.25	455	604	930	1300	810	4099
Los Angeles, CA	7.48	353	445	843	1230	720	3591
Houston, TX	2.91	104	176	327	503	236	1346
Washington, DC	3.06	77	139	324	394	312	1246
Miami, FL	1.63	178	189	279	347	188	1181
Chicago, IL	7.10	69	124	224	357	263	1037
Newark, NJ	1.97	127	138	227	293	202	987
Philadelphia, PA	4.72	56	112	199	277	174	818
Dallas, TX	2.97	33	84	166	291	222	796
Atlanta, GA	2.03	41	70	162	250	166	689
Boston, MA	2.76	59	77	146	207	174	663
Ft Lauderdale, FL	1.02	37	58	124	187	137	543
San Diego, CA	1.86	29	46	115	200	146	536
Nassau-Suffolk, NY	2.61	56	66	116	178	99	515
Jersey City, NJ	0.56	56	58	124	143	93	474
Seattle, WA	1.61	11	52	95	140	110	408
Denver,CO	1.62	25	37	81	123	104	370
New Orleans, LA	1.19	19	50	86	126	82	363
Anaheim, CA	1.93	34	41	72	104	95	346
REST OF U.S.	168.72	768	1373	2598	3949	2689	11377
TOTAL	230.11	4162	5641	9810	13954	8787	42354

[1] Cases with more than one risk factor other than the combinations listed in the tables or footnotes are tabulated only in the category listed first.

[2] Includes 916 persons (200 men, 716 women) who have had heterosexual contact with a person with AIDS or at risk for AIDS and 744 persons (584 men, 160 women) without other identified risks who were born in countries in which heterosexual transmission is believed to play a major role although precise means of transmission have not yet been fully defined.

[3] Includes patients on whom risk information is incomplete (due to death, refusal to be interviewed or loss to follow-up), patients still under investigation, men reported only to have had heterosexual contact with a prostitute, and interviewed patients for whom no specific risk was identified.

[4] Includes all patients under 13 years of age at time of diagnosis.

[5] Epidemiologic data suggest transmission from an infected mother to her fetus or infant during the perinatal period.

[6] This table cumulates cases by DATE OF DIAGNOSIS rather than DATE OF REPORT. Because of this difference, totals may differ from those in other tables and will change with late reports and new data or information. Data are provic for the 20 SMSA's currently reporting the largest number of AIDS cases.

[7] Population of SMSA's in millions as reported in the 1980 CENSUS.

[8] Cases diagnosed in this calendar year and reported to CDC as of date of this summary.

F. AIDS CASES BY RISK FACTOR COMBINATIONS (ADULTS/ADOLESCENTS)[1]

	Number	Percent
AIDS CASES REPORTED TO HAVE A SINGLE RISK FACTOR		
Homosexual/Bisexual Male	26774	(64.1)
Intravenous (IV) Drug Abuse	6171	(14.8)
Hemophilia/Coagulation Disorder	224	(0.5)
Heterosexual Contact[2]	1576	(3.8)
Transfusion, Blood/Components	889	(2.1)
Undetermined[3]	1236	(3.0)
SUBTOTAL	36870	(88.3)
AIDS CASES REPORTED TO HAVE MULTIPLE RISK FACTORS		
Homosexual-Bi Male/Blood Transfusion	501	(1.2)
Homosexual-Bi Male/Heterosexual Contact	282	(0.7)
Homosexual-Bi Male/Heterosexual Contact/Blood Transfusion	12	(0.0)
Homosexual-Bi Male/Hemophilia	6	(0.0)
Homosexual-Bi Male/Hemophilia/Blood Transfusion	4	(0.0)
Homosexual-Bi Male/IV Drug Abuse	2941	(7.0)
Homosexual-Bi Male/IV Drug Abuse/Blood Transfusion	99	(0.2)
Homosexual-Bi Male/IV Drug Abuse/Heterosexual Contact	84	(0.2)
Homosexual-Bi Male/IV Drug Abuse/Heterosexual Contact/Blood Transfusion	8	(0.0)
Homosexual-Bi Male/IV Drug Abuse/Hemophilia	3	(0.0)
Homosexual-Bi Male/IV Drug Abuse/Hemophilia/Blood Transfusion	3	(0.0)
IV Drug Abuse/Blood Transfusion	199	(0.5)
IV Drug Abuse/Heterosexual Contact	484	(1.2)
IV Drug Abuse/Heterosexual Contact/Blood Transfusion	21	(0.1)
IV Drug Abuse/Hemophilia	2	(0.0)
IV Drug Abuse/Hemophilia/Blood Transfusion	8	(0.0)
Hemophilia/Blood Transfusion	155	(0.4)
Hemophilia/Heterosexual Contact	1	(0.0)
Hemophilia/Heterosexual Contact/Blood Transfusion	3	(0.0)
Heterosexual Contact/Blood Transfusion	84	(0.2)
SUBTOTAL	4900	(11.7)
TOTAL	41770	(100.0)

[1] These data are provisional. Not all risk factors may have been determined or reported for all cases.

[2] Includes persons who have had heterosexual contact with a person with AIDS or at risk for AIDS and persons without other identified risks who were born in countries in which heterosexual transmission is believed to play a major role although precise means of transmission have not yet been fully defined.

[3] Includes patients on whom risk information is incomplete (due to death, refusal to be interviewed or loss to follow-up), patients still under investigation, men reported only to have had heterosexual contact with a prostitute, and interviewed patients for whom no specific risk was identified.

G. CASES OF AIDS AND CASE-FATALITY RATES BY HALF-YEAR OF DIAGNOSIS, UNITED STATES

	NUMBER OF CASES	NUMBER OF KNOWN DEATHS[1]	CASE-FATALITY RATE
1981 Jan-June	86	78	91%
July-Dec	181	164	91%
1982 Jan-June	364	316	87%
July-Dec	649	565	87%
1983 Jan-June	1220	1078	88%
July-Dec	1586	1359	86%
1984 Jan-June	2447	1989	81%
July-Dec	3194	2560	80%
1985 Jan-June	4368	3333	76%
July-Dec	5442	3812	70%
1986 Jan-June	6546	3843	59%
July-Dec	7408	3059	41%
1987 Jan-June	7588	2033	27%
July-Sep 28	1199	159	13%
TOTAL[2]	42354	24412	58%

H. REPORTED CASES AND DEATHS BY OPPORTUNISTIC DISEASE CATEGORY

	CASES REPORTED SINCE JANUARY 1/DEATHS				CUMULATIVE CASES/DEATHS			
	Reported Cases		Known Deaths[4]		Reported Cases		Known Deaths	
DISEASE CATEGORY REPORTED[3]	Number	(% Total)	Number	(% Cases)	Number	(% Total)	Number	(% Cases)
Pneumocystis carinii Pneumonia	8766	(66)	2654	(30)	27527	(65)	15887	(58)
Other Opportunistic Diseases	3263	(24)	1422	(44)	9659	(23)	6135	(64)
Kaposi's Sarcoma	1342	(10)	260	(19)	5168	(12)	2390	(46)
TOTAL	13371	(100)	4336	(32)	42354	(100)	24412	(58)

I. AGE AT DIAGNOSIS BY RACIAL/ETHNIC GROUP

	WHITE, NOT HISPANIC		BLACK, NOT HISPANIC		HISPANIC		OTHER[5]/ UNKNOWN		TOTAL	
AGE GROUP	Cumulative Number	(%)	Cumulative Number	(%)	Cumulative Number	(%)	Cumulative Number	(%)	Cumulative Number	(%)
Under 5	89	(0)	290	(3)	124	(2)	4	(1)	507	(1)
5 - 12	32	(0)	27	(0)	16	(0)	1	(0)	76	(0)
13 - 19	71	(0)	63	(1)	32	(1)	4	(1)	170	(0)
20 - 29	4887	(19)	2573	(25)	1330	(23)	71	(18)	8861	(21)
30 - 39	11807	(46)	4949	(48)	2777	(47)	187	(46)	19720	(47)
40 - 49	5825	(23)	1748	(17)	1138	(19)	97	(24)	8808	(21)
Over 49	2969	(12)	737	(7)	466	(8)	39	(10)	4211	(10)
TOTAL [% OF ALL CASES]	25680	[61]	10388	[25]	5883	[14]	403	[1]	42354	[100]

[1] Reporting of deaths is incomplete.
[2] Table totals include 76 cases diagnosed prior to 1981. Of these 76 cases, 64 are known to have died.
[3] Disease categories are ordered hierarchically. Cases with more than one disease are tabulated only in the disease category listed first. Kaposi's sarcoma has been reported in 2039 cases since January 1 and in 8348 cases cumulatively.
[4] Deaths are only in cases reported to CDC since January 1 of current year.
[5] Includes patients whose race/ethnicity is Asian/Pacific Islander (257 persons) and American Indian/Alaskan Native (45 persons).

THE FUTURE OF AIDS IN THE U.S.?

# Americans Infected		People with AIDS*	
1981	120,000	End of 1986	30,000
1986	1,100,000	End of 1991	270,000
1987	1,500,000	End of 1992	375,000
1991	4,000,000	End of 1996	1,000,000

*Based on U.S. Public Health Services estimate that 20-30% of People infected with the AIDS virus will develop AIDS within 5 years.

Neil R. Schram, M.D.

New York Times, May 30, 1987

Yearly AIDS Cost of $10 Billion And a Far Greater Peril Are Seen

By ROBERT PEAR
Special to The New York Times

WASHINGTON, May 29 — Federal officials and health economists say the AIDS epidemic will cost the nation at least $10 billion to $15 billion a year by 1991, and they warn that it may require major changes in the financing of health care.

But even those figures, which include the costs of care for AIDS patients, research, health education and blood testing, will be dwarfed by the value of earnings and output lost, researchers say.

Citing these estimates, Dr. Otis R. Bowen, the Secretary of Health and Human Services, said recently that the economic costs of the epidemic would

If Government projections are correct, acquired immune deficiency syndrome will be one of the 10 leading causes of death in 1991, according to Dorothy P. Rice, former director of the National Center for Health Statistics, and it will be the leading cause of death among people 25 to 44 years old.

So far, the costs of the epidemic have fallen heavily on big cities and their public hospitals, but that trend is lessening. New York City and San Francisco have accounted for 36 percent of all AIDS cases reported in the United States. But the Public Health Service estimates that by 1991, New York and San Francisco will have accounted for less than 20 percent of all cases.

Specific Numbers Elusive

Although specific figures are elusive, the Public Health Service and other experts say it will cost at least $8.5 billion to provide medical care for AIDS victims in 1991, a dramatic increase from the $1.1 billion spent last year. Such care could cost as much as $16 billion in 1991, the Public Health Service says.

The estimates of future spending reflect the projected purchasing power of dollars.

Research, health education, blood testing and other services related to AIDS will cost the nation $2.3 billion in 1991, according to the most comprehensive and rigorous study of the issue, done under a Federal contract with Government data. The comparable figure last year was $542 million.

Continued on Page 9, Column 1

The study, by Mrs. Rice and Anne A. Scitovsky, an economist at the Palo Alto Medical Foundation in California, says the earnings and output lost as a result of the sickness and premature death of AIDS patients will total $55 billion in 1991, up from $7 billion last year.

A Cruel Paradox

Paradoxically, new therapies, by prolonging life without curing the disease, may increase total costs of caring for AIDS patients, according to the Congressional Office of Technology Assessment, some physicians and local health officials.

The New York State Health Commissioner, Dr. David Axelrod, recently estimated that hospitals in New York City would spend $1 billion a year on the care of AIDS patients by 1991, up from $400 million last year.

The Government estimates that 54,000 to 64,800 people will die from AIDS in 1991, with perhaps three-fourths of them between the ages of 25 and 44, some of the most productive working years.

Insurers 'Somewhat Alarmed'

Richard S. Schweiker, a former Secretary of Health and Human Services, who is president of the American Council of Life Insurance, a trade association, said he and his colleagues were "somewhat alarmed" by the projected costs.

"Until we can check the spread of the disease," Mr. Schweiker said, "we all will pay one way or the other for its high costs, either through higher insurance premiums, higher taxes or higher personal out-of-pocket expenses."

The future costs depend on two factors: the number of cases of AIDS and the average cost of a case. Both factors are difficult to predict. The Public Health Service estimates that 174,000 people with AIDS will be alive at some time in 1991. Estimates of the cost of caring for a patient range from $45,000 to $130,000, depending on the patient's ailments, the type of care and the length of hospital stays.

The Government has recorded 35,980 cases of acquired immune deficiency syndrome and 20,798 deaths. Homosexual and bisexual men and intravenous drug users account for 89 percent of the cases in the United States.

Drug Cases More Costly

The cases involving drug users have been more costly for several reasons.

Homosexual victims, especially in San Francisco, have access to outpatient care and social services that are usually not available to drug users. As a result, the average cost of treating AIDS patients has been lower in San Francisco than in New York or elsewhere.

In addition, the drug users tend to have a larger number of underlying health problems, so their medical condition is generally worse at the outset. AIDS cripples the immune system, leaving victims vulnerable to other ailments, notably Kaposi's sarcoma, a cancer of the skin and blood vessels, and a particular form of pneumonia. Treatment for the sarcoma, which occurs more often among homosexual men, has been less expensive than treatment for the pneumonia, which is more common among drug abusers with AIDS.

The drug users are less likely to be employed and less likely to have health insurance than the homosexuals, according to James D. Bentley, vice president of the Association of American Medical Colleges.

Dr. Jo Ivey Boufford, president of the New York City Health and Hospitals Corporation, said the city had a "particulary costly" mix of patients. "The average length of stay for AIDS patients in our hospitals is now 21 days, compared with about 11 days in San Francisco," she said.

Bigger Load for Medicaid

Drug users, including those who are homosexual or bisexual, account for 13 percent of the AIDS victims in San Francisco and for 36 percent in New York City. But they account for 75 percent of the AIDS patients in New York City's public hospitals, Dr. Boufford said.

Medicaid, the Federal-state program for people with low incomes, is paying 23 percent of the costs of health care for AIDS victims nationally, according to the Department of Health and Human Services. The number of AIDS victims receiving Medicaid benefits is expected to rise from 8,000 last year to 13,000 this year and 44,000 in 1991, the department says.

Dr. Philip R. Lee, director of the Institute for Health Policy Studies at the University of California in San Francisco, said the epidemic was "forcing state legislatures to confront the medical problems of the indigent and the uninsured generally." It "dramatizes the need for society to find a better means of providing and financing post-hospital care, home care and long-term care," he said.

Prof. Uwe E. Reinhardt, a health economist at Princeton University, said, "The tragedy of AIDS will trigger

Treating AIDS: The Economic Toll

Figures are estimated and have been rounded.

Victims

	1985	1986	1991
Cumulative total of cases	19,000	35,000	270,000
Cumulative total of deaths	9,000	18,000	179,000

Cost of Care

In millions

	1985	1986	1991
Medical care of AIDS patients	$630	$1,119	$8,544
Other medical costs, including research, health education, blood testing and support services.	$319	$ 542	$2,325
Total cost of medical care	$949	$1,662	$10,869

Sources: U.S. Public Health Service (cases and deaths), and a study for the agency by Anne A. Scitovsky, Palo Alto Medical Foundation, and Dorothy P. Rice, University of California, San Francisco (costs).

a big push for deeper Federal involvement in providing health care for the poor."

Dennis P. Andrulis, research director for the National Association of Public Hospitals, predicted that many private hospitals would send AIDS patients to public hospitals, forcing the hospitals to develop new expertise in the deadly disease. Such referrals are most likely in Southern states, where the scope of Medicaid benefits is inadequate to cover the costs of care for AIDS patients, he said.

Parkland Memorial Hospital, a 760-bed public facility in Dallas, estimates that its costs for treating AIDS patients, $1.2 million last year, will rise to $2.9 million this year and $10.8 million in 1989. Gregory G. Graze, a vice president of the hospital, said today that local taxpayers would have to bear much of the cost because "these patients typically have lost their insurance by the time they enter the hospital, and Texas has one of the least generous Medicaid programs in the country."

The antiviral drug azidothymidine, or AZT, may reduce the need for expensive hospitalizations, according to its manufacturer, the Burroughs Wellcome Company. But a year's supply of the drug for one patient costs $8,000 to $10,000, and that does not include the cost of treating possible side-effects.

David G. Pockell, senior vice president of Kaiser Permanente, the prepaid health plan that serves five million people, said such new products and technologies could significantly increase the lifetime costs of care for AIDS patients.

Linda S. Quick, executive director of the Health Council of South Florida, a planning agency in Miami, said, "AIDS patients who live longer are showing up with neurological problems that require nursing home care and occasional hospital stays, which may also increase costs."

Rand Study

$37 Billion Cost For AIDS Patients

By Ramon G. McLeod

The cost of treating AIDS patients between 1986 and 1991 may exceed $37 billion, including $10 billion that will be paid out of Medicaid, according to a report released today by the Rand Corp.

"We are all going to pay for this, both in the increasing cost of private insurance premiums and in federal outlays," said Anthony Pascal, author of the Rand study.

Pascal said the health care costs he developed are a cumulative estimate for the period between mid-1986 and mid-1991. He said they were based on projections that as many as 400,000 Americans will have been diagnosed with acquired immune deficiency syndrome by 1991.

Since 1981 there have been 36,058 diagnosed AIDS cases and 20,849 deaths in the United States, according to latest data from the national Centers for Disease Control in Atlanta.

Cost per Patient

It now costs between $70,000 and $200,000 to treat an individual AIDS patient, but even these extraordinarily high costs are likely to soar as the demographics of AIDS change, he said.

Currently, homosexual or bisexual men account for about 97 percent of all AIDS patients both nationally and in San Francisco, according to studies by health authorities.

By 1991, however, intravenous drug users may account for as many as 20 percent of AIDS cases. Such drug users, who are the major source of spreading the infection among women, are more likely to contract AIDS-induced pulmonary diseases and neurological impairments. These diseases are the most expensive to treat of the variety of diseases that AIDS patients can contract, he said.

Intravenous drug users also tend to be from low-income groups. This indicates that state and federally financed Medicaid programs for the poor may be heavily strained by this emerging group of AIDS patients.

Pascal pointed out that even relatively well-heeled AIDS victims can quickly exhaust their assets and become unable to pay for private medical insurance.

Medi-Cal Cases

Current studies show that as many as 25 percent of California's AIDS patients are on Medi-Cal, the state Medicaid program, at time of death, according to the Rand study.

"The most urgent problem, other than finding a cure, is to apportion these cost burdens out," he said. "To the extent it is feasible, home care rather than hospitalization is a key way of reducing costs," he said.

San Francisco has been the national leader in providing home care for AIDS patients, he said. The first home care program in the nation was established by the Shanti Project in 1981.

This year the program has saved the city $2.5 million in public health costs with its wide-ranging mix of in-home services and more than 600 volunteers.

S. F. Chronicle

San Francisco Chronicle, 28. Juli 1987

N.Y. Officials Asking: 'Who Pays AIDS Bill?'

New York

With the largest number of AIDS cases in the country, New York City is facing the epidemic's worst headaches first, particularly the problem of how to finance the increasing costs of patient care.

City officials warn that it is a problem that other cities — particularly San Francisco — should start grappling with now, or there will be "hell to pay" in a few years.

Treatment costs for AIDS patients in New York municipal hospitals will soar to nearly $334 million in the coming fiscal year, city budget analysts estimate. After reimbursements from state and federal Medicaid payments, the city will bear about $85 million of the bill.

Within four years, treatment costs to the city will increase threefold. In the 1990s, publicly supported AIDS patients in New York City will consume more than $1 billion a year in medical expenses.

Currently, the federal government insists that except for what is covered by current programs such as Medicaid, these costs must be borne by states and cities. City officials, however, say that such new, unexpected expenses will rapidly drive their budgets into the red.

"Washington must now assume its rightful burden," said Mayor Edward Koch when he released those depressing figures in May. "It's long overdue. It's too much like waiting for Godot."

For all the heated debate about AIDS testing and safe sex, city officials around the country see the question of who pays for AIDS treatment as one of the most crucial unresolved issues of the epidemic.

The controversy is apt to get only thornier as the nation's AIDS caseload, already nearing 40,000, increases and costs rise accordingly. This is particularly true in New York where a disproportionate number of cases are minority intravenous drug users.

"It's hard to sell people on the necessity of providing medical care to junkies," said Lee Jones, a Koch spokesman. "That's what the issue will become here in New York, and it will be a difficult one politically."

'It's hard to sell the necessity of providing medical care for junkies'

In San Francisco, where the city budget is already strained, public health director Dr. David Werdegar concurs that the treatment issue needs to be addressed in Washington.

"We will not be able to handle the problem with city dollars," he said. "If we have to subsidize significantly more home or nursing care, it won't be able to be done. We have to turn to the state and federal governments. I hope they don't turn their backs on us."

— Randy Shilts

Study: AIDS claims could hit $50 billion

By DUNCAN MANSFIELD
The Associated Press

BOSTON — The cost of AIDS-related deaths to American life insurance companies from existing policies could reach $50 billion by the turn of the century, experts said Tuesday as they released the first major study of the disease's effect on the industry.

The study said AIDS-related deaths could account for more than 20 percent of the claims against some firms.

Individually insured AIDS-related life insurance claims on people already with policies could amount to more than $30 billion between now and the year 2000, according to the study commissioned by the 10,000-member Chicago-based Society of Actuaries.

In addition, the industry can expect to pay about $20 billion for AIDS-related group claims against existing policies, the study researchers said, based on preliminary estimates.

The industry paid out about $200 million in AIDS claims last year, or about 1 percent of the total $19.6 billion it paid in 1986 claims.

Harold Ingraham Jr., president of the Society of Actuaries, said the figures show that researchers studying the impact of acquired immune deficiency syndrome have underestimated the damage the disease will do.

"They have been underestimating, I think, the proportion of people that carry the virus and ... the speed at which (those people) are going to get AIDS," Ingraham said in a telephone interview Tuesday from his Hartford, Conn., office.

Modesto Bee, Aug 5. 1987

The study based its finding on statistics from the Centers for Disease Control which suggest that 15 percent of those infected with the HIV virus develop AIDS after five years and up to 36 percent after seven years.

The study was written by Michael J. Cowell and Walter H. Hoskins, actuaries for Worcester-based State Mutual Life Assurance Co. of America.

Cowell said the study presents two areas of concern to the life insurance industry: dealing with claims already on the books and trying to anticipate new claims.

The CDC reported there were 8,000 AIDS deaths last year, and has projected that the number will rise to 54,000 by 1991 — an estimate that seems "plausible" based on his own research, Cowell said.

He said assuming the CDC numbers were valid, AIDS claims are expected to go up by a factor of 10 by the 1990s.

The $30 billion in projected AIDS claims on existing individual policies by the year 2000 would compare with a projected $251 billion in total death claims on individual policies by the end of the century, said State Mutual spokesman Mark Plotczyk.

Some insurance companies, particularly those companies which have targeted the affluent male market where the risk of AIDS is higher, have had AIDS claims ranging from 5 percent to 6 percent of their total.

"By 1991, some companies may be up to 20 percent and that's going to be a serious strain for them," Cowell said.

But the unknown risk on new policies is presenting the greatest worry to the industry, he said.

ABA seminar: Picking up the tab for AIDS

UNITED PRESS INTERNATIONAL

Insurance industry experts and civil-rights advocates battling Wednesday over the impact of AIDS on society agreed on one issue: Somebody will have to pick up the tab, estimated to be in the billions.

"Someone has to pay for AIDS," said Benjamin Schatz, director of the AIDS Civil Rights Project in San Francisco and a lawyer for National Gay Rights Advocates, a public-interest law firm.

"The best way for the insurance industry to reduce its liability is to do its damnedest to reduce the spread of AIDS," he said.

Insurance executives Wednesday at an American Bar Association seminar on AIDS in San Francisco said it was impossible to predict the medical and life-insurance costs of acquired immune deficiency syndrome.

The Boston-based Society of Actuaries last week said AIDS-related cases would cost the insurance industry $30 billion in terms of existing life insurance policies and $20 billion in terms of policies yet to be written.

In May, Rand Corp., a research institution, said the medical costs of treating AIDS during the next five years could range from $37 billion to as much as $113 billion.

One expert warned there could be severe strain, even bankruptcies, among insurance companies as the number of people with AIDS mounts.

"We will see some serious financial difficulties," said Angele Khachadour, general counsel to Blue Cross of California.

Chrys A. Martin, an attorney with Bullivant Houser, Bailey Pendergrass & Hoffman of Portland, called the potential AIDS costs to industry and government "just phenomenal."

The cost of caring for a typical AIDS patient for two years between contraction of the disease and death, Martin said, ranges between $30,000 and $147,000.

By 1991, Martin said, the cost to the insurance industry of health and life insurance for AIDS patients will be $8 billion to $16 billion.

"If someone set out to design a disease to confound the health- and life-insurance system, AIDS ... would be a perfect result," said Russ Iuculano, senior counsel to the Washington-based American Council of Life Insurance.

S.F. Examiner, Aug. 14, 1987

2. "RISK GROUPS"

The concept of "risk groups" is by now somewhat outdated and in any case rather questionable. Most American public health professionals prefer to speak of "risk behavior" when referring to a possible HIV infection. Nevertheless, the term may retain some usefulness in a socio-political context, because it may hint at some of the reasons why many AIDS prevention campaigns, including that waged by the U.S. Federal Government, are inadequate.

Studying the available figures dispassionately one discovers that the white heterosexual majority, with the possible exception of sexually active white teenagers who experiment with multiple partners, is in no immediate danger of infection. While it is true that there is a steady, if slow, increase in heterosexual transmission, it is also true that, for the foreseeable future, most infections will continue to occur among homosexual and bisexual males (although at a lower rate) and among IV drug users. These infected drug users, however, may very well transmit the virus heterosexually to their non-drug-using partners. This will occur most likely in the black and brown ghettos of large American cities where IV drug use is rampant. Thus, the spread into the heterosexual population will probably occur first among inner-city Blacks and Hispanics. This is all the more likely as recent studies have found a worrisome increase in syphilitic infections in these populations. Those who already suffer from syphilis run an increased risk of HIV infection.

It is to be feared that AIDS prevention measures will remain inadequate at all levels -- federal, state and local -- as long as AIDS is perceived as a disease of "faggots, junkies, niggers and spics." Many American public health professionals feel, however, that those who hesitate to implement the necessary prevention measures now are taking a dangerous gamble. The discussion around this issue is summarized by a New York Times commentator. This commentary is reproduced on the next page.

The whole question of "risk groups" has, therefore, long ceased to be a scientific problem and has turned into a political issue. In order to illustrate both the confusion surrounding this issue and its propagandistic impact, some newspaper reports are reprinted on the following pages. They deal, in sequence, with the following groups:

1. Homosexual and bisexual men

2. Heterosexual women and men

3. Recipients of blood and blood products

4. Children and adolescents

5. Prostitutes

6. IV drug users

7. Prisoners

8. Mental patients

9. U.S. Army recruits

10. Ethnic minorities

New York Times
Sept. 22, 1987

ON MY MIND | A. M. Rosenthal

AIDS and Self-Interest

The fire is spreading and we can see it from our house. But we stand in the doorway and say it is not our fire; it is theirs, those people down the street, and we don't like them anyway. Then we go inside; but still it spreads.

Sadly, that still sums up the attitudes and emotions of many Americans, and their Government, toward the AIDS epidemic.

Two issues of importance make this clear. One is whether AIDS is something that homosexuals and drug addicts should worry about but the rest of us can really forget, beyond an expression of compassion from time to time. The other is now before Congress: should the Federal Government try, at least try, to prevent discrimination against AIDS victims?

A lot more than emotion is involved. These two issues will decide if the country sees AIDS as a national problem to be attacked nationally or as something that can be segmented and confined to those others. And that in turn will decide how much money, energy and planning will go into the effort against AIDS.

The first question is bubbling up more and more: look, I am a heterosexual and I don't take drugs or sleep with junkies. Isn't the truth that tomorrow, as today, the victims will be the same — homosexuals, and addicts stupid enough to use dirty needles?

The spread of AIDS to heterosexuals is documented, in bitter statistics. Dr. Sheldon H. Landesman, director of the AIDS study group at the State University of New York Health Science Center in Brooklyn, says that in New York City alone there are 100,000 intravenous drug-using males who have been infected with AIDS and there are 15,000 to 20,000 women who have been infected by having sex with addicts using contaminated needles. Only God knows how many other women will get the virus in the years ahead.

But will these women spread AIDS to heterosexual men who will then spread it to other heterosexual women? There are few known cases of that having happened in this country.

But to assume it will not happen, in a disease known only for a few years and still mysterious in nature, origin and transmission, is the most dangerous kind of self-deluding complacency. AIDS has become heterosexual in Africa and to say it cannot happen here is not science but Russian roulette.

Katie Leishman, writing in the February 1987 Atlantic Monthly on heterosexuality and AIDS, put it this way: "It can't hurt to think of the virus as having an intelligence, and a commitment to survival that exceeds that of many people."

There is no cure or vaccine for AIDS, and there may not be for decades. Therefore only people can fight it — people with the AIDS virus and people without it. Without the effort of one group, the other will fail.

The untouched need the help of the sufferers and the AIDS carriers, who have to make the moral commitment not to have sexual intercourse with those not affected. There is no other way for the victims to guarantee — for their own souls' sake — that they are not spreading death. American society must persuade those who may have had sexual intercourse with carriers to be tested.

So it is plain self-interest — as well as plain humanity — to try to protect anybody who may carry AIDS from the fearful discrimination, bigotry and isolation that goes with the disease. We will never succeed entirely, but at least the sufferers and their friends and families can be shown that the country is trying, through social education and through legislation.

> A lot more than emotion is involved.

And now, along comes the Reagan Administration and announces that it is against proposed Federal legislation aimed at protecting AIDS victims from discrimination. Leave it to the states, says Dr. Otis R. Bowen, Secretary of Health and Human Services. That is a stand that helps neither health nor human services.

There is no legal reason to prevent a Federal statute forbidding discrimination against AIDS victims. And the Administration acknowledges that infected persons have been subject to discrimination.

But Dr. Bowen says it should be fought state by state. Or, don't do in one way what can be done 51 different ways — provided some states want to do it at all.

Dr. Bowen explains that under a system of state anti-discrimination laws, each state and Congress "will be able to observe and learn from the results."

AIDS carriers also will learn from Dr. Bowen. They will learn that as far as Federal protection is concerned they are abandoned. The "moral commitment" argument to AIDS carriers will still be valid. But unless Congress refuses to go along with the Administration's callousness, that argument may ring terribly hollow. ❑

1. HOMOSEXUAL AND BISEXUAL MEN

The following newspaper articles confirm to the average reader the fact that homosexual and bisexual men have indeed reduced the risk of infection where they have been reached by massive educational campaigns.

However, the risk reduction may not be as pronounced in those areas of the country that have not yet made the necessary educational efforts.

SF Chronicle 6/25/87

Few Gays Now Getting AIDS, S.F. Studies Find

By Randy Shilts

San Francisco's intense "safe sex" education efforts have reduced "to almost zero" the percentage of gay men getting infected with the AIDS virus, according to three studies of local gay men.

One study, conducted by the San Francisco Department of Public Health, found that less than 1 percent of gay men in the city became infected with the AIDS virus last year.

A second study, conducted by the University of California at Berkeley in conjunction with the National Institutes of Health, found that less than 5 percent of gay men became infected with the virus in 1986.

This compares to an annual infection rate of 18.4 percent in 1983, before the city's health department and the gay community launched AIDS risk-reduction campaigns.

"Clearly, the data point to the fact that massive education and community involvement are a tool in reducing the risk of getting AIDS," said Dr. George Lemp, surveillance director for the AIDS office at the San Francisco Department of Public Health.

"This shows that people respond to education," he added.

By studying the blood of 276 gay men who enrolled in hepatitis vaccine trials in 1978, the health department has been able to follow the spread of the AIDS virus through San Francisco gay men, the population that comprises 95 percent of local AIDS cases.

AIDS EDUCATION SUCCESS

From Page 1

The study, conducted with the national Centers for Disease Control, has tested samples of blood stored since 1978 for antibodies to the AIDS virus and collected new samples from participants every year for AIDS tests. Antibodies to the AIDS virus usually appear within several weeks of infection with the virus. However, the disease typically takes 5 years to manifest itself.

Studying antibody test results, therefore, can give clues to the spread of AIDS infection, even before it emerges in AIDS cases.

Testing of blood collected in 1978 showed that 1.25 percent of men studied already were infected with the virus. By the time the epidemic was detected in 1981, one in six men studied were infected.

By 1982 and 1983, the numbers of people infected with the virus soared. Dr. Warren Winkelstein, a principal investigator of a federal study of San Franciso men, has figured that 18.4 percent of local gay men were infected in each of those years.

Both Winkelstein's data and the San Francisco hepatitis study show that the numbers of new infections have plunged in the wake of San Francisco's AIDS education programs, which are the most intense prevention efforts anywhere in the United States.

"This shows that people who were not infected learned how to avoid infection with the virus, and that the people who were infected did not disseminate the virus further to others," said Winkelstein. "We attribute the result to the prevention efforts."

A third study of local gay men, conducted by epidemiologists at San Francisco General Hospital, also has found a negligible increase of AIDS-infected gay men in 1986.

Epidemiologists cautioned, however, that the studies also found that about one-half of local gay men are infected with the AIDS virus. To some extent, the low level of new infections may reflect the saturation of the virus.

"Saturation has played some role in it," said Lemp. "It's very hard to determine how much of a factor that is."

Even with the decrease in the numbers of new AIDS infections, the infection rate of local gay men is one of the highest of any population in the United States.

Both the health department and UC studies show that about half of local gay men are infected with the AIDS virus. That translates to between 35,000 and 40,000 men. At least one-third of them — and possibly more — will come down with AIDS in the next five years, according to researchers.

Researchers said the value of the studies is to demonstrate to other regions of the country that AIDS education campaigns are effective.

The low levels of new infection have prompted at least one local AIDS education project to disband, saying its work seems to have been accomplished.

Since 1985, the Stop AIDS Project has sponsored hundreds of small discussion groups on strategies of changing behavior to reduce the risk of contracting AIDS. Some 6,900 gay men have attended four-hour sessions, designed to create peer support for eliminating unsafe sexual practices.

The organization, which was financed by the city health department, will hold its last meetings next month and dissolve on June 30.

"The number of new infections is approaching zero — it shows that prevention works," said Bill Folk, Stop AIDS executive director. "We have done what we set out to do. Safe sex is now the norm in the gay community. It certainly wasn't two years ago."

San Francisco Chronicle May 22, 1987

SFO Chronicle 5/19/87

Chicagoan Says AIDS Slowed by Education

Associated Press

Chicago

Education about AIDS and its spread has produced a dramatic drop locally in new infections among white male homosexuals, a researcher says.

"If this can be generalized around the country, it would stop the virus in its tracks," said Dr. David Ostrow, scientific director of the Chicago Comprehensive and Education AIDS Prevention Program.

Ostrow is a University of Michigan psychiatrist and member of a federally funded AIDS research team.

The study began in 1984 with about 600 homosexual and bisexual Chicago men and was expanded to include 1,000 men. Male homosexuals are among those considered at highest risk for the disease.

In the first six months of the study, 4.7 percent of previously uninfected subjects became infected with the AIDS virus, Ostrow said.

But during the most recent six months, the study found that just 0.3 percent contracted the AIDS virus, Ostrow told the Chicago Sun-Times.

Ostrow attributed the drop to a decline in anal intercourse and increased use of condoms and monogamy as a result of education about how to prevent the disease from spreading.

The psychiatrist said he was impressed that "the message on condoms is getting across." He said 10 percent of the study's subjects used condoms at the beginning of the project, but 60 percent use them now.

Ostrow said most of the subjects were white and that further research is needed to determine how well education will work among other groups.

The study was conducted by Ostrow and researchers from Northwestern University in Evanston, the University of Illinois-Chicago and Howard Brown Memorial Clinic of Chicago.

Acquired immune deficiency syndrome weakens the body's ability to fight infection, leaving the victim prey to life-threatening illnesses.

As of May 4, AIDS has been diagnosed in 35,219 people in the United States and claimed 20,352 lives, according to the federal Centers for Disease Control in Atlanta.

2. HETEROSEXUAL WOMEN AND MEN

The following newspaper reports, arranged in chronological order, reflect the continued uncertainty about the possible extent of heterosexual infection. While the studies sited focus on women, some concern about their male partners is implied. The last article hints at the greater potential for heterosexual infection in the urban ghettos, a problem that will be documented in greater detail under 10. (see ETHNIC MINORITIES below).

'Ordinary' women risk getting AIDS

By Lisa Kreiger
EXAMINER MEDICAL WRITER

ATLANTA — Many San Francisco women become infected by the AIDS virus without ever knowing they are at risk.

In a continuing study at five San Francisco health clinics, the majority of infected women caught the virus from men who did not tell them they were bisexual — a particularly high risk in The City — or from intravenous drug users.

"These are just ordinary, average women," said Dr. Connie Wofsy, co-director of the San Francisco General Hospital AIDS Unit and a principal investigator of the study, Project AWARE.

"They did not know, when they entered into the relationship, that they were taking a chance," she said at the International Conference on AIDS in Children, Adolescents and Heterosexual Adults.

The women were not prostitutes, drug users or promiscuous. Some were married. They averaged about three sex partners a year or five or more partners in the past three years, Wofsy said.

The clinic study shows there is a "new risk" factor — ignorance of your partner's habits and failure to protect yourself with condoms, she said.

Similar findings are reported in Newark, N.J., and other cities, according to speakers at the conference.

"It's amazing to me how fooled and shocked women are when they find out," said Dr. James Oleske of New Jersey College of Medicine in Newark.

He reported cases of "third-generation AIDS," in which neither a woman nor her husband had high-risk behavior — but he engaged in sex with someone who did.

"You can be in a relationship with someone for years and not know the dark side of their behavior," Oleske said.

San Francisco women may be at particular risk: The City has an estimated 9,000 bisexual men who are sexually active with women and men, according to Wofsy.

If half of these men are infected with the acquired immune deficiency syndrome virus, as suspected, roughly 4,500 women may be unwittingly exposing themselves to infection.

Of the 289 women seen by Project AWARE researchers, 5 percent are infected by the virus. More than two-thirds had partners who were bisexual; less than one-third had partners who had used drugs intravenously.

Because the women came to the clinics seeking AIDS testing — often after discovering their partner was in a high-risk group — the 5 percent rate of infection is higher than that expected in The City's general female population.

But because they had not put themselves at undue risk by drugs, prostitution or promiscuity, "These women are just like us, an American cross section," said Wofsy.

In fact, Wofsy sees prostitutes as less likely transmitters of AIDS virus because most of them use condoms and other "safe sex" practices. She has enlisted prostitutes in programs to educate other women about the use of condoms.

Many women seen by the Project AWARE clinics have taken steps to reduce their exposure by insisting on use of condoms. Exact data on behavioral changes are not yet available.

Of particular concern, Wofsy said, are promiscuous non-prostitutes — women who have 50 to 70 partners a year, do not use condoms and refuse to believe they are at risk of AIDS.

The exact rate of AIDS transmission from men to women and from women to men is still disputed by scientists. But it now seems likely that equal numbers of men and women will be infected. Women are more vulnerable to infection by virus-laden semen than men are by cervical secretions. The odds are evened because men tend to have more sex partners.

The worst-case scenario, researchers agree, is that of a one-man mini-epidemic caused by a Rwandese man living in Belgium. He was a consulting engineer, described as "handsome, single and highly scientific," and he had 20 to 30 sex partners a year before dying of AIDS in December 1985.

Of 17 former partners who have been located — many of them middle-class, European women, including a lawyer, a teacher, a photographer and a student — 10, or 59 percent, are now infected by the virus. Six have lymphadenopathy; two have AIDS-related complex; one has AIDS.

"These were not promiscuous women. They were not drug users. Some had contact with only this man; others, who were married, had their only other sex contact with their husband," said Dr. Nathan Clumeck of the Hospital St. Pierre in Brussels.

The Rwandan had "a voracious virus," unusually infectious, said Wofsy. "He was the right man with the wrong virus. His partners had very bad luck."

On the other end of the spectrum are cases of women who have a long-term relationship with an infected man and for unknown reasons never become infected themselves.

"But at the beginning of a relationship," said Wofsy, "how do you ever know?"

S.F. Examiner
Feb. 22. 1987

San Francisco Examiner April 17, 1987

More women getting AIDS from heterosexual contact

By Patrick Young
NEWHOUSE NEWS SERVICE

ATLANTA — The proportion of American women with acquired immune deficiency syndrome who contracted the disease as a result of heterosexual activity nearly doubled in five years and accounted for one out of four AIDS cases in women last year, a new federal analysis has found.

"Intravenous drug use was the major risk factor for women with AIDS, and the second most common risk factor was heterosexual contact with a person at risk for AIDS," Dr. Mary E. Guinan and Ann Hardy of the federal government's Centers for Disease Control reported Friday in the Journal of the American Medical Association.

"In the United States, at the present time, a heterosexual woman is at greater risk for acquiring AIDS through sexual intercourse than is a heterosexual man," they said.

Guinan and Hardy reviewed 1,819 cases of AIDS in women reported to CDC between mid-1981 and November 1986. Fifty-two percent were intravenous drug users and 21 percent were heterosexual with no known risk factors for AIDS, such as illicit drug use or blood-products transfusions.

But while the proportion of female AIDS victims who were drug abusers rose and then fell back over the five-year span, heterosexual women made up an increasingly larger part of the total cases reported each year. From 14 percent in 1982 and 1983, the proportion rose to 17 percent in 1984, 20 percent in 1985 and 26 percent in the first 45 weeks of 1986.

In 11 percent of the women, no specific risk factor could be identified to explain their disease.

Among the 1,819 women, 381 developed AIDS from heterosexual contact. By contrast, only 75 of 5,358 heterosexual men developed AIDS from heterosexual activity. The rest were caused by such things as contaminated needles and blood transfusions.

As of April 13, a total of 33,997 AIDS cases — including 2,295 women — and 19,658 deaths had been reported to CDC. Homosexual or bisexual men accounted for more than 74 percent of all AIDS cases. Women accounted for just under 7 percent of the total cases. Heterosexual men accounted for the remainder.

Guinan and Hardy said the larger number of heterosexually acquired AIDS cases in women probably resulted from two factors: "A greater proportion of men are infected, and therefore a woman is more likely than a man to encounter an infected partner" and "the efficiency of transmission of (the AIDS virus) from man to woman may be greater than from woman to man."

More than 70 percent of the women with AIDS were black or Hispanic and more than 80 percent of the women were of child-bearing age. This finding is viewed as disturbing because AIDS can be passed from mother to child in the womb or at birth.

Guinan and Hardy expressed concern that the increasing heterosexual spread of AIDS to women will increase the number of babies born with the incurable disorder.

S.F. Examiner, June 4, 1987

AIDS spreading faster among heterosexuals

By Lisa Krieger
EXAMINER MEDICAL WRITER

WASHINGTON — The number of people who have acquired AIDS through heterosexual sex doubles every 10 months, making heterosexual sex the fastest-growing route of transmission for new AIDS infections, according to a new Centers for Disease Control study.

In comparison, new cases among gay or bisexual men and intravenous drug users double every 14 months, CDC researcher Dr. Mary Chamberland said Tuesday.

Although transmission through heterosexual sex is still uncommon, it represents 2.3 percent of all cases of acquired immune deficiency syndrome in 1986, compared with 1.1 percent of cases in 1983, the study shows. In California, 22 cases were linked to this method of transmission, Chamberland said.

A second study, based in San Francisco, found that women who have sex with intravenous drug users or bisexual men have higher risk than women who have multiple (more than 10) heterosexual partners, said Dr. Judith Cohen of San Francisco General Hospital and UC-San Francisco. Cohen's report was made Wednesday at the Third International Conference on AIDS.

☐ Senate backs AIDS tests for immigrants **Page A-6**
☐ Promising synthetic protein to be tested **Page B-10**

His study found that about 5 percent of sexually active women seen in clinics were infected by the AIDS virus.

The number of U.S. AIDS cases in people infected through heterosexual sex more than doubled, the CDC study said, increasing from 130 to 300, or 131 percent — from 1985 to 1986.

By comparison, new cases among people who shared intravenous needles climbed 56 percent, and new cases among those who engaged in gay or bisexual sex with an infected person climbed 53 percent.

— See AIDS, A-10

"It (heterosexual sex) represents the larger percent increase of all categories," Chamberland said. "If trends continue, it will be the cause of 5 percent of all cases by 1991."

The CDC urges that more counseling and testing be available for women whose partners are drug abusers and who therefore would be of greater risk of being infected by the AIDS virus.

Of people who acquired AIDS infection through heterosexual sex, the partners of 83 percent were intravenous drug abusers; 11 percent were hemophiliacs or recipients of infected blood; and 7 percent were natives of Haiti or Central Africa. The category of sex partner was undetermined in 12 percent of cases, her study found.

Chamberland's study of AIDS transmission among heterosexuals and other reports presented at the conference also found:

- 30 percent of women with AIDS acquired it through sex with infected partners. Heterosexual transmission is more common from men to women than vice versa, Chamberland said. AIDS researchers have found that semen contains the virus and thus is relatively easily transmitted from men to women.
- Those who acquire AIDS through heterosexual encounters are likely to be young and of childbearing age. Eighty percent of women and 60 percent of men who developed AIDS through heterosexual sex were under age 39.
- Blacks represent a larger portion of these cases than other ethnic groups. In a nationwide study of

'Heterosexual sex represents the larger percent increase of all categories'

—Researcher Mary Chamberland

cases acquired through heterosexual sex, 48 percent were in blacks; 26 are sexual partners of IV drug abusers increased from 16 percent to 32 percent from 1985 to 1986, said Dr. James Curran, head of the AIDS program at the federal CDC in Atlanta.

Black and Hispanic children are at greater risk, he said, because of greater drug use in these populations in cities where AIDS is prevalent. He said the figures were to be taken only as a statistical observation — "this is not minority-bashing," he said.

As of Monday, 51,535 AIDS cases had been reported in 113 countries, said the WHO's Mann. But he estimated that 10 to 20 times that number might be infected.

Unlike every other major health problem, AIDS strikes sexually active adults in their prime working years, he said.

"The selective involvement of young and middle-aged adults," Mann said, "including business and government people and members of other social, economic and political elites, leads to a potential for economic and political destabilization in areas of the developing world severely affected by HIV (the AIDS virus).

"What political system could withstand for long the destabilizing influence of a 20 or 25 percent or higher HIV infection rate among young adults?" he added.

percent in Hispanics; 25 percent in whites; and 1 percent in Asians, the CDC study found.

• White women were more likely than black women to be infected by sex with bisexual men. But black women were more likely to become infected through sex with infected IV drug abusers, Chamberland found.

• Women who had sex with people who had AIDS or AIDS-related complex or people who had been exposed to the virus but were not yet ill were four times more likely to be infected with the AIDS virus than were women who had sex with more than 10 partners over the same time period, said Cohen. Women who had sex with bisexual men or IV drug users were twice as likely to be infected as were women with multiple partners, her research showed.

•Women who had sex during menses or who were also infected by cytomegalo or hepatitis viruses were twice as likely to be infected with the AIDS virus as women who abstained during menstruation and did not have these other infections. Anal or oral sex did not seem to pose a greater risk than vaginal sex, according to Cohen.

•A high number of sex partners did not boost risk of AIDS infection, according to another study presented Wednesday by Dr. Nancy Padian of UC-Berkeley. Prostitutes working in legal Nevada brothels who had an average of 2,191 sex partners over three years showed no higher rate of infection than prostitutes who had been imprisoned and had only 20 sex partners over the same the time period, Padian found.

• Among the steady heterosexual

'Women are at highest risk when their partners are in the disease's final stages'

—Dr. James Goedert

partners of patients with AIDS or AIDS-related complex, nearly half became infected with the virus. Of these, 47 percent were women who got the virus from men; and 58 percent were men who got the virus from women, according to research by Dr. Neal H. Steigbigel of the Albert Einstein College of Medicine in New York. He made his presentation Wednesday.

• Women are at highest risk when their sex parters are in the final stages of the disease, said Dr. James J. Goedert of the National Cancer Institute. In a study of female sex partners of hemophiliacs with AIDS, he found that women were most likely to become infected by men who had low levels of immune system T-cells and high levels of virus in their bodies, showing serious disease.

This evidence suggests that an effective anti-viral drug could protect both AIDS patients taking the drug and their sex partners because the drug would suppress the amount of virus being transmitted, according to his research.

• The proportion of AIDS cases in children under age 5 whose mothers

N.Y. Times, June 6, 1987

Study Sees Low AIDS Risk For Women in Single Episode

WASHINGTON, June 5 (AP) — A report issued here Thursday estimated that a woman's odds of being infected with the AIDS virus from a single episode of sexual intercourse with an infected man were about one in 1,000.

Researchers said the report was consistent with previous studies indicating that the virus did not easily pass between heterosexuals in intercourse. They said it supported suggestions that the AIDS epidemic would spread slowly among heterosexual Americans. But the new study also found that the infection did often spread from men to women after repeated sexual encounters.

The study, of 96 women who were the sexual partners of infected men, was directed by Dr. Nancy Padian of the University of California at Berkeley. It was presented at the Third International Conference on AIDS.

Number of Encounters Was Key

One-third of the women studied eventually became infected with the AIDS virus. This seemed to depend largely on how many times they had intercourse with an infected partner.

Eight percent of those with fewer than 150 sexual contacts became infected, while 29 percent became infected after 151 to 600 sexual encounters and 36 percent became infected after more than 600 contacts.

A colleague of Dr. Padian at Berkeley, Dr. Warren Winkelstein, said in presenting the study's findings to the conference that too few men had been infected heterosexually to calculate a man's risk from a single expisode of sexual intercourse with an infected woman.

He said other research suggested the odds of passing on the AIDS virus in anal intercourse between men were 10 times higher than in those of vaginal intercourse.

Researchers stressed that the Berkeley findings should not be interpreted as indicating that sexual promiscuity was safe, since the risk of exposure to AIDS rises with the number of sexual partners.

Other Research Findings

Other reports at the conference included these:

¶The number of AIDS-related lawsuits could increase from a few hundred to as many as 4,000 in the next five years, putting a severe financial strain on blood banks around the nation, Duncan Barr, a San Francisco lawyer, said today. He said an estimated 150 lawsuits had resulted from 745 instances of AIDS contracted through blood transfusions in the United States, and 24 suits had been filed by some of the 338 hemophiliacs infected with the disease through blood products. The Federal Centers for Disease Control predicts that as many as 12,000 people in the next five years will show evidence of AIDS infection as a result of past blood transfusions.

¶AIDS cases among infants born to infected mothers have been reported in 26 states, and black babies are 25 times more likely than whites to suffer from the disease. The babies acquire the lethal virus while still in the womb. Dr. Margaret Oxtoby of the Federal Centers for Disease Control said the number of infant cases was doubling every 14 months.

¶Researchers said people with genital herpes might face triple the usual risk of being infected with the AIDS virus if they had sexual relations with an infected partner. The study, conducted by Dr. H. Hunter Handsfield of the University of Washington in Seattle, suggests that having sores in the genital and anal area might give the AIDS virus a way to enter the body in sexual intercourse.

S.F. Examiner, July 22, 1987

AIDS striking black heterosexuals

Doctors tell Urban League problem needs to be given highest priority

By Jeri Clausing
UNITED PRESS INTERNATIONAL

HOUSTON — The incidence of AIDS, which has been seen largely as a white, homosexual problem, is disproportionately high among black heterosexuals and needs to be a top priority of community education programs, experts told urban leaders Tuesday.

Blacks, who represent 12 percent of the U.S. population, account for 25 percent of the nation's AIDS cases and have the highest incidence of heterosexual transmissions, the doctors told a forum of the National Urban League Conference.

Eleven percent of AIDS cases among blacks have been attributed to heterosexual transmission, compared with 1 percent among whites, said Dr. Beny Primm, president of the Urban Resource Institute of New York.

"If that number were (the same for whites), we would see a blitz in the media," Primm said.

Among military recruits tested, Primm said, the virus was found in 4.1 per 1,000 blacks compared with 1 per 1,000 whites. And the life expectancy among blacks averages just 19 weeks after diagnosis.

"That's because of poor health care, poor housing ... all those things we are trying to address here," Primm said.

Primm said the league has made AIDS education a top priority.

AIDS is caused by a virus that attacks the immune system, leaving the body vulnerable to disease. It is spread primarily through sexual contact, intravenous drug use and blood transfusions.

Dr. Rudolph Jackson, an Atlanta pediatrician who works with the Centers for Disease Control and the Public Health Service, said the most important target groups for AIDS education today are heterosexuals and teen-agers.

"When you look at heterosexual cases, you will now see in the case of females that you have a very large number of cases occurring in the teen-age to 30 years of age," he said.

Since there is no cure or vaccine for the deadly virus, "all we have is education. We've got to get the message across."

Homosexuality and bisexuality are less common among blacks than among whites, but intravenous drug use is more widespread among blacks, and people infected through contaminated needles are more likely to spread the virus through heterosexual contact, Jackson said.

The most recent CDC statistics indicate there are more than 38,000 diagnosed cases of AIDS in the country. Sixty percent of those cases are among whites, 25 percent among blacks and 15 percent among Latinos.

"At the CDC, at first we all thought that AIDS was a problem of gay white males," Jackson said. "Statistics, however, today indicate minorities are very much involved in this problem, blacks particularly."

3. RECIPIENTS OF BLOOD AND BLOOD PRODUCTS

The article reproduced here summarizes the latest discussion of risk to blood transfusion recipients. Very recently the problem has further been complicated by a report that infected individuals may not develop detectable HIV antibodies for over a year. If this report should prove to be true, it is unclear what it could mean for the future safety of the nation's blood supply.

San Francisco Chronicle
June 4, 1987

AIDS Researcher's New Risk Estimate For Transfusions

By Charles Petit and Randy Shilts
Chronicle Correspondents

Washington

Risk that the AIDS virus is in blood used in transfusions is much higher than the federal government has said, a California researcher reported yesterday.

The risk could range from one in 64,000 to as high as one in 48,000, said Dr. Steven Kleinman, associate medical director of the American Red Cross chapter in Los Angeles.

The estimate differs from those of the U.S. Department of Health, American Association of Blood Banks and national headquarter of American Red Cross, whose estimates range from one in 100,000 to one in 1 million.

The new estimate for risk in U.S. blood banks, even if correct, "is no reason to panic at the prospect of a transfusion," Kleinman said. "But it does show that if you know you are going to need blood, it is a good idea to store some of your own."

The report came on a day when researchers at the mammoth Third International Conference on AIDS devoted many sessions to the great variety of problems facing nations whose blood supplies must be kept as free as possible of the AIDS virus.

While representatives of the U.S. and other industrialized nations worry whether screening out 99.99 percent of the virus is safe enough, representatives of some nations in central Africa hoped to find ways to begin screening in areas where AIDS is epidemic.

L.A. Study

Kleinman based his estimate on the 400,000 units of whole blood collected each year in areas of Los Angeles served by the Red Cross. Although Southern California has a higher-than-average number of persons at high risk for AIDS — such as homosexuals and intravenous drug users — than does the country as a whole, "the figures are probably a prudent guide," because obvious high-risk individuals are excluded from donating and all blood there is subjected to rigorous screening.

The AIDS screening problem has a flip side that threatens to erode supplies drastically. Up to 90 percent of those whose tests say they carry the antibody, do not actually carry the virus. Yet, such donors are now automatically screened from having their blood used, ever.

Blood banks do not tell donors unless they ask whether their blood tests are positive, so many regular donors whose blood triggered one "false positive" may have their blood thrown away after every subsequent visit, and not know it.

Gradually, such accumulating exclusions may eat away at the pool of regular donors, who provide up to 75 percent of supplies in U.S. blood banks.

Better Tests

Michael Busch of San Francisco's Irwin Memorial Blood Bank described attempts to recertify such blood donors by using more expensive, and advanced, tests to discover whether there is really any danger of AIDS. In one test series, 50 out of 57 excluded donors were found not actually to carry the virus.

Worldwide, 75 million units of blood are donated to blood banks each year, said Anthony F.H. Britten of the League of Red Cross and Red Crescent Societies, headquartered in Geneva.

Some 42 million units, including 12 million units in the United States, are collected in North American and Europe or Japan and are rigorously screened. An additional 27 million units in Eastern Europe, Soviet Union and China, are not screened but come from populations that still have low AIDS rates.

The worst contamination of blood supplies is likely in parts of South America, the Caribbean, and sub-Saharan Africa, Britten said, "where in many places there is no screening at all."

Nzila Nzilambe of the Kinshasa, Zaire, said modern laboratory facilities are virtually impossible to develop quickly in many African nations, and that an attempt to exclude HIV-carriers by interviewing them to find risk factors failed utterly to prevent tainted blood from reaching hospital blood banks. Interviews rigorous enough to exclude most dangerous blood would force 70 percent of blood to be thrown out.

Nzilambe said African countries urgently need a cheap test that does not require refrigeration or sophisticated use.

Du Pont's Kit

Hope for such a test came yesterday from the du Pont Company, which said it is testing a kit no bigger than a pocket watch that will cost 50 cents a dose and is designed mainly for Africa.

The kits will be made in Europe. A company spokesman said marketing in Africa could start within a year, although approval for use in the United States is probably much further off due to regulatory hurdles here.

One AIDS researcher, asked what he would do if injured and in need of blood in Central Africa, replied, "Crawl to the airport."

4. CHILDREN AND ADOLESCENTS

In recent months, children and adolescents have increasingly become the focus of concern in media reports on AIDS. Some of this concern has, of course, been prompted by the Surgeon General's Report demanding early AIDS education in schools. However, there have also been well-publicized cases of infected students being discriminated against in schools.

Finally, there have been first reports of teenagers contracting the virus through high risk sexual and drug using behavior.

The following articles mirror the present public debate and report on various current educational efforts. They further illustrate the failure of parents to educate their own children on AIDS.

In conclusion, the attitudes of the present Federal Administration are documented.

Ads reach out to kids

By Carla Marinucci
OF THE EXAMINER STAFF

Ryan Thomas, a 5-year-old Atascadero boy with AIDS, was to help kick off an unusual advertising campaign Wednesday designed to help families who are "going into hiding" because of public fear of the disease..

Ryan and his family were to join the Tiburon-based Center for Attitudinal Healing at a press conference Wednesday to unveil a huge billboard in the City Hall rotunda and mark the start of a nationwide ad campaign. The billboard features a drawing of a child along with the words: "I have AIDS. Please hug me. I can't make you sick."

The billboards include the phone number of the AIDS Hot Line for Kids (415-435-5022). The hot line, run by the center, provides families facing AIDS with information and referrals.

An estimated 2,000 children in the United States have acquired immune deficiency syndrome or AIDS-related complex, known as ARC. Some studies indicate that more than 10,000 children have tested positive for the AIDS antibody because of tainted blood transfusions, said Janica Fox, a volunteer with the Center for Attitudinal Healing.

The AIDS billboards are expected to go up around the Bay Area this week, Fox said.

She said the campaign had been developed because "the fear around AIDS is catastrophic.... These families are facing isolation and ostracization."

Fox said many people don't understand that AIDS is not transmitted through routine contact, and families are frightened by news accounts of public outcry against afflicted children in the schools.

"They are going into hiding," Fox said.

"We are really pleased that Ryan's family has come forward," she added. "They really want to help other families."

She said other families and children with AIDS were expected to be at the press conference.

"We're trying to open up a way for them to support each other," she said. "We're trying to open up

with AIDS

people's hearts for compassion about AIDS in general."

Fox said Dr. Gerald Jampolsky and Diane Cirinicione had initiated the advertising campaign. The two set up the AIDS Hot Line for Kids and have been traveling around the country to help families dealing with the disease meet each other.

The ad campaign's poster was designed by Jack Keeler of Mill Valley. Space for the local billboards has been donated by Oakland-based Patrick Media Corp. Fox said the center was trying to gather donations to print billboards and posters and to pay for labor to put them up.

The Center for Attitudinal Healing, opened in 1975, provides support groups and help for families dealing with catastrophic illnesses and life-threatening diseases. Fox said.

Poster kicks off campaign at City Hall. It's a national blitz designed to help families cope with fear of AIDS

San Francisco Examiner, Aug. 6, 1987

San Francisco Chronicle Thursday, April 23, 1987

10 Test Positive for Virus

AIDS Hitting South Bay Teenagers

By Michael McCabe

Ten teenagers have tested positive for the AIDS virus in San Mateo and Santa Clara counties, officials in both counties confirmed yesterday.

Although that number is small, health officials expect it to rise throughout the state.

"The virus has been around for seven years, and it would have amazed me if it hadn't made it into the school-age population," said Ed Hilton, director of the San Mateo AIDS Task Force. "It shouldn't come as any surprise to anyone."

In San Mateo County, at least six male students have tested positive for the deadly virus. Their ages range from 15 to 17, said Hilton, who has counseled all of the infected youths. The first positive test result in San Mateo County was made about six months ago.

In Santa Clara County, four 19-year-old males have tested positively for the virus, said Millicent Kellogg, education coordinator for the Santa Clara County Public Health Department.

Officials said all the teenagers were considered to be members of high-risk groups, which include homosexuals, bisexuals and intravenous drug users.

At least one Bay Area health official applauded the South Bay counties for making their figures public.

"I think it is an important issue," said Steve Parker, coordinator of the Sonoma County AIDS Project. "Teenagers tend to see themselves as immortal and not at risk."

The number of young people in other counties — including San Francisco — who have tested positive for the AIDS virus is difficult to come by, health officials say, largely because the tests are given anonymously.

"The only way we find out (their age) is if they volunteer the information," said Paul Barnes, director of public relations for the San Francisco Department of Public Health. "Whatever information we do get is treated unscientifically because often the forms are filled out with obviously false information."

Those testing positive for the AIDS virus may or may not eventually develop the fatal disease, which attacks the immune system and leaves victims vulnerable to a variety of illnesses.

"Nobody really knows how many people who test positive will go on to develop a full-blown case of AIDS," said Dr. Robert Benjamin, chief of the Communicable Diseases Bureau for Alameda County. "My guess is that no one will escape some form of illness, if not the disease itself. At all cost, you must stay away from this disease."

Benjamin added: "I expect that as more kids experiment with sex, drugs and rock and roll, it is inevitable that more will begin to test positive for the virus."

In Alameda County, 36 teenagers were tested for the AIDS virus in 1986, Benjamin said, but the results were not immediately available.

In Sonoma County, where officials only recently have begun anonymous testing, no teenagers have tested positive, said Parker. Private physicians, however, have reported three cases, ages 17 through 19, he said.

"We don't know where in the county these cases are, but I think it is best to assume they are gay or bisexual," Parker said.

Parker and other AIDS officials pointed out that although the numbers thus far are few, many of those who tested positive in their early 20s undoubtedly were infected as teenagers.

In Contra Costa County, officials said they have no reported cases of teenagers testing positive for the AIDS virus, but cautioned that the situation will probably change soon.

"We have not tested large numbers of teens at this point," said Rusty Keilch, coordinator of the county's AIDS program. "I think we will see some testing positive in the not too distant future as more young people come in to be tested anonymously."

Survey: Teens are ignorant about disease

United Press International

CHICAGO — Even though 70 percent of American teen-agers are sexually active, few appear to be taking effective precautions to prevent infection by the AIDS virus and most do not seem worried about the disease, researchers reported earlier this month.

A recent statewide telephone survey of 860 Massachusetts youths aged 16 to 19 also found much ignorance about acquired immune deficiency syndrome, with many teens believing the AIDS virus is transmitted by kissing, sharing eating or drinking utensils, sitting on toilet seats or donating blood.

"I think this shows very clearly the need for more education in our schools about AIDS," said Lee Strunin, an anthropologist with Boston University. "The majority (of teens) do know how AIDS is transmitted, but there is a sizable minority who do not know."

"In three to five years, AIDS is going to be the leading cause of death for people aged 20 to 29," she said. "And many of those people could be infecting themselves now as teen-agers."

The findings, reported in this week's journal Pediatrics, suggest that while teens know more about AIDS than they did a year ago, they are less concerned about doing much about it, Strunin said.

"Knowledge is one thing, but they need to reduce their high risk activities," she said.

All but 4 percent of the Massachusetts teens had heard of AIDS, with 98 percent of those knowing the virus could be spread through male homosexual intercourse and 92 percent being aware of the risk of heterosexual intercourse. These percentages are significant improvements over a 1985 survey of 1,326 San Francisco teens, Strunin said.

Also, 25 percent of the San Francisco teens believed or did not know whether shaking hands could transmit the AIDS virus, compared with 7 percent in the recent survey.

However, 54 percent of the latest teens polled said they were not at all worried about being infected with AIDS, compared to 34 percent of the 1985 sample. But Strunin acknowledged that living in San Francisco may have added to the earlier group's fears since that city has a relatively high AIDS rate.

Although 70 percent of teens surveyed reported being sexually active, only 15 percent of those said they had changed their sexual behavior. And only 20 percent of the teens who changed their behavior used effective methods — condoms or abstinence.

See Page C-3, SURVEY

Strunin said many of the youths reported "being more careful" or "preventing fluid transmission" but did not use specific methods that would accomplish these goals.

Other findings of the survey:

- Two-thirds of the teens either believed or did not know whether kissing tranmitted the AIDS virus, with other teens holding similar misconceptions about giving blood (62 percent), sharing drinking or eating utensils (46 percent) or sitting on a toilet seat
- Only nine adolescents reported taking intravenous drugs, with two erroneously saying they were injecting "less drugs" or "not taking AIDS drugs" to reduce their risk.
- Nearly one-quarter (23 percent) of those surveyed thought someone with AIDS should not be allowed to go to school.
- About half those surveyed said their teacher had talked about AIDS in school, with 44 percent reporting actual instruction about the disease. More than two-thirds had discussed AIDS with a friends, and 45 percent had talked with a parent about their concerns.

Modesto Bee, May 12, 1987

J. F. Chronicle, May 5, 1987

Most Teenagers Know Of AIDS — Few Care

United Press International

Chicago

Even though 70 percent of American teenagers are believed to be sexually active, few appear to be taking effective precautions to prevent infection by the AIDS virus and most do not seem worried about the disease, researchers reported yesterday.

A recent statewide telephone survey of 860 Massachusetts youths ages 16 to 19 also found much ignorance about acquired immune deficiency syndrome. Many teenagers believed the AIDS virus is transmitted by kissing, sharing eating or drinking utensils, sitting on toilet seats or donating blood.

"I think this shows very clearly the need for more education in our schools about AIDS," said Lee Strunin, an anthropologist with Boston University. "The majority (of teenagers) do know how AIDS is transmitted, but there is a sizable minority who do not know."

"In three to five years, AIDS is going to be the leading cause of death for people aged 20 to 29," she said. "And many of those people could be infecting themselves now as teenagers."

The findings, reported in this week's journal Pediatrics, suggest that although teanagers know more about AIDS than they did a year ago, they are less concerned with doing much about it, Strunin said.

"Knowledge is one thing, but they need to reduce their high-risk activities," she said.

All but 4 percent of the Massachusetts teenagers had heard of AIDS. Of those who had, 98 percent knew the virus could be spread through male homosexual intercourse and 92 percent were aware of the risk of heterosexual intercourse. These results are dramatically different from a 1985 survey of 1,326 San Francisco teenagers, Strunin said.

Twenty-five percent of the San Francisco teenagers believed or did not know whether shaking hands could transmit the virus, compared with 7 percent in the recent survey.

Teenagers Very Vulnerable To AIDS, Experts Tell Congress

Chronicle Washington Bureau

Washington

Teenagers could become the next group swept by the AIDS epidemic because many are prone to experiment with drugs and sex and are heedless of their own mortality, experts testified yesterday.

Medical experts have been debating whether AIDS will "break out" to hit the general population as hard as it has homosexuals and intravenous drug users.

Yesterday, the House Select Committee on Children, Youth and Families examined the special risks teenagers may face because of their ignorance and recklessness about sex and drugs.

'How Long? A Semester?'

"Teenagers often consider themselves immortal, and these young people may be putting themselves at great risk," said Surgeon General C. Everett Koop.

"I was talking to some teenagers about long-term monogamy," Koop recounted. "And this one girl said, 'How long? A semester?' "

"Since the most frequent mode of transmission for the AIDS virus is through sexual contact, it is clear that teenagers are very much at risk," Koop said, quoting several polls showing that few young people believe that they risk exposure to acquired immune deficiency syndrome.

Representative George Miller, D-Martinez, compared the potential now for AIDS spreading among teenagers to the hidden threat of infection that was faced by gays in San Francisco in 1982.

As of yesterday, only 149 U.S. teenagers were reported to have AIDS, said Miller, the committee chairman. But since AIDS usually takes from two to 10 years to incubate, Miller said, the 7,500 known AIDS victims who are in their early 20s today "certainly became infected as teenagers."

School and Dropouts

Koop and other experts urged teaching about AIDS and sexual abstinence in the school and within the family. But a Redwood City youth worker warned that most of the troubled teenagers he works with are dropouts and runaways who are beyond the reach of such traditional institutions.

"The population we serve is the least likely to be in school," said Richard Gordon, executive director of the Sequoia Young Men's Christian Association, whose program cares for 1,500 teenagers. The YMCA's board decided to start an AIDS education program after seven teenagers in San Mateo County tested positive for the virus.

Gordon said the curriculum is now being taught in 300 youth shelters and juvenile detention halls throughout the state.

Witnesses said one warning sign of future AIDS infection among teenagers is their high rate of unplanned pregnancies and sexually transmitted diseases.

Frank Education

Dr. Mary-Ann Shafer, associate director of adolescent medicine at the University of California at San Francisco, warned the legislators that fear of death will not change young people's behavior.

"The only thing that seems to work is to hit them hard and heavy" with brutally frank education, Shafer told the panel. "Hit the schools, involve the parents, do media blitzes."

Although Koop urged abstinence as the best advice for teenagers, he repeated under questioning his controversial recommendation that youths also be taught to use condoms if they persist in having sex.

He cited a random sample of 860 Massachusetts youth aged 16 to 19. It revealed that although 70 percent reported that they were sexually active, only 15 percent of them reported changing their sexual behavior because of concern about contracting AIDS. Only 20 percent of those who changed their behavior used effective methods, Koop said.

He noted that AIDS remains concentrated among gays and drug users, but he predicted that medical authorities will know in six to eight months whether there will be a "heterosexual explosion of AIDS."

Surgery Patients

He also suggested to the panel yesterday that hospitals test surgery patients for the AIDS virus before they go under the knife, but he said a positive test result would not give doctors the option of refusing to operate.

Later, he elaborated through a spokesman: "Because there have been so many reports of nurses leaving the job and surgeons concerned about operations, the surgeons should know whether the individual has the HIV (AIDS) virus. However, that does not give them the option to not operate."

San Francisco Chronicle

June 22, 1987

San Francisco Chronicle
THE VOICE OF THE WEST

EDITORIALS

Teens' AIDS Risk

THE ACUTE VULNERABILITY of teenagers to AIDS — heightened by their drift toward sex, drugs and alternative lifestyles — requires special precautions directed at this age group before it, too, succumbs to epidemic.

Although only a very small percentage of AIDS victims in the United States are now under 20 years of age, it is reasonable to assume that many of the patients in their early twenties acquired the infection when they were in their teens. This is a period when young people, through recklessness and ignorance, are prone to experiment and willingly risk death while convinced of their own immortality.

Surgeon General C. Everett Koop told the House Select Committee on Children, Youth and Families last week that a random sample of 860 Massachusetts youth aged 16 to 19 revealed that while 70 percent reported they were sexually active, only 15 percent of them said they changed their behavior because of concern about AIDS. And only 20 percent of those who changed used effective methods.

TEENAGERS are at such a risk that extra educational efforts about AIDS should begin within the family and at school, be extended to youth shelters and juvenile detention halls to reach dropouts and runaways, and feature pamphlets, text books, videos, lectures and demonstrations. Since fear of death is not a deterrent to sexually active teenagers, they must be subjected to a barrage of brutally frank education that could save their lives.

An AIDS Play for Teens

In a recent poll of teenagers, only 8 percent had any idea how AIDS is transmitted. This appalling state of ignorance is why "The Inner Circle," a play about teenagers and AIDS, aimed at a youth audience, is so important — and valuable.

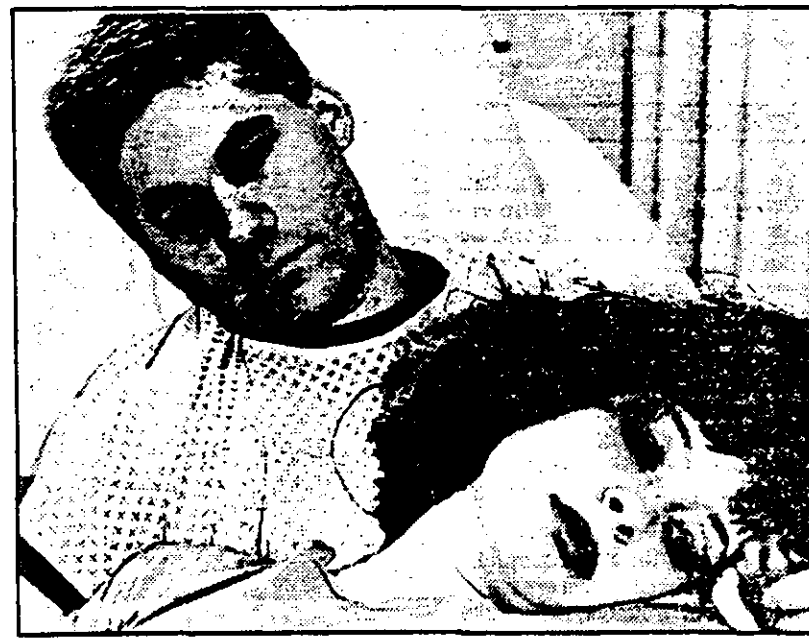
It's being tried out by the New Conservatory at the Zephyr Theater, through June 21, before being taken on a high school tour and being packaged as a national educational video/study guide by the San Francisco AIDS Foundation.

The play, by Patricia Loughrey, is remarkable for several reasons, not the least being that it delivers the facts about AIDS subtly but forcefully as the plot unfolds, rather than presenting them in an off-putting, preachy way.

It's about four high-school friends. Mark has died of AIDS, and Sarah, Danny and Kat are forced to deal with the effect of his death, and his life, on them. They also want to solve the mystery of how Mark got the disease.

Loughrey' script, which moves in and out of flashbacks, at first leads us, and them, to believe that Mark may have picked up the AIDS virus from a blood transfusion after an auto accident. Later, there is a momentary suggestion that perhaps Mark was involved in a homosexual episode. The truth comes out shortly thereafter: experimenting with drugs at a party, Mark used a needle used by someone carrying the AIDS virus.

The plot takes an interesting twist when Mark's three friends learn that they, too, may be at risk, since Mark slept with Sarah, who slept once with Danny, who regularly sleeps with Kat. Needless to say, the tension and jealousy levels rise to explosive heights.



Patrick McCracken and Annamarie Houghtailing in 'The Inner Circle,' at the Zephyr Theater

CURTAIN CALLS
Bernard Weiner

The script still needs work — the deep friendships have to be shown rather than simply indicated, the personalities (especially Kat's) need to be more fully rounded, a homosexual theme comes out *of left field. But it's solid enough* to compel interest, and provides the essential information needed by young people beginning to think about, if not actually experiment, with sex and drugs.

The New Conservatory production, directed with sensitivity by Ed Decker, features an able, remarkably mature cast, all teenagers: Kris Badertscher as Sarah, Julian Brooks as Mark, Annmarie Houghtailing as Kat and Patrick McCracken as Danny.

JOHN CARMAN

Television

An AIDS Story That Lacks Drama

Forgive the cynicism, but "Just a Regular Kid: An AIDS Story" (3 p.m. today on channels 7 and 11) is just a regular AIDS story.

The hour-long drama, which starts the 16th season of "ABC Afterschool Specials," hits all the right buttons in just the right order for its amorphous audience of generic teenagers.

The result is little more than a public-health pamphlet that's been wrapped inside a sermonette on friendship, given a coat of flat latex and mounted on dramatic wheels.

Christian Hoff stars as Kevin Casio, 16, the regular kid with regular parents (Florence Henderson and Ronny Cox). They all live in a regular house in a regular American suburb.

'Just a Regular Kid' is just a regular, predictable program.

Kevin has been feeling fatigued and feverish, so his physician (Jessica Walter) conducts tests and finds that he's been struck by the AIDS virus. Seems he got it from a blood transfusion three years ago.

The doctor breaks the horrible news to Kevin's parents. "I can't believe this," says Kevin's father. "AIDS has to do with a certain kind of lifestyle."

A Flat Sermon

No, no, says Walter, in her first of two obligatory recitals about the nature of the disease. She sounds like a sports announcer reading the required prohibition against the re-broadcast or re-transmission of a baseball game.

Writer and director Victoria Hochberg tries to transform "Just a Regular Kid" into a broader story about peer pressure and loyalty when Kevin's best friend (Wally Ward) betrays him at school.

That's a timely tactic, given the fact that school-age AIDS patients still confront ignorance, cruelty and discrimination in their communities.

To the extent that ABC's little movie gets its points across to adolescent viewers, so much the better.

But as drama, "Just a Regular Kid" plods along with paint-by-numbers predictability. It's stale and stereotypical. You want to applaud ABC for its spirit of public service, but first you'll have to stifle a yawn.

Wally Ward and Christian Hoff: A friendship is tested when a teenager contracts AIDS.

San Francisco Chronicle
Sept. 9, 1987

AIDS: Despite concerns, parents and children are not communicating about deadly disease

Modesto Bee, May 12. 1987

By JUDY SLY
Bee staff writer

Sex — a subject on which parents and their teen-agers tend to converse delicately, if at all — has taken on a deadly seriousness in the shadow of America's AIDS epidemic.

"Before, if you were a boy engaging in sex, you could get a girl pregnant, you could get a venereal disease or you could get caught by your parents, and I don't know which was worse," says George Hiatt, children's services coordinator for the Family Service Agency of Stanislaus County. "Nowadays, you could die."

Parents are aware of that awesome risk. "I think it's terrifying," says Liz Carota, Modesto mother of two and a nurse. "It's enough to make you kind of want to bottle your children up in some sort of preservative and keep them young."

Carota believes that education about AIDS "can't come from too many directions."

"It's got to be talked about," agrees Sue Praytor of Modesto, who has two sons in high school. "There are lives at stake."

Still, despite parents' concerns, opinion polls and the remarks of educators, counselors and teens themselves indicate that many families aren't yet communicating about AIDS or, for that matter, about sex and birth control.

A national poll conducted last fall for Planned Parenthood found that one-third of the teen-agers surveyed never discuss sex with their parents. Half the teens reported being sexually active by 17, but only a third use contraceptives consistently.

"We never talk about sex at home," says a Modesto High upperclassman, echoing the survey results. "But it's real easy to pick up information."

"I probably learn more from my brother than my parents," says another. He and classmates in the school's newspaper class speak without the giggles or quips that might be expected among teen-agers when the topic is sex.

But it's also clear they feel safely removed from the threat of AIDS, a virus that eventually destroys the body's natural protection against pneumonia and other infections. Researchers now estimate it will ultimately kill the majority of those who are exposed to it.

"There's no one I know of who's ever been affected by AIDS," says a Modesto student.

"Around Modesto it's more or less like a joke," says another. "It's like 'What's that on your lip? Oh, it's AIDS.' "

"People more or less hear AIDS and think gay."

These attitudes mirror those of many adults. A California Poll conducted in January showed that only a small percentage of state residents believe AIDS is among the most pressing problems facing the state and their community. "AIDS is an issue that is on the upswing, but there is still this large feeling among a lot of people that AIDS is not going to happen to them, that it is somebody else's disease," said poll director Mervin Field.

So far, homosexual men and intravenous drug users have been the most frequent victims of AIDS, but researchers and physicians warn that it is spreading within the largely unsuspecting heterosexual population. They caution repeatedly against the notion that AIDS is a "gay disease."

U.S. Surgeon General C. Everett Koop has called for schools to be involved in a major education and

See Page C-3. AIDS

CONTINUED from C-1

prevention campaign. While "his sincerest wish is that parents be the primary teachers of children about sex," Kopp says, too often parents default on that responsibility, leaving their junior high and high school age youngsters to learn from friends, media and other sources.

As of April 27, only 141 of the country's 35,000 reported cases of AIDS involve people between 13 and 19 years, according to the Centers for Disease Control in Atlanta.

In California, more than 1,300 teens have been tested for the AIDS virus, according to state health officials, and 26 have been diagnosed as having the disease. Among the California teens who have been tested, almost half indicated they were in high-risk of the disease because they are homosexual or bisexual. Fifty-five said they were intravenous drug users. It was not known what risk groups the others might be in.

Because teen-agers have yet to see their friends affected by AIDS and because their sense of immortality is so strong, many parents and educators are worried about getting the message through.

"I think kids tend to think AIDS is something that happens to kids in San Francisco or kids in scuzzy conditions," says Carota. "They'll think it can't happen to me. It's just like car accidents are something that happen to other people."

"It's very difficult for them to comprehend themselves dying," agrees Carolyn Leathers, one of three Modesto High teachers who instructs the required sophomore-level health class. "That's why it's so devastating when there's a death at school."

In Modesto schools, AIDS is discussed in sophomore health, along with other sexually transmitted diseases and subjects such as dating, marriage, rape and male and female roles. This is the first school year in which AIDS is being addressed in depth, and Leathers says students are attentive to discussions such as why anal intercourse carries a higher risk of spreading the virus. "For the most part, they want to know the answer and they don't know it, so they're quiet, they listen," she says.

Leathers finds attitudes that run the extreme, from the students who feel they are invincible to the threat of AIDS to those who panic at the suggestion of even visiting San Francisco because of the number of cases there.

Carol Kahn, a certified sex educator and Bee columnist, frequently speaks to high school students. This year, she says, about half of the questions posed — in writing, with no names attached — have been about AIDS. "They're hungry for information," she notes.

"Most are responding as if this was really new news and the first they'd heard it applied to them," says Kahn.

Beginning next year, the state Board of Education has ordered that every California student see a video or film on AIDS sometime between the seventh grade and high school graduation. Parents will be able to ask that their children be excused from the showing, the same policy that applies now to sex education.

In the meantime, however, the primarily responsibility of AIDS education falls to parents, and, says Leathers, "I don't get the feeling that they're talking about it at home."

Sue Praytor says she's of the philosophy "the more information these kids can get, the better decisions they can make. It's the same with adults."

"One of the things I tell my daughter is she should have as much knowledge as possible," says the father of a 17-year-old. "But that's frustrating because there's not a lot of hard data."

Some parents indicate they find themselves wondering whether by providing information about sex, they are subtly telling their children they expect or even want them to be sexually active. "There's a fine line you tread between preparing them and making it sound like they're going to do it anyway," says one Modesto mother.

Where to get information

Where can parents and teenagers find up-to-date information about AIDS? The national PTA is urging they write for the Surgeon General's Report on AIDS, in care of AIDS, P.O. Box 14242, Washington, D.C. The U.S. Public Health Service also operates a toll-free hotline on the disease — 1 (800) 342-AIDS.

Public health departments in Stanislaus, San Joaquin, Merced and Tuolumne counties are also sources of medical information. In addition, the Stanislaus Community AIDS Project, operated in conjunction with the county health department, operates a phone line — 572-AIDS. Persons do not need to identify themselves in order to ask questions.

"A lot of parents are assuming their kids are going to be sexually active," says a father. "I'm assuming mine is not going to be."

At Modesto High, a student notes that students are not as promiscuous as the stereotype suggests. "I don't think high school students sleep around as much as people think they are," he says. His comment brings nods of agreement from classmates.

National polls indicate that teen-agers are most likely to have their first sexual experience at 16 or 17; only one-third of sexually active girls regularly use birth control. Frequently, the first visit to a health clinic is for a pregnancy check — something that holds true locally, according to Judy Erickson of Stanislaus County Public Health.

"If they're not protecting themselves against pregnancy, they're not protecting themselves against AIDS, either," says Erickson.

One of the newest polls — interviews with 3,000 young people by the New York firm Audit & Surveys for People magazine — found that only 26 percent of the high school students and 15 percent of the college students have altered their sexual behavior because of the AIDS epidemic.

Adults are worried that, at best, youngsters are getting a mixed message about what is appropriate sexual behavior. "Everything we do in this country these days in terms of the media is telling these kids it's OK (to have sex outside marriage), but the parent and the church is saying it's not," observes Leathers at Modesto High. "What are they to think?"

Troubling, too, says Leathers, is that most teen-agers involved in a romance don't even consider the possibility that their partners might have had a sexual encounter with someone who has been exposed to AIDS.

'I can't believe they are going to forego short-term pleasure for the long-term risk of AIDS.'

— George Hiatt

How parents handle the AIDS issue apparently depends largely on their attitudes about pre-marital sex and sex education in general. "I think some parents are grateful that there's another scare tactic to persuade them not to engage in sexual activity," says Hiatt of the Family Service Agency.

A local mother of 15-year-old twins says she and her husband talked to her daughters about AIDS, gonorrhea, syphilis, pregnancy and other consequences of sex outside marriage. "When the whole AIDS thing became an issue we talked to our girls that this disease is mainly affecting one group of people but it is spreading to heterosexuals," she says.

"We stressed that when you have sex with a person you are not only having sex with that person but with everybody that person has had sex with for the last five years. You have to be very wise and very discerning."

"As Christians," says the mother, "our stand with our daughters is that you should not engage in pre-marital sex."

But AIDS, because it often does not appear for years after a person is exposed, presents challenge even as young people are choosing their future mates, she suggests.

This mother suggests that the AIDS epidemic could contribute to bringing virginity and monogamous relationships back in style. Others aren't so sure.

"I can't believe they are going to forego short-term pleasure for the long-term risk of AIDS," says Hiatt. "People just do what they want to do."

Kahn, too, says that her teenage listeners appear disappointed when she outlines the measures to protect against AIDS: abstinence, a monogamous relationship after both partners are tested for the AIDS antibodies or safe sex practices that would include the use of two condoms and a spermicide — and still offer no guarantees.

"What they really want is an easy way to continue what they're doing in spite of AIDS," says Kahn.

Among the parent groups she talks to, Kahn says she senses some regret not that the youngsters will not have the opportunity to be totally carefree about sex, but simply that today's young adults will face a risk even in having one or two relationships before marriage.

Ultimately, parents and teachers say, they only can provide information and leave the decisions to their teen-agers.

Says one mother, "At some point you've got to trust them because you can't prevent everything."

S.F. Examiner, June 18, 1987

William Bennett

Sex education

SEVENTY percent of all high-school seniors had taken sex-education courses in 1985, up from 60 percent in 1976.

Yet when we look at what is happening in the sexual lives of American students, we can only conclude that it is doubtful that much of the sex education offered is doing any good at all.

The statistics by which we may measure how our boys and girls are treating one another sexually are little short of staggering:

- More than half of America's young people have had sexual intercourse by the time they are 17.
- More than 1 million teen-aged girls in the United States become pregnant each year. Of those who give birth, nearly half are not yet 18.
- Teen pregnancy rates are at or near an all-time high. A 25 percent decline in birth rates between 1970 and 1984 is due to a doubling of the abortion rate during that period. More than 400,000 teen-aged girls now have abortions each year.
- Birth to unwed teen-agers rose 200 percent between 1960 and 1980.

Perhaps there are individual programs here or there that are successful, but these numbers are, I believe, an irrefutable indictment of sex education's overall effectiveness in reducing teen-age sexual activity and pregnancies. For these numbers have grown even as sex education has expanded. I do not suggest that sex education has caused the increase in sexual activity among young people; but clearly it has not prevented it.

Now, do we or do we not think that sex for children is serious business, entailing serious consequences? When adults maintain a studiously value-neutral stance, the impression likely to be left is, as one 12th grader put it, "No one says not to do it, and by default they're condoning it."

It is not that the materials used in most of our schools are urging students to have sexual intercourse. In fact, they give reasons why students might want to choose not to have intercourse, and they try to make students "comfortable" with that decision. Indeed, you sometimes get the feeling from reading these textbooks that being "comfortable" with one's decision is the sum and substance of the responsible life.

If this is how sex education is taught, we should not wonder at its failure to stem the rising incidence of teen-age sex, teen-age pregnancies, teen-age abortions, and single teen-aged parents.

But American parents expect more than that from their schools. I think most Americans want to urge their children to do not what is "comfortable," but what is right. Why are we so afraid to say what that is?

I believe the American people expect sex-ed courses to teach their children the relevant physiology, what used to be called the "facts of life," but also expect that those facts will be placed in a moral context.

In a recent poll, 70 percent of the adults surveyed said they thought sex-education programs should teach moral values, and about the same percentage believe the programs should urge students not to have sexual intercourse.

Believe it or not, teens agree. According to a recent survey, seventh- and eighth-graders who have chosen not to engage in intercourse say that the greatest influence on their decision is the fact that, "It is against my values for me to have sex while I am a teen-ager."

How then, might sex education do better in shaping the beliefs and values of our children?

It could pay attention to the real issue, which has to do with responsibility for oneself and for one's actions. In the classroom, as at home, this means explaining and defending moral standards — telling students exactly what most parents say at home: Children should not engage in sexual intercourse. Why isn't this message being taught in classrooms?

Courses have not curbed teen-age sexual activities or pregnancies.

Parents who are trying to do better for their children, who are trying to shape their children's character, need an ally in the schools. They do not need another opponent, or an unprotesting "option" provider.

Sex is inextricably connected to the psyche, to the soul, to the personality at its deepest levels. Sex involves men and women in all their complexity; it involves their emotions, desires, and the often contradictory intentions that they bring with them, whether they mean to or not. It is, in other words, a quintessentially moral activity.

It does no good to try to sanitize or deny or ignore this truth. The act of sex involves deep springs of conduct. It is serious. It has complicated and profound repercussions. And if we're going to deal with it in school, we'd better know this and acknowledge it. Otherwise, we should not let our schools have anything to do with it.

With these thoughts in mind, I would like to offer a few principles that speak to the task of educating

school children about sex.

First we should recognize that sexual behavior is a matter of character and personality, and that we cannot be value-neutral about it.

Second, in teaching restraint, courses should stress that sex is not simply a physical or mechanical act. We should tell the truth; we should explain that sex involves complicated feelings and emotions. Some of these are ennobling, and some of them — let us be truthful — can be cheapening of one's own finer impulses and cheapening to others.

Third, sex-education courses should speak up for the institution of the family. To the extent possible, when they speak of sexual activity, courses should speak of it in the context of the institution of marriage. We should speak of the fidelity, commitment, and maturity of successful marriages as something for which our students should strive.

Fourth, sex-education courses should welcome parents and other adults as allies. They should welcome parents into sex-education classrooms as observers. Studies show that when parents are the main source of sex education, children are less likely to engage in sex.

Finally, schools, parents, and communities should pay attention to who is teaching their children about sex. They should remember that teachers are role models for young people. And so it is crucial that sex-education teachers offer examples of good character.

If sex-education courses are prepared to deal with reality in all its complexity, with the hard truths of the human condition, then they are welcome in our schools.

But if sex-education courses are not prepared to tell the truth, if instead they want to simplify or distort or omit certain aspects of these realities in this very important realm of human life, then we should let them go out of business.

This essay by Secretary of Education William J. Bennett is excerpted from the July 3 issue of National Review magazine.

5. PROSTITUTES

The following newspaper reports point out that the primary infection risk for prostitutes remains IV drug use.

Well-founded or not, there is an increasing belief among politicians that mandatory testing of prostitutes will contribute to slowing down the spread of the epidemic. There is much less commitment to helping prostitutes in educating and protecting themselves.

The Nation

1 in 2 prostitutes infected with AIDS virus

The Associated Press

ATLANTA — Early results from a study indicate that drug use is rampant among street prostitutes and as many as half are infected with the virus that causes AIDS.

Researchers from Howard University, who are surveying as many as 200 prostitutes, found that 13 of the first 26 they tested were infected with the AIDS virus. The findings were presented Monday in Atlanta at the annual convention of the American Society for Microbiology.

All 13, as well as nine of the 13 who weren't infected, were users of injectable drugs, which would place them at risk for AIDS regardless of their sexual habits. The disease is transmitted most often through sexual contact or contaminated drug needles.

"We expected some of them to be drug users, but not all," said a study coordinator, Dr. Robert Delapenha of Howard University's medical school and hospital.

The early study results show the infection rate among street prostitutes may be high. But the hookers' drug use means that the study so far is showing little, if anything, about how the women became infected.

"We have to preface any conclusions by saying that IV (intravenous) drug use is a confounding factor," Delapenha said Monday.

"They are at risk, but what specifically makes them at risk is unclear," Howard researcher Dr. Wayne Greaves said.

"There's no way of telling whether they acquired the virus through sex or IV drug abuse," Delapenha added.

The early findings in Washington differ from previous surveys in Miami, where a 40 percent infection rate has been reported among prostitutes, and Seattle, where a survey found a 5 percent infection rate.

"This might be suggesting there is a regional variation," Delapenha said. "But it's hard to tell ... so far, our numbers are so small."

The Howard survey, in cooperation with scientists at the National Cancer Institute, will continue for "as long as it takes to get significant numbers," he said. "We're hoping for between 100 and 200 (participants)."

At first, Howard researchers contacted prostitutes on the street and asked them to participate in the survey. "The response was small initially," Delapenha said. Later, the first hookers who agreed to be tested spread the word and helped recruit others.

THE NEW YORK TIMES, FRIDAY, MARCH 27, 1987

Study Examines Prostitutes and AIDS Virus Infection

By LAWRENCE K. ALTMAN
Special to The New York Times

BETHESDA, Md., March 26 — The widest study yet of AIDS virus infection among prostitutes in the United States has found that 98 of 835 female prostitutes tested in seven cities were virus carriers, according to a Federal report released at a scientific meeting here today.

Officials described the findings as worrisome but said it was still unclear how significant prostitutes were in the spread of AIDS. Most of the infected prostitutes were intravenous drug users. Scientists are not sure how frequently prostitutes have been infected because of their multiple sexual contacts, or how often they have infected their customers, although the available evidence from the study of AIDS patients indicates that this has not occurred on a large scale.

The rates of infection varied markedly, with none of 34 prostitutes examined in the Las Vegas area found to be infected, while 32 of 56, or 57 percent, of prostitutes in Newark, Jersey City and Paterson, N.J., found to be virus carriers on the basis of blood tests for the AIDs virus antibody.

Link to Drug Use Indicated

Since the New Jersey women were recruited for the study at methadone maintenance clinics, they were not representative of prostitutes in those cities, officials said, but the findings were an indication of the close link between intravenous drug use and AIDS infection among prostitutes, as among the population more generally.

In all the cities surveyed, prostitutes found to be virus carriers often had a history of intravenous drug abuse. The AIDS virus spreads from person to person in the blood on contaminated needles or through sexual intercourse.

An unknown proportion of virus carriers will eventually develop acquired immune deficiency syndrome, the fatal illness. But all are presumed able to pass on the virus in blood or through sexual intercourse. Nine-tenths of the nation's AIDS victims so far have been homosexual men or intravenous drug users; scientists have not determined how frequently the virus is spread through heterosexual intercourse.

Officials from the Centers for Disease Control, which conducted the survey, said they had no good data on how many men have been infected with the AIDS virus from prostitutes but added that the number of cases of AIDS that might be traced to the source was small. Evidence from Africa, however, including new data revealed here today, shows that prostitutes can definitely spread the disease to customers, scientists said.

Counseling and Testing Urged

While they stressed the evidence that most infected prostitutes had become so as a result of drug use, the Federal scientists said that on the basis of the survey results, they were renewing their call for voluntary counseling and testing for infection of prostitutes and their clients.

Of the cities in the Federal survey, Miami had the second highest rate of infection among female prostitutes, with 47 of 252, or 18.7 percent, testing positive. In San Francisco the rates were 9 of 146, or 6.2 percent; Los Angeles 8 of 184, or 4.3 percent; Colorado Springs, 1 of 71, or 1.4 percent, and Atlanta 1 in 92, or 1.1 percent.

An independent study of prostitutes in New York City, which was not included in the Federal survey released today, has found that 10 of 68 women tested, or 15 percent, showed signs of infection with the AIDS virus. According to the study, conducted by Dr. Joyce I. Wallace of the Foundation for Research on Sexually Transmitted Disease, four of nine women who admitted using intravenous drugs tested positive for infection, while 6 of 59 who denied drug use tested positive.

In an ongoing study of men who have visited prostitutes, Dr. Wallace has found that two of 175 men were both infected and, after stringent questioning, admitted to known risk factors other than their multiple visits to prostitutes.

Preventative Measures Urged

In the new report, published today in the C.D.C.'s weekly disease report, Federal officials called on local public health and law-enforcement agencies to strengthen educational and other measures to curb the spread of the AIDS virus through unprotected sexual intercourse and shared intravenous needles.

Officials at the Centers for Disease Control in Atlanta pointed out that the Nevada Board of Health has required prostitutes in county-licensed brothels to pass the AIDS blood test as a condition for employment and at monthly intervals thereafter. Any prostitute who is found to be infected with the AIDS virus is denied employment as a prostitute.

Florida has required prostitutes to be tested for sexually transmitted diseases, including the AIDS virus since last October. It is a misdemeanor in Florida for anyone whose test shows he or she is infected with the AIDS virus to engage in prostitution.

Dr. William W. Darrow, an epidemiologist at the C.D.C. who presented results of the survey, said that his team defined prostitution as "the exchange of physical sexual services for money or drugs." Any woman 18 years or older who engaged in prostitution at least once since Jan. 1, 1978, was eligible for the study. All the women studied participated voluntarily and the method of recruitment varied among cities.

Wide Range of Infection Cited

Although the prostitutes in the study were not strictly representative of all prostitutes in the United States or even of the cities in the study, Dr. James Curran, who heads the AIDS program at the C.D.C., said he believed the survey properly indicated the wide range of infection rates among prostitutes around the country.

Some researchers in the collaborative study studied prostitutes in sexually transmitted disease clinics or in methadone clinics. Others sought prostitutes through newspaper advertisements and pamphlets. Researchers in Atlanta and San Francisco got in touch with prostitutes on the street.

Dr. Harold Jaffe, an AIDS expert at the C.D.C., said that his agency could not estimate how many had been infected through intercourse with prostitutes. However, he said, a number of men with AIDS who had no identified risk factor, such as intravenous drug use or homosexual intercourse, have told interviewers that they had been clients of female prostitutes. "But we don't know what that means" in terms of how they got AIDS, Dr. Jaffe said in an interview.

In its new report, the C.D.C. advised prostitutes to insist on the use of condoms to reduce their own chances of infection as well as to protect clients.

The researchers said it was only reasonable to presume that men could contract the AIDS virus from infected prostitutes on the basis of data from studies in the United States of sexual partners of intravenous drug users and hemophiliacs, and studies of prostitutes and AIDS in Africa.

Dr. King K. Holmes of the University of Washington in Seattle, who has been part of a team studying AIDS in Africa, reported new data confirming that AIDS infections could be spread heterosexually. Dr. Holmes said his team, working with researchers in Kenya had identified genital ulcers as an important factor facilitating spread of the virus in heterosexual intercourse.

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S.F. Chronicle, May 21, 1987

Testing of Hookers for AIDS OKd by a State Senate Panel

By Steve Wiegand
Chronicle Sacramento Bureau

Sacramento

A measure that would require people convicted of prostitution or violent sex crimes to be examined for AIDS passed its first legislative test yesterday.

The bill, by Senator John Doolittle, R-Citrus Heights, was approved on a 7-to-2 vote of the Senate Judiciary Committee and sent to the Appropriations Committee.

Doolittle said the bill was necessary to help discourage "offering tainted goods, if you will."

Under current law, an act of prostitution is a misdemeanor, and under another law, no one can be forced to take a test for AIDS.

Under Doolittle's bill, however, people charged with prostitution would be required to submit to an AIDS test, as would anyone convicted of a sex crime.

If a prostitute engaged in sex for sale while knowing he or she had the AIDS virus, he or she would be guilty of a felony.

Doolittle said it is important to test prostitutes because they have a higher incidence of AIDS. He cited one study indicating that prostitutes were nine times more likely to have the AIDS virus than the average person, although prostitutes who use intravenous drugs were more than 20 times more likely to have AIDS.

Opponents of the bill said it would do little to stem the spread of AIDS, but would create a felony out of what some people consider to be a victimless crime and would increase the number of prison inmates with AIDS.

They also argued that it was unfair to pick on prostitutes while allowing their customers — who may have infected the hookers — to go untested and unpunished.

The bill was one of several controversial AIDS-related measures sponsored by Doolittle that were facing do-or-die votes because of a looming legislative deadline.

Other bills would require AIDS testing as a condition for obtaining a marriage license, allow involuntary testing of mental patients and revoke current confidentiality laws surrounding AIDS test results.

Doolittle, one of the most conservative state lawmakers, has emerged in a curious role in the Legislature's attempts to deal with the deadly disease.

Acknowledging that "I have always strongly opposed efforts to legitimize the homosexual lifestyle," Doolittle insists that AIDS is a problem for everyone, and that his only goal is "to save lives."

In an open letter to gays that was printed last week in the San Francisco Sentinel, a gay newspaper, Doolittle asked gays to put aside their "knee-jerk reactions" to any bill with his name on it.

"I have never counted on getting votes from homosexuals," he said. "You are getting tough truth from the one legislator whose name, perhaps more than anyone else's, is 'mud' in gay political circles. But I need your support to get my bills passed. You need my bills to stay alive."

Whatever the effectiveness of Doolittle's letter on gays, it may have little effect on Democrats, especially in the state Assembly.

"If there is anything good in his bills," said a Democratic Assembly member privately, "we will put it in one of our bills. . . . There won't be any John Doolittle AIDS bills out of this house."

Bills that do not get out of their first policy committee by tomorrow are relegated to legislative limbo until next year.

■ A CDC study of prostitutes in seven American cities found that prostitution cannot be linked to infection with the AIDS virus. Prostitutes who are infected appear to have contracted the virus from intravenous drug use, not their commercial sexual activity, researchers said.

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S.F. Chronicle
June 4, 1987
(Report on Washington AIDS conference)

S. F. Chronicle, May 21. 1987

S.F. Prostitutes Have Mixed Views on Tests

By Michael McCabe

Some prostitutes said a law requiring AIDS testing would be good for business, although others said such a measure could lead to "concentration camp" treatment of hookers.

As an AIDS-testing bill cleared its first legislative hurdle yesterday, a hooker calling herself Christine said, "I think it's great."

"I've already been tested twice myself," she added. "I think it protects me, and it reassures my customers. I think all my tricks should have tests, too."

But Rachel West, a spokeswoman for the U.S. Prostitutes Collective in San Francisco, said the bill "opens the door for mandatory testing of everyone, and leads to a concentration camp mentality."

Nina Lopez-Jones, a spokeswoman for the International Prostitutes Collective, agreed: "Prostitutes are concerned that the government is simply using the AIDS scare as a way to tell women they should stay in their holes and have sex with only one partner. Women have a right to their own bodies."

But male and female prostitutes cruising the streets and bars of the Tenderloin were generally divided on the issue when asked if they thought it was a good idea.

One woman, who identified herself as Karen, said she, too, has been tested for AIDS, and proudly tells her customers that she is AIDS negative.

"It's good for health, and it means we all take very good care of ourselves," she said. "Most of the girls in this business have already voluntarily been tested several times."

Down the street in a dark corner of a bar frequented by male prostitutes dressed up as women, the mood was decidedly anti-testing.

"I don't think anyone should be required to take a test like that because it's an invasion of privacy," said a man outfitted in long eyelashes, red high heels and a tight skirt.

Several medical officials interviewed yesterday were generally critical of any kind of mass testing idea.

"Any time you talk about mandatory testing it is a bad idea," said Pat Christen a spokeswoman for the San Francisco AIDS Foundation. "The test itself is a very limited tool and should only be done if counseling is available."

A negative AIDS test may offer a false sense of security, Christen said, and a positive AIDS test does not necessarily mean the person has AIDS, followed by inevitable early death.

S.F. Chronicle Thursday, July 2, 1987

Helping Hookers Fight AIDS

A San Francisco organization will get what is thought to be the nation's first government grant to prostitutes for fighting AIDS.

The California Prostitutes Education Project, an offshoot of the prostitutes' rights group COYOTE (Call Off Your Old Tired Ethics), is scheduled to receive a $40,000 grant from the state Department of Health, officials said yesterday.

The money will be used to set up an office with paid and volunteer workers who will distribute condoms to prostitutes and hold workshops on safe sex, said Priscilla Alexander, the group's education coordinator.

The project also will encourage more 24-hour businesses to sell condoms, Alexander said. A portion of the grant will be used for a prostitutes' support group on combating AIDS.

An AIDS education program in Los Angeles aimed at male homosexuals will receive $15,000.

Sept. 4, 1987

Attempted-Murder Trial Ordered for Prostitute With AIDS

Associated Press

Los Angeles S.F. Chronicle

An AIDS-stricken male prostitute was ordered to stand trial on attempted murder charges yesterday by a judge who said he believed the man intended to pass on the virus when he sold his blood.

"What we have here is a deliberate and conscious disregard of human safety," said Municipal Court Judge Alban Niles as he held Joseph Markowski to answer five charges, including attempted murder, assault and attempted poisoning.

The case was believed to be the first in the nation in which an AIDS victim had been charged with attempted murder for allegedly selling sex and tainted blood.

However, Niles dismissed four sex-related counts because a key witness refused to testify that he contracted AIDS from having sex with Markowski.

Prostitute with AIDS virus arrested

ASSOCIATED PRESS S.F. Examiner June 18, 1987

FRESNO — Fresno police have arrested a prostitute who carries the AIDS-causing HIV virus, and they want to prosecute her and her pimp on attempted murder charges.

But District Attorney Edward Hunt said the law required that an intent to kill be shown in attempted murder cases.

"I don't think we'll be able to show an intent to kill," Hunt said. "We certainly can show a reckless disregard for public safety."

Officials said at a press conference Wednesday that county health officials had confirmed the woman had the virus. Police said she had been working as a prostitute in the Fresno area for more than a year.

Police said they had been tipped off Tuesday that the woman carried the AIDS virus and that she was practicing prostitution.

Carriers of the virus will not necessarily develop the fatal acquired immune deficiency syndrome but can infect others through sex or sharing contaminated drug needles.

Authorities in Bakersfield, 100 miles to the south, issued a warning last month that four prostitutes there had AIDS, a fatal disease that has no known cure.

6. IV DRUG USERS

The following article reproduced from the New York Times points to the crucial difficulty in trying to prevent HIV infection among American IV drug users. It is clear that the problem can ultimately be solved only by reducing or eliminating IV drug use. However, even those drug users who today want to enter treatment programs must often wait for many months before they can be accepted. There simply are not enough treatment "slots" available, and there is no prospect of adequate funding.

Drug Treatment Dearth Imperils AIDS Control

New York Times
Oct. 4, 1987

By PETER KERR

A shortage of space in drug treatment programs around the country is leading to expected waits of as long as a year, a problem not just for addicts but also for a society threatened by the spread of AIDS.

The AIDS virus is being spread at an alarming rate in poor neighborhoods by addicts who share needles and have sexual contact with non-addicts, according to public health authorities. And they say the lack of drug treatment spaces could turn out to be a major barrier to efforts to contain the disease.

The shortage of treatment spaces for the poor has grown worse in recent years, experts say, as a result of cutbacks in Federal aid since 1981 and a sharp increase in the number of cocaine addicts asking for treatment.

Reagan Administration Assailed

Critics charge that the Reagan Administration, which announced a "national crusade against drugs" a year ago, has failed to recognize the urgency of making treatment available to addicts who inject drugs intravenously. The Administration has proposed to reduce Federal financing of drug treatment this year.

"It is a disgrace at this time that there are insufficient treatment slots," said Dr. Norman E. Zinberg, a psychiatrist at the Harvard Medical School who is an expert in drug treatment programs. "At the moment when the AIDS threat is so enormous, we are cutting back on some of the most successful treatment programs."

Administration officials say they are concerned about the shortage of drug treatment space and have recently begun studying the issue more closely. However, they argue that the threat that AIDS might spread from drug abusers to the general population is still uncertain and that it is primarily the obligation of state and local government to expand drug programs.

"I don't think government has done enough, particularly the state and local governments that have the responsibility," Attorney General Edwin Meese 3d said in a recent interview.

By ending a drug user's addiction, or at least teaching an infected user safer drug and sex practices, health officials hope the spread of AIDS through poor neighborhoods can be slowed. AIDS, which spreads through the exchange of bodily fluids, cripples the body's defenses and leaves victims susceptible to lethal infections and cancers.

But for addicts trying to enter publicly financed treatment programs, the wait ranges from up to six weeks in poor neighborhoods of Los Angeles, San Francisco and Chicago, to two to four months in New York City, officials report. In some methadone programs in Boston, treatment specialists say the wait can be up to one year.

Epidemologists estimate there are 500,000 to 1.2 million intravenous drug users in the nation; last year, publicly financed programs were able to treat 100,000 of them, according to Diane Canova, a spokesman for the National Association of State Alcohol and Substance Abuse Directors.

Demand for treatment surged last year with the rise of crack, a highly addictive, smokeable form of cocaine, sharply increasing the wait for treatment programs in major cities.

Julio A. Martinez, the director of the New York State Division of Substance Abuse Services, said his state needed at least 8,000 to 9,000 more treatment spaces to eliminate the waiting lists.

Unlike most states, New York has allocated enough money for the expansion, Mr. Martinez said, but the establishment of new treatment centers has been blocked by community groups and local political leaders.

"We have gotten into the 'not in my backyard' phenomenon," Mr. Martinez said. "They can tie us up in court, stop us on technicalities. It is up to the politicians now to bite the bullet and take on an issue that is not popular."

Recent studies indicate that in New York and New Jersey as many as 60 percent of intravenous drug users have been infected with the AIDS virus and that the exposure rate among the female sexual partners of addicts and their children is on the rise.

In New York, experts estimate that 20 percent of women whose mates are addicts are infected with the virus and that 3 percent of women of reproductive age are infected.

Treat One, Protect 5

Exposure to the AIDS virus is at lower levels among intravenous drug users in other cities, but is expected to climb as the disease spreads.

Although drug treatment programs often have a high failure rate, experts say that even if less than half the addicts stay free of drugs the programs are a useful and economical weapon in the fight against AIDS.

"Many people believe that each infected person infects an average of five other people," said John F. French, chief of the office of data analysis and epidemiology with the New Jersey Department of Health. "If that is so, for each person we successfully treat, we have protected five others."

The cost of treating an addict with methadone is approximately $3,000 a year while treating an AIDS patient can cost $125,000 a year or more, said Janis Kauffman, a lecturer at the Harvard Medical School and the director of the North Charles Institute for Addiction in Cambridge, Mass.

Federal financing of drug treatment programs declined for most states from 1981 to last year, when President Reagan signed the $1.7 billion Anti-Drug Abuse Act. Some states also have cut back their own financing of methadone maintenance programs, which offer a substitute drug to stem an addict's craving for heroin.

The Federal drug bill last year added $162.8 million to the $260 million that had been allocated for drug treatment in the 1987 fiscal year. But that was a one-time allotment of funds; the Administration has proposed that spending on drug treatment return to $260 million for 1988.

Some treatment providers say they cannot expand programs without continued support, and several members of Congress argue that the Administration proposal indicates that the President is not willing to follow through on his promise to wage an "unrelenting" new effort against drug abuse.

"There is no drug crusade," said Representative Charles B. Rangel of New York, chairman of the House Select Committee on Narcotics Abuse and Control. "What we are seeing is retrenchment."

Administration spokemen said the $162.8 million was meant as "seed" money to expand programs or establish new ones and that it was the responsiblity of states and localities to continue their support.

7. PRISONERS

The following newspaper reports reflect the common confusion with regard to AIDS prevention in prisons. They also reflect the paucity of reliable data on the extent of HIV infection behind bars.

The administrative debate on the federal and state level seems to favor testing programs over education and "safe sex" in penal institutions.

Prisons expand segregation to slow spread of AIDS

By Steve Geissinger
ASSOCIATED PRESS

SACRAMENTO (AP) — The increase in state prison inmates stricken by AIDS has forced officials to expand segregation quarters at Vacaville prison and to reverse a longtime policy banning prisoners from using condoms during conjugal visits.

Still, Dr. Nadim Khoury, chief medical officer for the state Corrections Department, fears the number of stricken inmates at Vacaville will double this year alone. They're sent there from throughout the state prison system.

In a further effort to hold down the increase, medical officials say they have stepped up the campaign to educate the more than 63,800 inmates in 13 overcrowded prisons about AIDS.

The new policy on condoms, which are believed to greatly reduce transmission of AIDS during sexual intercourse, will involve only inmates who aren't known to be afflicted with the disease, Khoury says. Inmates with AIDS aren't allowed conjugal visits.

Khoury says use of condoms during the visits will slow the spread of AIDS in two ways: to visitors from prisoners who have it, but are unaware of it because they have not been tested medically, and to inmates from outsiders with AIDS.

Tests that detect AIDS virus antibodies are voluntary, even for inmates, under state law. So officials fear that many prisoners in the general inmate population may be afflicted and not know it, Khoury says.

A ban on condoms in the general inmate population will remain in effect even though they are allowed during conjugal visits. Tom Voos, the department's health program director, says condoms brought by family members will be counted to thwart smuggling of prophylactics inside the prison.

Officials have banned condoms inside prisons because sex among inmates is prohibited. But officials acknowledge that they're virtually powerless to halt homosexual encounters in prisons.

Condoms also can be used to smuggle drugs, officials say. They admit that although possession of narcotics in prison is illegal, drugs are still smuggled inside.

The system isn't unprecedented. Medical experts cite New York as an example of a state that allows use of condoms in prison only during conjugal visits.

Although there have been no widespread protests by prisoners who fear AIDS, officials say they do hear individual complaints.

"There's concern by inmates about it," Khoury says. "That's the reason those with AIDS have been put in the (segregation) unit for their protection. Otherwise, they might be a target" for attacks.

California has 74 state prison inmates afflicted with AIDS or related diseases or who have tested positive for the virus antibodies.

The prisoners became sick and agreed to be tested, or voluntarily submitted to the tests to find out if they had AIDS. That would change under SB1005, by state Sen. John Doolittle, a Rocklin Republican. His bill would require testing of inmates as they entered the prison system.

At Vacaville, 72 male inmates are housed in the two-man cells of the segregation wing or in the hospital. Twenty have AIDS, 42 have AIDS-related medical problems and 10 have tested positive for the presence of AIDS virus antibodies.

At the Fontera prison, Voos says, one female has AIDS-related problems and one has tested positive.

Though the number of victims remained somewhat stable for a period earlier in the year, the number has begun to climb again recently, Khoury says. He expects AIDS victims to double this year and cases of AIDS-related problems to increase 50 percent.

A 74-bed segregation wing at Vacaville filled up, even though seven beds were recently added to the unit, and the state was forced this week to open a new 76-bed wing at Vacaville.

Khoury expects the spread in inmate populations of California and other states to catch up with that in the nation's general population. Throughout the country, AIDS cases in the general population have increased about 82 percent in the last year, he says, while in prisons there has been an increase of about 60 percent.

Thirty California state prison inmates have died of AIDS or related diseases since June 1984.

In an effort to educate prisoners about AIDS, California inmate reception centers in Chino and Vacaville show videotapes and distribute written materials. Doctors are available to answer questions.

Meanwhile, homosexual encounters are discouraged as much as possible. Inmates caught are disciplined administratively, with loss of various privileges, or legally, if an assault is involved. Assault victims sometimes are segregated for their protection.

AIDS-in-prison testimony conflicting

By JON MATTHEWS
Bee Capitol Bureau

SACRAMENTO — Mandatory AIDS testing for California's 65,000 prison inmates could either help protect healthy inmates and staff or make the epidemic worse and isolate an entire new prison of AIDS victims, a legislative committee was told Tuesday.

Citing a lack of data, health officials said they could only guess at the number of state prisoners who could be infected with the deadly Acquired Immune Deficiency Syndrome virus. But they told a Capitol hearing that estimates of up to 5 percent — or about 3,000 inmates — may not be out of the question based on information from other states.

California currently has nearly 120 prisoners who have AIDS or have tested positive for AIDS virus antibodies, and they are being held in separate wards.

The Joint Legislative Committee on Prison Construction and Operations heard sharply conflicting testimony on a proposal by Sen. John Doolittle, R-Rocklin, to test all of the state's 65,000 inmates for antibodies to the AIDS virus.

"Segregation may prevent people from getting this disease," Doolittle told the hearing.

State Department of Corrections staff members voiced fear of contacting inmates' blood and body fluids without proper protection and without knowing which prisoners may have been exposed to the virus.

Folsom Prison corrections officer Steve Fournier testified that in his opinion illegal drug use "is out of control" at the Folsom facility and tatooing among inmates also takes place.

The AIDS virus is primarily transmitted through sex or sharing of contaminated drug needles.

"We view it (testing of inmates) as a way to rationally approach this problem and get some hard information," said Pat Kenady, a legal representative for the Department of Corrections.

Corrections officials said a separate facility or prison wing may be needed for AIDS-infected inmates if the tests increased their numbers over the capacity at the current AIDS treatment center at the California Medical Facility at Vacaville.

Modesto Bee
Aug. 5. 1987

S.F. Examiner, July 31, 1987

Editorial

Test for AIDS in the jails

NOTHING THAT surrounds the issue of AIDS creates as much controversy as the subject of mandatory blood testing for the presence of the virus.

The arguments are becoming familiar. Critics of compulsory testing oppose it on both practical and civil-rights grounds, while proponents contend it would allow health officers to determine the magnitude of the AIDS problem, identify carriers for treatment and slow the spread.

Experts on all sides promote voluntary blood testing linked to education, particularly of those who engage in high-risk activities. By such standards, the San Francisco campaign to reach sexually active gays has to be rated a success, though tragically late. But efforts to reach intravenous drug users have not succeeded. The rate of AIDS cases has doubled during the past three years among San Francisco IV drug users who share needles. The numbers are growing.

Traditionally, health experts have advocated mass testing for a variety of communicable diseases at certain "gateposts" of life, where such procedures are convenient and medically justified, such as in grade school, induction into the armed forces, or marriage. Drug users, too, often pass through a gatepost of a different sort — jail. A survey by the state Department of Corrections has shown that 79 percent of all inmates report some history of drug use.

AIDS is a special problem in jails and prisons, since it is primarily spread by both homosexual sex and sharing of hypodermic needles. Though both of these activities are legally forbidden behind bars, they occur frequently. There is justifiable concern that prisons are becoming breeding grounds for AIDS. There is particular need to identify those inmates who have the AIDS virus, both to counsel and treat them, while protecting the uninfected. It must be remembered that whether in local jails or state prisons, these infected inmates will be back amongst us.

AIDS testing already has been approved for all inmates in federal prisons. But in California, involuntary testing is specifically outlawed in state prisons and local jails under a bill sponsored by San Francisco Assemblyman Art Agnos. However well intended, that measure is counterproductive.

Consider the inconsistency: State prisoners routinely undergo physical examinations to determine the state of their health and prevent the spread of communicable diseases within crowded prisons, including *mandatory* blood tests for syphilis and other diseases, but the AIDS antibody test cannot be performed.

Thus, no one knows how many of the state prison system's 65,000 inmates carry the AIDS virus. About 100 have been identified thus far, primarily because they exhibit symptoms. But it can be assumed that many more are asymptomatic virus carriers, who can spread the disease. The problem of the state prison system is duplicated in local jails.

The first step, then, is to legalize mandatory AIDS testing for state and local prisoners in California. Most local law officials have joined the Corrections Department in seeking such a measure. The clear need for this step should be dissociated from the extremism of Sen. John Doolittle, R-Rocklin, who has offered some other, intolerably excessive, AIDS legislation. It is time for moderate lawmakers to muster the courage to deal rationally and humanely with the AIDS crisis.

Even when a prison AIDS-testing bill passes, other issues must be addressed. Those with the virus should be segregated, but they cannot be warehoused and forgotten. The security of infected prisoners must be ensured, and this testing must be linked to education and psychological counseling.

Taxpayers should be prepared to spend funds necessary for testing and treatment facilities for prisoners (as they must be for AIDS patients everywhere). Additions will have to be built onto some crowded jails.

The continuing spread of AIDS is forcing moderate-thinking citizens to reconsider whether the absolute right of privacy for infected patients should continue to take precedence over the right of public safety. Clearly, this should not be the case behind bars. Reason, not reflexive reaction, is called for.

march 16, 1987

San Francisco Chronicle
THE VOICE OF THE WEST

EDITORIALS

'Safe Sex' In Prison

AN UNREALISTIC, ostrich-like posture is demonstrated by the Santa Clara County sheriff in refusing to issue condoms to his prisoners, despite a strong recommendation by an AIDS task force that "the entire jail population is at risk for exposure to the AIDS virus."

Sheriff Robert E. Winter maintains that providing condoms would be inappropriate inasmuch as sexual activity itself is prohibited in the jails.

Prison officials and medical experts around the country have found that the number of AIDS cases is rising among prison inmates, albeit more slowly than in the general population. A survey of 58 federal, state and local prison systems reported 1,232 AIDS cases among inmates as of Oct. 1, 1986, compared with 766 cases 11 months earlier. This is a 61 percent increase.

THE POTENTIAL for an explosion of acquired immune deficiency syndrome cases among prisoners is accentuated by the great numbers of intravenous drug users, a high-risk group for contracting the disease, who are sentenced to prison. Vermont, for example, has begun stressing "safe sex" for its prisoners by offering them condoms, and Texas is considering it.

The only way Sheriff Winter can abolish sexual relations among the jail inmates is through absolute isolation, and there are not enough single cells now for the overcrowded county jail population. The rational answer to the threat of AIDS in close confinement is the use of condoms, and the sheriff could make a major contribution to the health of the prisoners by supplying them with a confirmed means of coping with disease.

S.F. Chronicle ★★★★★ 5

June 29, 1987

U.S. Rules Out Condoms in Prison

Associated Press

Washington

The Reagan administration has ruled out providing condoms to federal inmates to curb the spread of AIDS, a health official said.

Assistant Surgeon General Robert Brutsche, who heads the 2-week-old AIDS testing program for federal prisoners, said in an interview last week that there is strong sentiment in the administration against distributing condoms within the federal prison system.

Brutsche, who also is medical director of the Federal Bureau of Prisons, said that homosexual sex is against prison regulations "and we don't feel we can have a two-faced position" by passing out condoms.

Vermont prison officials said in March that inmates in that state's institutions could begin getting condoms on request. A similar pilot program was begun in New York City jails in April.

Brutsche said that sex in federal prisons is "not that prevalent" and that the incidence of homosexual rape "appears to be extremely low."

But Urvashi Vaid, an attorney and AIDS consultant for the American Civil Liberties Union's National Prison Project, said that the government may not be looking realistically at its prisons.

"People are sexual beings and there is situational bisexuality in prison. That's something the government doesn't acknowledge," she said. "And inmates don't want to talk about it because they don't want to be labeled as gay."

On June 15, the government began conducting AIDS tests on incoming and outgoing prisoners at the nation's 47 federal prisons. The results are to be studied and initial conclusions made after the testing program is 60 days old.

Based on limited testing done before June 15, the prisons bureau says that since 1981, 297 federal inmates have been found to be infected with the AIDS virus.

Of the 43,200 inmates currently in the federal system, 30 have been diagnosed as having AIDS, and 146 current inmates have tested positive for the virus.

State Corrections Policy on AIDS Roasted at Hearing

By Robert B. Gunnison
Chronicle Sacramento Bureau

Sacramento

The AIDS policy of the state Department of Corrections was blasted at a legislative hearing yesterday by everyone from inmate-rights organizations to prison guards.

"There obviously is a serious breakdown in this department," Assemblyman Bryon Sher, D-Palo Alto, declared at one point.

Sher's exasperation centered on the department's tardy distribution of educational materials on AIDS for guards and other personnel at Folsom Prison.

The hearing by the Joint Committee on Prison Construction and Operations was called to examine the department's handling of AIDS among the state's 65,600 inmates.

Between 1984 and 1986, 41 AIDS cases have been reported in the prison system. During the same time, 64 cases of ARC, or AIDS-related condition, were detected while 29 inmates tested positive for the AIDS-producing virus.

The department has endorsed a bill that would allow involuntary AIDS testing of inmates. Dr. Nadim Khoury said the testing would give prison administrators a better idea of how many inmates were infected so they could deal more effectively with the fatal disease.

Khoury said the department policy prevented issuance of condoms or bleach to clean needles used by intravenous drug users because it would be tantamount to condoning illegal activity.

The state currently isolates inmates with AIDS, ARC or those who test positive for the virus that produces AIDS, from the rest of the prison population. The male inmates are housed at the California Medical Facility in Vacaville. The women are at the California Institution for Women in Frontera.

Anita P. Arriola, a lawyer for Public Advocates Inc. of San Francisco, told the committee that her organization had toured the Vacaville AIDS wards, where about 90 inmates are housed. "We were horrified at some of the conditions that we saw," she said.

"The medical care provided in the AIDS wing is grossly inadequate and does not meet the health needs of inmates with AIDS," she said.

Arriola said one physician visited the inmates who had tested positive only once a week.

But Dr. Nick Poulas, the chief physician at Vacaville, denied the allegations. He said two doctors were now visiting those inmates once a week.

'We were horrified at some of the conditions that we saw,' said one lawyer

He said "a majority" of the infected inmates refused to take their medicine. "We pick up bags of medicine — I mean sacks of it," he said.

Steve Fournier, a guard at Folsom, said that the first time he saw a 1985 AIDS information pamphlet prepared for department employees was yesterday at the hearing.

"There's more misinformation out there than accurate information," Fournier said.

He said a long-delayed AIDS pamphlet was given to employees with their paychecks at the end of July.

"Somebody was sitting on it," Khoury admitted. "There was a mistake."

Prisoners with AIDS may face longer terms

Education secretary Bennett: 'This is a very tough issue'

By Rick Hampson
Associated Press

NEW YORK — Education Secretary William Bennett says the government may want to extend the imprisonment of inmates with AIDS who threaten to infect other people after their release.

"This is a very tough issue, I don't think there's an easy answer to it," Bennett said in an interview broadcast Sunday on the CBS News' program "Face the Nation." "When a person serves his time, a person should be free to go."

But, he added, "Supposing that person says . . . as we've heard a few people say, 'When I get out, I'm going to take my revenge on society.' I think this is a hard question for us, and you may want to hold on to him."

Bennett continued: "I have difficulty with (holding a prisoner whose sentence is served), but I have difficulty with the guy I saw on TV who said: 'I'm mad at society. I'm going to go out and infect everyone I can.' Society has to respond to that."

Bennett's advocacy of some mandatory tests for acquired immune deficiency syndrome was criticized by Sen. Lowell P. Weicker Jr., R-Conn., a member of the Senate Appropriations Committee's Subcommittee on Labor, Health and Human Services and Education.

"I don't want the administration to set the tone of the fight against AIDS by wallowing in the testing issue," Weicker said. "The issue is education of our young people, which they're afraid to do, because they might offend some sensibilities."

Weicker said President Reagan had chosen Bennett "with absolutely no (scientific) background at all to advise on a highly complex scientific matter."

"This is baloney," Bennett said and reminded Weicker of a Cabinet meeting he attended at which several physicians endorsed an administration AIDS initiative.

Weicker also criticized the administration's decision to allow local officials to determine the age at which students would receive detailed information about AIDS.

"Did we fight World War II by letting each state decide what it was going to do?" Weicker asked. "This is something that has to get direction from the top. The disease doesn't respect state lines. We need a clear-cut federal policy set by the surgeon general of the United States, not the secretary of education."

Asked if he supported telling young children in school about condoms as a way to prevent AIDS, Bennett said: "If parents want to entrust teachers to do that, parents are entirely free to do so. But I would also urge that children learn the truth about condoms, which is that condoms fail."

"This notion that we don't believe that condoms exist or that we should never mention them is crazy," he added.

S.F. Examiner, June 15, 1987

The Nation

AIDS victims taking their enemies with them

By LAURA MECOY
McClatchy News Service

NEW ORLEANS — Criminals infected with the AIDS virus are engaging in a new practice they call "pounding death," participating in sexual activities to infect their enemies with the deadly disease, a medical expert told corrections officials from across the country here Wednesday.

Dr. Beny Primm, executive director of New York's Addiction Research and Treatment Corp., said parole and probation officers have reported a number of the AIDS victims they supervise seeking revenge against those they don't like by seducing them into being sexual partners.

"They call themselves 'pounding death,' or taking someone along with them," he said. "That is a common thing now, that kind of vindictive behavior. It puts probation officers in one hell of a dilemma."

That and other issues surrounding AIDS among inmates were the topics of a wide-ranging panel discussion at the American Correctional Association's national convention.

Primm said laws requiring confidentiality for those infected with the AIDS virus prevent probation and parole officers from notifying anyone who may contract the disease from parolees and probationers.

He also said probation and parole officers can't send AIDS victims they supervise to prison or jail because trying to infect someone with the disease is not illegal in most states.

Others on the panel warned that inmates infected with AIDS could cause an increase in prison and jail violence.

Samuel Saxton, director of the Prince George's County, Md., Corrections Department, predicted more murders behind bars as inmates suspect others of spreading the disease in prisons and jails. He warned that the increased violence could spark riots in the nation's overcrowded corrections facilities.

"We are dealing with a group of folks who do not practice the same judgment values you see elsewhere," he said after the panel discussion. "Justice is a shiv (a prison-made knife) there."

Another Maryland panelist, Beverly Marable, termed AIDS in prison a "nightmare on top of a nightmare."

"We are in the business of doing a business that is not very popular on the inside (of prison) and not very popular on the outside," said the spokeswoman for the Maryland Corrections Department, "and that is compounded by AIDS."

But a fourth panelist warned prison officials against rushing to require AIDS testing for all inmates.

Norman Nickens, an AIDS discrimination attorney for the San Francisco Human Rights Commission, said mandatory inmate AIDS testing would give prisoners and staff a "false sense of security."

"You should assume that everyone in an institution is infected or infectious," he said. "Education is currently the only defense we have against AIDS in the absence of a vaccine or effective treatment."

The American Correctional Health Services Association, a 1,600-member organization of prison and jail medical providers, distributed a statement to the group reiterating its opposition to mandatory inmate AIDS testing.

"It is a considerable waste of taxpayer dollars that directs resources away from primary health care needs such as AIDS educational efforts for inmates and staff," the statement said.

The California Legislature is considering a bill by state Sen. John Doolittle, R-Rocklin, requiring AIDS testing for prisoners. The state Department of Corrections and Gov. Deukmejian have endorsed the measure as a way to stop the spread of the disease in prison by detecting and isolating those infected with the AIDS virus.

Thursday, August 13, 1987

Few AIDS Cases

San Francisco Chronicle

Found in U.S. Prisons

Associated Press

Washington

Two months after the Reagan administration began testing federal inmates for AIDS, officials say they have yet to find an epidemic behind bars but will extend the program by six weeks to get a larger sample.

Several regional officials of the Federal Bureau of Prisons said in interviews this week that they were surprised at the low number of inmates testing positive for the AIDS virus.

"You could say there hasn't been any explosion," said Assistant Surgeon General Robert Brutsche, who heads the program. The program has been conducting AIDS tests on incoming and outgoing inmates at the 47 federal prisons since June 15.

"We're dealing with positive figures that are too low to talk about," Brutsche said.

Saying the AIDS epidemic "calls for urgency, not panic," President Reagan announced on May 31 that he was asking the Justice Department to plan for testing all the approximately 43,500 federal prisoners.

Eight days later, Attorney General Edwin Meese announced a scaled-down plan of testing people entering and leaving the federal prison system.

It calls for new inmates who are free of the AIDS virus to be tested again every six months, providing the government with an eventual gauge of the likelihood of encountering the virus behind bars.

Beginning yesterday, the Federal Bureau of Prisons was to have begun analyzing and announcing its test results, and to decide whether it was necessary to continue testing both incoming and departing inmates.

But Brutsche said Monday that the program had been extended until September 30 to broaden the sample.

Although none of the information is to be released until October, several regional officials who agreed to talk about the program in general terms said the AIDS figures had been surprisingly low.

"Generally speaking, we haven't had the overwhelming amount of cases that maybe the public might have anticipated," said Michael Benov, an executive assistant in the bureau's Western regional office in Belmont, Calif.

John Copher, medical director for the Northeast office in Philadelphia, said: "Just from a personal standpoint, I was kind of pleasantly surprised that it was not as high in my region as we had expected, what with all the intravenous drug users."

Since 1981, 297 federal inmates have been found to be infected with the acquired immune deficiency syndrome virus, based on limited testing before Meese's program began.

8. MENTAL PATIENTS

The following brief report highlights the problems that will increasingly have to be faced by mental institutions all over the country.

S.F. Chronicle
July 6, 1987

AIDS Dilemma In California's Mental Clinics

By Tessa DeCarlo

State mental health officials, concerned about the spread of AIDS among mental patients, are studying legislation to allow some patients to be tested involuntarily.

"We recognize the constitutional rights and civil liberties of patients," said Dean Owen, a spokesman for the state Department of Mental Health. "But we also strive to protect patients and staff from risk."

Owen said his department has not yet taken a position on legislation proposed by state Senator John Doolittle, R-Citrus Heights, that would require hospitals to test some but not all categories of state mental hospital patients, with or without their consent.

The controversial bill, which has passed the Senate and is now before the Assembly, also would allow but not require segregation of patients who test positive for the AIDS virus, Owen said.

Under existing law, patients cannot be tested for the AIDS virus unless they give informed consent, which many residents of the state's mental hospitals are unwilling or unable to do. To test such patients, a hospital must obtain a court order.

Napa State Hospital has tested more patients for AIDS than the state's other four public mental hospitals. Patient testing for hepatitis and other contagious diseases is routinely done without consent at the discretion of medical staff, said state mental health officials.

About 300 Napa patients have been tested for AIDS in the past two years out of an often-changing patient population of nearly 1,250.

Of the seven patients who have tested AIDS-positive, six are being kept under 24-hour surveillance to prevent them from having sex with other patients. The seventh patient has been discharged.

In addition to testing, Napa State officials also try to fight AIDS through rigorous education and awareness programs.

9. U.S. ARMY RECRUITS

Reproduced here is the report on a controversial new study of HIV infection among recruits. This study once again points up the difficulty of obtaining accurate data.

S.F. Examiner, July 16, 1987

Male, female recruits show equal AIDS rates, government study says

Researchers say heterosexual sex may big role in spreading disease; S.F. experts criticize report

By Lisa M. Krieger
EXAMINER MEDICAL WRITER

Roughly the same percentage of young women as young men applying for military service in San Francisco and certain other urban areas are infected with the AIDS virus, according to a new study by government researchers.

The equal rates of infection in the selected cities suggest that "heterosexual transmission may already have emerged as an important mode of infection in some regions of the United States," the study said.

However, San Francisco health officials challenged the conclusions. They said data here indicate the vast majority of infected people are homosexuals or intravenous drug users. And they pointed out that the male-female breakdown of figures for San Francisco was based on a sample of only 13 infected applicants, only one a woman.

"We're not seeing a heterosexual AIDS epidemic," insisted city epidemiologist Dr. George Lemp.

Dr. George Rutherford, head of San Francisco's AIDS Office, added: "No way are that many young sexually active heterosexuals infected."

The study, by Dr. Robert Redfield and other researchers from Walter Reed Army Institute of Medicine in Washington, D.C., is based on blood drawn from 306,061 military recruit applicants from October 1985 until March 1986. Results were published in Wednesday's New England Journal of Medicine.

Nationwide, the study found that 0.15 percent of military recruits were infected, or 1.5 of each 1,000 tested.

A computer analysis of the military's AIDS-testing program found these patterns:

- Blacks were more likely to have been exposed to the virus than whites from the same areas. The study found 0.39 percent of all black applicants overall tested positive for the virus, compared with 0.09 percent of all whites.
- Infections were most common in recruits who were 27 years old, black and who lived in urban areas where acquired immune deficiency syndrome is prevalent.
- The highest rate of infection was found in black men in the New York-Newark, N.J., area — with 5.2 percent of recruits infected.
- Nationally, about 0.6 percent of female applicants were infected and 1.65 percent of the men.
- Infection rates were roughly equal among men and women recruited from key urban areas, including San Francisco, Washington, D.C., and the New York-Newark metropolitan areas, including Manhattan, the Bronx and Kings County, all of New York, and Essex County, N.J.

In San Francisco, about 1.1 percent of male applicants and 1 percent of female applicants to the military were infected, the study said.

San Francisco health officials did not quarrel with the statistics but with researchers' interpretations of the numbers.

The military says people at highest risk for the disease — homosexual men, intravenous drug users and hemophiliacs — are probably "self-deferring" from the military. Hence, they believe their numbers represent AIDS infections in heterosexuals.

"How do they know that the infections were acquired through heterosexual sex? Did they ask them?" Lemp said. Recruits may lie about being homosexual or a former drug user in order to get in the military. If the cases were investigated, Lemp said, "I think they will find that most of these (military recruit) cases are related to i.v. drug use and other typical high-risk groups."

Lemp also warned that the statistics were drawn from a very small number of recruits who tested positive, and thus can be misleading.

For example, in San Francisco, 1,328 male and 257 female recruits have been tested by the military. Only 13 recruits tested positive. And of those, only one was a woman. But because fewer women applied, statistically it appears that an equal proportion of women and men are infected.

Lemp said local studies indicate that only 0.2 percent of San Francisco heterosexuals who are not drug users are infected with the AIDS virus — about 1,000 people. Lemp said most of those infected are believed to be boyfriends or girlfriends of intravenous drug users or bisexuals.

So far, he said, it does not appear that the virus is spreading further.

Health officials had feared that AIDS would enter communities — especially poor minority communities — through drug users, and spread widely: from the drug user to a girlfriend to another boyfriend, etc. But early data indicate that nearly all people infected are either engaged in high-risk behavior or are the current lover of a high-risk person.

Lemp estimates that 30,000 San Franciscans are infected with the AIDS virus but are not yet sick. Of those, nearly all are homosexual or bisexual men, he said. An estimated 1,800 are heterosexual drug users. And just 1,000 are heterosexuals infected by a drug user or bisexual.

In New York, drug users account for nearly half the AIDS cases, which would explain the high rate of female recruits there who test positive. An estimated 20.3 out of every 1,000 male and 17.4 of every 1,000 female recruits from New York City tested positive.

Jayne Garrison of The Examiner staff contributed to this report.

10. ETHNIC MINORITIES

The following reports deal with what could be the "new frontier" of AIDS prevention.

They deal first with the alarming rise in syphilis among certain ethnic minorities, then with the inadequate AIDS prevention programs directed at these minorities, and finally with the potential for conflict between Blacks, Hispanics and Native American Indians on the one hand and the Federal Government on the other.

New York Times, Oct. 4. 1987

SHARP RISE FOUND IN SYPHILIS IN U.S.

Most of the Increase Is Among Poor in a Few Urban Areas

By ROBERT PEAR
Special to The New York Times

WASHINGTON, Oct. 3 — Federal and state officials report a dramatic increase in syphilis that is concentrated among minority heterosexual men and women in a few urban areas.

Alarmed by the rise, many health experts have warned against adopting Reagan Administration proposals to cut the Federal budget for fighting sexually transmitted diseases other than AIDS. The experts are also worried by the spread of penicillin-resistant strains of gonorrhea.

Nationwide, syphilis cases are up 35 percent this year over last year, with most of the increase in poorer areas of some major cities. The Federal Centers for Disease Control said Friday that 25,514 cases of syphilis were reported for the nation through Sept. 26 of this year, as against 18,886 for the corresponding period last year.

New York Cases Double

Dr. Willard Cates Jr., director of the agency's division of sexually transmitted diseases, said in an interview: "Syphilis has skyrocketed in selected metropolitan areas, as has infection with strains of gonorrhea resistant to pencillin. We have not seen increases of this magnitude in syphilis for 20 years."

The number of syphilis cases has more than doubled in New York City, is

Continued From Page 1

up 97 percent in Los Angeles County and has risen 86 percent in Florida, according to state and local officials. Those three areas account for more than three-fourths of the nation's total rise.

Heterosexual women and men account for nearly all the increase, Dr. Cates said, with the number of cases rising much faster among black and Hispanic people than among whites.

Safer sex practices adopted by many gay men to avoid infection with the AIDS virus have also protected them against other sexually transmitted diseases, officials said.

Health officials fear that the increase in syphilis among adults may presage a rise in congenital syphilis among infants and a rise in AIDS cases among heterosexual residents of poor inner-city neighborhoods.

Dr. Cates, director of the Federal program for control of venereal disease, said, "The genital ulcers caused by syphilis appear to facilitate spread of the AIDS virus because the sores serve as a portal of entry and egress for the virus."

Studies in Africa found that people with genital ulcers were more likely to be infected with the AIDS virus, he said. Thus, according to the Centers for Disease Control, the increases in syphilis in this country "may be the forerunner of future increases" in infection with the deadly AIDS virus.

The officials estimated that only 50 percent of gonorrhea cases and 70 percent to 80 percent of syphilis cases were reported to the authorities, even though all states require such reporting. But they believe the increase in reported cases reflects a genuine increase in the total.

John R. Miles, director of New York City's program for control of sexually transmitted diseases, said: "We are seeing more florid syphilis. The lesions are more pronounced. The sores and rashes are larger, much more apparent." Some officials said a more virulent strain of syphilis might be spreading.

Health officials around the country said there was no simple or obvious reason for the increase in syphilis.

Dr. E. Russell Alexander, chief epidemiologist for the Federal program, and other officials cited two possible factors. More inner-city women may be selling sexual favors for drugs, especially crack, a highly addictive form of cocaine, they said. The women, referred to as "strawberry girls" in California, often cannot remember or will not disclose the names of their sex partners.

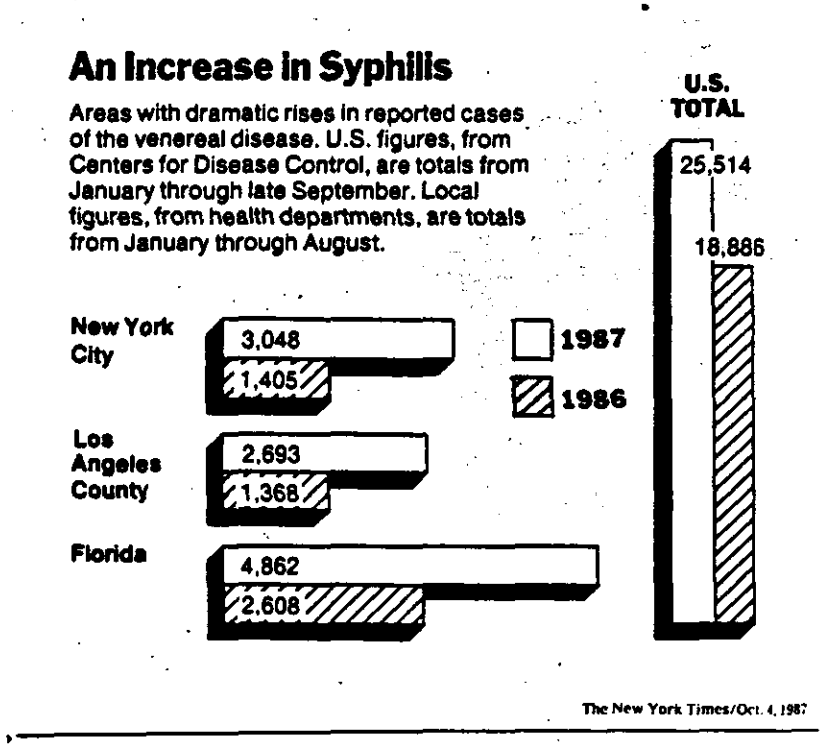
Jack E. Wroten, director of the venereal disease program in the Florida Department of Health and Rehabilitative Services, said, "This type of anonymous sexual activity plays havoc with our syphilis control program because our most effective tool is to identify sex partners and refer them to a medical examination for possible treatment."

In addition, officials said that money, personnel and other resources had been diverted from venereal disease programs into the fight against AIDS in some states. "You rob Peter to pay Paul," said Dr. Shirley L. Fannin, senior epidemiologist in the Los Angeles County Department of Health Services. "We have lost financial resources and field investigators to the AIDS program over the last four years."

In New York City, 3,048 cases of syphilis were reported to the Health Department through August of this year, up from 1,405 in the comparable period last year. Syphilis cases in Los Angeles County totaled 2,693 through August of this year, up from 1,368 in the comparable period last year. For Florida, the figures are 4,862 and 2,608, respectively.

$4 Million Cut Sought

For the fiscal year 1987, which ended this week, Congress provided $50 million for grants to the states to combat sexually transmitted diseases, not including AIDS. President Reagan is proposing a $4 million cut, to $46 million, in 1988.



Congress has not completed action on the President's proposal and may continue spending at the $50 million level through 1988, according to Congressional aides. Mr. Reagan's budget request for 1989, being prepared for submission to Congress early next year, tentatively calls for $46 million, Administration officials said.

The Administration contends that state and local agencies should provide the additional funds if they are needed. Wendy J. Wertheimer, director of public policy for the American Social Health Association, which seeks to eradicate sexually transmitted diseases, said this suggestion was "shortsighted and unreasonable" because "state and local health departments are already bearing much of the burden and these diseases transcend state lines."

Doctors are also concerned about the risk that women with syphilis may transmit the disease to the fetus in pregnancy. When that happens, the babies may be born with severe infections and even deformities.

The number of congenital syphilis cases in infants under a year old declined steadily after the introduction of penicillin therapy in the 1950's and remained low until recent years. It rose to 360 in 1986 from 266 in 1985, 247 in 1984 and 158 in 1983, according to the Centers for Disease Control.

The number of gonorrhea cases declined slightly last year, to 901,081 from 911,419 in 1985, and the downward trend has continued this year.

But the number of cases of penicillin-resistant gonorrhea has doubled in each of the last two years, reaching 16,248 in 1986, and the number reported in the first half of this year, 10,556, was 74 percent higher than in the corresponding period last year. Penicillin-resistant gonorrhea can be treated with other antibiotics, but those drugs are 5 to 10 times as expensive as penicillin, Federal officials said.

Syphilis, like gonorrhea, can be treated with antibiotics. If untreated, syphilis can cause sores on the genitals, mouth or rectum, as well as a skin rash, and may lead to blindness, insanity or death. Gonorrhea causes a discharge of pus from infected areas and may have serious complications that lead to sterility in women.

S.F. Examiner ★ Friday, July 3, 1987 A-11

Increase in syphilis stirs fear of more AIDS cases

EXAMINER NEWS SERVICES

ATLANTA — Federal health officials reported a 23 percent jump in syphilis during the first three months of 1987 — the first increase in the sexually transmitted disease in five years — and warned it could be a forerunner of more AIDS cases.

The national Centers for Disease Control said Thursday it received reports of 8,274 cases of syphilis during the first quarter of this year, an increase of 1,549 cases over the 6,725 cases reported in the first three months of 1986.

Of even greater concern, the CDC said the estimated annual rate of syphilis per 100,000 population rose from 10.9 cases to 13.3 cases. "An increase of this magnitude has not been observed in over 10 years," the CDC report said.

Syphilis and other sexually transmitted disease have been associated with higher rates of infection by the human immunodeficiency virus, which causes AIDS. Thus, the increase in syphilis cases "may be the forerunner of future increases in HIV-related morbidity and mortality," the CDC said.

"That association has been noted — that the two often go together," said Peter Crippen, a CDC public health adviser. "Having had syphilis or another sexually transmitted disease puts you at greater risk of AIDS."

Future increases in the rate of congenital syphilis, which causes stillbirths and birth defects, also are feared, Crippen said. The incidence of congenital syphilis began rising in 1983 after an eight-year decline.

The three areas reporting the largest numerical increases of syphilis cases were California, Florida and New York City, the agency reported.

Most new syphilis cases are being seen in the heterosexual population and in blacks, the CDC said. During the 1970s, 70 percent of syphilis cases in males occurred among homosexual and bisexual men.

Monday, September 14, 1987 S. F. Chronicle

Syphilis Cases Up 50% in State, Decline in S.F.

By Charles Petit
Science Correspondent

Syphilis cases jumped by 50 percent in California in the first half of 1987, and state health officials place much of the blame on sex-for-cocaine transactions.

However, syphilis dropped in some areas, including San Francisco, almost certainly because of the fear of contracting AIDS and the increased use of condoms by some social groups. The 97 cases reported in San Francisco during the first half of this year represent a 47 percent drop compared with a year ago.

The new figures reveal "an ever-increasing association between substance abuse and the incidence of primary and secondary syphilis throughout the state," according to a report from the Infectious Disease Branch of the California Department of Health Services.

More and more cases are being identified in young females who engage in sex in exchange for drugs, particularly cocaine," the report said.

"We're well on the way to a record year for syphilis," said Tom Ault, director of the state's Sexually Transmitted Disease Program. "The population groups most affected are young blacks and Hispanics, both male and female."

In the first six months of this year, 8,641 cases of primary and secondary syphilis were diagnosed by California physicians, who are required by law to inform state health authorities of cases they uncover.

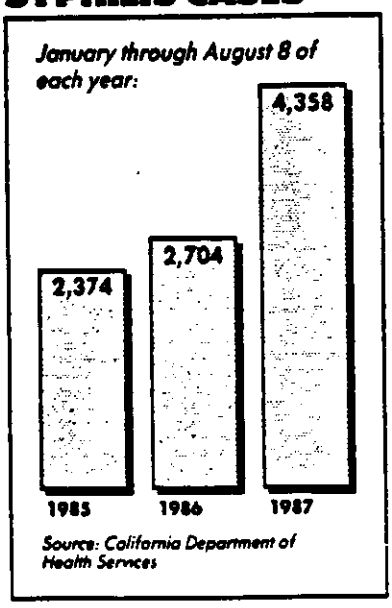
This is a 51 percent increase over the first half of 1986, which itself was a record. Through August 8, the syphilis total in the state had reached 4,358 reported cases. The figures come as the federal Centers for Disease Control reports a 23 percent syphilis increase nationwide in the first three months of this year.

Primary and secondary stages of the disease typically occur in the first year of infection and are easily treated with antibiotics. Symptoms of primary syphilis are mainly sores at the point of infection, usually on the genitals or around the mouth, while secondary syphilis may display a rash and some loss of hair. If untreated, syphilis can cause skeletal and brain damage, and can be fatal.

Among counties with the largest increases so far this year are Contra Costa, Fresno, Long Beach, Los Angeles, Sacramento, San Bernardino, San Diego, and Tulare.

"Both rural and urban areas are involved," Ault said. In rural areas, some outbreaks appear to result from a relatively small number of prostitutes who are patronized by migrant farm workers.

CALIFORNIA SYPHILIS CASES



"Basically, we began seeing the outbreak last year among prostitutes and people we categorize as having sex for drugs," said Paul Gilbert, coordinator of the sexually transmitted disease program for Contra Costa County.

So far this year, Contra Costa has had 156 cases compared with 121 all of last year, which was a record well above the usual annual total of 60 to 70 cases.

"Before the big AIDS education push, most of the cases were among homosexuals, but this present outbreak has relatively few gay men," Gilbert said. "It's largely young minorities, blacks and Hispanics concentrated ... in Richmond and Pittsburg."

The demographic change in the population in the waiting room of the county's two venereal disease clinics "is amazing," he said. "I walk in and think I'm in the wrong place."

Gilbert said much of the spread of disease is through young women who engage in part-time prostitution in exchange for cocaine, or to raise money to buy cocaine.

"They're not really the professional prostitutes, who know how to take care of themselves," he said. "These new girls really aren't very health conscious, and what is happening here is pretty much typical of most of the state."

Health authorities complain that money diverted to fight the much more serious AIDS epidemic has left them unable to track and treat people with syphilis or gonorrhea.

If unchecked, the rise in syphilis is expected to produce a marked increase in births of babies with congenital syphilis-related defects. Infection of a baby in the womb can produce stillbirth, or babies born blind, mentally retarded, or physically handicapped.

A2

N.Y. Times, May 30, 1987

Rights Group Urges Blacks to Take a Larger Role on AIDS

By LENA WILLIAMS
Special to The New York Times

WASHINGTON, May 29 — The Southern Christian Leadership Conference, saying that blacks have been silent too long on the topic of AIDS, today urged blacks to accept a much larger responsibility in containing the deadly disease.

The appeal came as the S.C.L.C. opened a two-day conference at Howard University here on AIDS among blacks.

The S.C.L.C., the Atlanta-based civil rights organization founded by the Rev. Dr. Martin Luther King Jr., has attempted to arouse blacks throughout the country by sponsoring a series of state conferences on AIDS and its impact on black Americans. The event today was the second national AIDS conference held by the group.

"The concept of AIDS in the black community is that it is a gay, white, male person disease," said Dr. Joseph E. Lowery, president of the group. "Some people feel AIDS is a result of preordained events or a punishment by God for some earthly transgression. We in the black community must face up to the fact that AIDS is a threat to the total black community."

That message was echoed throughout the day in sometimes graphic, sometimes emotional ways by health care professionals, elected officials, clergy and civil rights advocates, all of whom sought to dispel the myths about acquired immune deficiency syndrome.

They said that blacks were disproportionately represented among those who contracted the disease or those found to be carrying the virus, or HIV-antibody-positive. Blacks make up 12 percent of the population but they account for 25 percent of AIDS cases.

Of the 35,988 AIDS cases reported in the United States as of Wednesday, blacks accounted for 8,903, of which 277 were children.

Backlash and Stigma Feared

There is no cure for the disease, which cripples the body's immune system, leaving victims exposed to infections and cancers.

"We have a problem," said Walter E. Fauntroy, the District of Columbia's Delegate to Congress. "And we need resolve to face this awesome, deadly challenge."

A number of black groups say they had been reluctant to discuss AIDS and its impact on minority groups, fearing a backlash against groups that are already victims of discrimination. The issue is further complicated, they said, by the stigma attached to the disease, which in this country has affected mostly homosexuals and bisexual men and intravenous drug users.

Many civil rights advocates said they recognized the need to address AIDS among blacks, but they questioned how high a priority should be placed on combating the epidemic when blacks were faced with many other problems. They agreed they could no longer afford to ignore the fact that the AIDS virus was spreading at an alarming rate among the black and Hispanic.

"People have asked if we are putting the civil rights of AIDS victims above good public health," said Norman Nickens, an AIDS discrimination representative for the San Francisco Human Rights Commission. "The answer is no. If individuals are afraid of being discriminated against for acknowledging they have the disease, they may try to hide it, or fail to obtain proper medical care. That would poses a greater health risk to the larger public."

Many of today's participants likened the battle against AIDS to the civil rights struggles of the late 1950's and 1960's.

"In our previous battles, the evils and the enemy were known," said David Clarke, chairman of the District of Columbia City Council. "It's a different enemy we fight today. And the struggle is going to be difficult because so much is unknown."

Dr. Lowery told the conference: "We have to take matters into our own hands. It doesn't mean we let the government off the hook. But we now know that the most effective weapon against AIDS is strengthening family values; freeing ourselves from sexual promiscuity, substance abuse, perverted priorities."

Blacks and Hispanics missing message on AIDS

San Francisco Examiner
July 28, 1987

By Lisa M. Krieger
EXAMINER MEDICAL WRITER

The first studies of high-risk behavior by San Francisco blacks and Latinos show that the AIDS prevention message is not getting through.

An estimated 35.7 percent of San Francisco's black residents and 13 percent of Latinos routinely put themselves at risk of the disease by sharing needles or having unsafe sex, according to two Health Department surveys made public Monday. Those are the two main avenues of AIDS transmission.

Without better education, the AIDS problem could explode within San Francisco's black and Latino communities in the next five years, Health Department officials warned.

"It is always the most socially and economically deprived groups who get the message last, need it most and are hardest to reach," said Dennis Osmond, an AIDS and minorities specialist at UC-San Francisco and San Francisco General Hospital. "It's alarming, but it doesn't surprise me."

Gene Bregman of Fairbank,

'It is always the most socially and economically deprived groups who get the message last, need it most and are hardest to reach'

—Dennis Osmond, an AIDS and minorities specialist

Bregman and Maullin, the company that conducted the survey of Latino residents, said: "Most people are aware of the seriousness of AIDS in the general population — but not in their own community. They are greatly misinformed or uninformed about the disease, how it can be spread and how its spread can be reduced."

Although the threat of acquired immune deficiency syndrome to minority groups and the need to educate them have been apparent for more than a year, this is San Francisco's first major effort to gather data to assess behavior. The Health Department will conduct a similar study of Asians in San Francisco within the next several months.

No similar survey of whites has been conducted. But the researchers credited education programs with helping to drastically reduce the spread of AIDS among San Francisco's gay men, who are mostly white and among whom homosexual sex is the main mode of transmission.

But the programs haven't targeted minority groups, where the disease is spreading fastest among intravenous drug users and their sex partners.

The rate of AIDS cases has doubled during the past three years among The City's intravenous drug users, according to George F. Lemp a Health Department epidemiolo

—See AIDS, B-6

AIDS

—From B-1

gist.

In New York, an estimated 70 percent of intravenous drug users are infected by the HIV virus. "We don't need to look too far to see what can go wrong without education," said George Rutherford, medical director of the Health Department's AIDS office.

There are many misperceptions about the disease, the surveys found. Many of those interviewed thought that AIDS could be transmitted by sitting on toilet seats, by swimming in pools or by sex with homosexual women. Most thought it was safe to share needles with one person.

Many men believe, mistakenly, that heterosexual sex is safe, the studies show. More than three-quarters called "normal heterosexual/vaginal sex" safe, and only 20 percent considered use of condoms to be protective.

The survey of 400 black residents, interviewed at random by Polaris Research and Development, showed that:

- 4.5 percent are at very high risk of AIDS by sharing needles or by engaging in sex with people who have AIDS or AIDS-related complex. Sixteen said they had shared needles with at least 34 people, including strangers, during the past six months.
- Another 31.2 percent of blacks place themselves at risk by having unprotected sex with people in high-risk groups.
- There is a hidden population of gay and bisexual black men — 14 percent of those interviewed — who don't tell their sex partners of their risky activities and the potential threat of AIDS.

Of the 404 Latinos interviewed by Fairbank, Bregman & Maullin Inc.:

- Eleven percent engage in unsafe sex and 2 percent share intravenous needles.
- More than half said they knew "little or almost nothing" about AIDS. Only 5 percent knew how AIDS is transmitted.
- Seventy-five percent said they preferred getting AIDS information in Spanish.

Neither survey attempted to determine if the people questioned were infected by the AIDS virus.

Earlier Health Department surveys of AIDS cases has shown that needle sharing and heterosexual sex are much more common routes of AIDS transmission among blacks and Latinos than among whites, for whom homosexual sex is the main way the virus is spread.

For instance, 13 percent of blacks with AIDS were infected through drug use and 3.8 percent through heterosexual sex. Among whites, only 0.4 percent got AIDS through drug use and another 0.4 percent got it through heterosexual sex. Among Latinos, 8.7 percent got AIDS through intravenous drug use and 3.8 percent through heterosexual contact.

The disease must be discussed in the groups' own language and lingo, the Health Department officials said. But state policy discourages use of any nonmedical terminology in brochures, according to Jeff Amory of the San Francisco AIDS Office. "Any slang, nonmedical terms tend to be disapproved," he said.

'Most people are aware of the seriousness of AIDS in the general population — but not in their own community'

— Gene Bregman, member of survey firm

Many do not realize that they are at risk because they do not understand the terminology, the surveys found. Some people consider themselves heterosexual even if they have same-sex partners. Some call themselves gay but have children. Others say they don't share needles — except with husbands, wives, lovers, friends or relatives.

"The threat is not yet clear to the community," the Polaris report concluded. "These communities are only at the earliest stages of awareness about AIDS."

In San Francisco, there have been 6.95 AIDS cases per 1,000 white residents, 2.12 per 1,000 blacks, 2.53 per 1,000 Latinos and 0.32 per 1,000 Asians since the epidemic began in 1981.

N.Y. Times, Aug. 2, 1987

High AIDS Rate Spurring Efforts For Minorities

By WILLIAM E. SCHMIDT
Special to The New York Times

ATLANTA, July 31 — The disproportionate impact of AIDS among blacks and Hispanic people is leading civil rights groups and the Federal Government to shift resources to deal more directly with the threat the disease poses to minorities.

"The gravity of the disease has reached a point where the minority community is now moving faster than the majority community to mobilize, to do something about it," said John E. Jacob, the president of the National Urban League. The incidence of AIDS — acquired immune deficiency syndrome — among blacks and Hispanic people is at least twice what it is among whites.

A $7 Million Allocation

Mr. Jacob said the fear of a racial backlash against minorities as they become more identified with AIDS "is one of the reasons the black community has been slow to address this issue, to put it on our agenda." But this summer, his organization and the National Association for the Advancement of Colored People have begun to disseminate AIDS information among their chapters.

Moreover, the Federal Centers for Disease Control will hold its first national conference on AIDS and minorities here next weekend. The Federal Government will use the meeting to announce that $7 million in public funds will be made available for the first

Continued on Page 14, Column 1

time for use by minority organizations for AIDS education and prevention.

As a measure of the concern, more than 1,000 people say they will attend the conference, which the Government had planned for fewer than 400.

The growing focus on minorities marks an important turning point for civil rights leaders and Federal health officials, who say the incidence of AIDS among minority groups has long confronted them with a difficult dilemma: how to raise the alarm without stigmatizing minorities because of the widespread fears about the disease.

Dr. Stephen Margolis, the coordinator for AIDS and drug abuse at the Centers for Disease Control and the organizer of next weekend's conference, says the Government's approach has been to focus on high-risk behavior rather than on specific ethnic or racial groups.

"What we are doing now is pinpointing minorities, because we recognize that prevention strategies must take into account racial and ethnic differences, if they are going to be successful," he said.

White homosexual men still make up the largest share — 49 percent — of the nation's 38,435 diagnosed AIDS cases, as of July 20. But blacks and Hispanic people make up 39 percent of all cases, even though they account for only 17 percent of the nation's total adult population.

Also, epidemiologists at the Centers for Disease Control have concluded that blacks and Hispanic people have a higher relative incidence of AIDS in almost all transmission categories, and account for the majority of cases involving intravenous drug abusers, heterosexuals and children borne to infected mothers.

A Link to Drug Abuse

Researchers say the major difference in the incidence of AIDS between whites and minorities is the degree to which intravenous drug use and needle sharing is practiced within minority communities. Hypodermic needles contaminated by one drug user can spread AIDS to another user.

"In a tragic way, the epidemiology of AIDS may indicate just how widespread IV needle sharing is among minorities," said Dr. Roger Bakeman, a psychologist at Georgia State University, who has conducted extensive studies on the matter.

It has been more than three and a half years since the Centers for Disease Control published data showing that blacks and Hispanic people were afflicted by AIDS at a far higher rate than whites. Since then, little Federal money has been channeled directly to organizations working within minority communities.

Although money has gone to education programs aimed at intravenous drug users, health experts say that reaching addicts with information and persuading them to change their behavior is far more difficult than reaching middle-class homosexuals.

Dr. Beny J. Primm, a physician and executive director of the Addiction Research and Treatment Corporation, a treatment program in Brooklyn, said the highly visible political leaders within the black and Hispanic communities had been too slow in dealing with the threat AIDS poses to minorities.

"They are afraid of backlash and won't talk about it, the same way governments in Africa wouldn't either until so many people were sick and dying they could no longer ingore it," said Dr. Primm, who met recently in Washington with national represenatives of seven black churches to encourage them to take a more active role in AIDS education and prevention programs.

Because of the high incidence of heterosexual transmission involving the sex partners of intravenous drug users and because of the high rate of teen-age pregnancy among blacks, health experts say the potentially rapid spread of the disease through heterosexual transmission makes AIDS prevention and education an increasingly urgent matter in minority communities.

But at the same time, the close ties between AIDS and drug abuse, coupled with its being perceived as a disease that primarily afflicts homosexuals, has raised difficult moral and cultural questions and, at times, even some resistance, among key segments of minority communities.

Gilberto Gerald, the head of minority affairs for the National AIDS Network, a private organization in Washington, said: "Not only is homosexuality a taboo topic in both the black and Hispanic communities, but intravenous drug users have no political constituency either. AIDS patients are a minority within a minority."

Among blacks and other minorities, the focus on AIDS and race, even the discussion by scientists of the theory that the disease originated in Africa, still causes discomfort and "a kind of resentment among a lot of black folk," said the Rev. Joseph E. Lowery, the president of the Southern Christian

Leadership Conference, who, with his wife, Evelyn, was among the first black leaders to address the issue of AIDS among blacks.

A Lack of Health Care

But Mr. Lowery said AIDS was, finally, a civil rights issue for blacks, who already suffer higher rates of heart disease, high blood pressure and cirrhosis of the liver than do whites.

"The problem is that blacks and Hispanic people are deprived, they lack proper health care and health education," he said.

The issue has been a special problem for the black church, which had been the moral refuge of the civil rights movement, leaders say.

Representative Floyd H. Flake, a black Congressman from Queens and an ordained minister, said the AIDS issue, like teen-age pregnancy, is not discussed from black pulpits, even though the black churches are essential allies in any campaign to carry information about AIDS to the grass roots level.

"Historically, sexuality has been a no-no among the black churches," said Mr. Flake, who has presided at the funerals of two members of his own congregation who died of AIDS. "Even for me, I don't think I can talk about condoms in church without doing a lot of preparation first."

Talking About Abstinence

Michael Lomax, the chairman of Atlanta's Fulton County Commission, said that the black establishment's difficulty in dealing with AIDS was part of a larger predicament. "It is a matter of coming to terms, at last, with the fact that there are problems within our community that were not imposed upon us by white society," he said.

"Intravenous drug use, teen-age pregnancy and sexual promiscuity are behaviors that are pathological in our own community, and we must come to grips with that, to take responsibility."

Within the Hispanic community, leaders say, education and prevention efforts have been complicated by the Roman Catholic Church's opposition to the use of condoms as a means of stopping the spread of the virus. Instead, many priests, like right-wing conservatives, talk about abstinence.

William A. Bogan, the executive vice president of the National Coalition of Hispanic Health and Human Services Organizations in Washington, said such cultural cross-currents have set back some community efforts to spread the word about AIDS.

But he said a bigger part of the problem has been what he called the failure of Federal and state officials to channel resources to community orgnizations that can do the most good in reaching minority people, including drug abusers.

Dr. Primm, for example, said officials at the Centers for Disease Control had been reluctant to focus on the incidence of AIDS among minorities, for fear that they would appear to be singling out black or Hispanic people.

Dr. Rudolph E. Jackson, a physician in Atlanta who is working as a consultant to the Centers for Disease Control, said he believed the agency was slow to deal with the issue of AIDS among minorities because of an earlier controversy over the Haitians.

When the agency first began assembling data on AIDS, a higher incidence among Haitians caused them to be identified as a separate risk group. That provoked controversy among Haitian nationals and others, who said the agency was stigmatizing an entire population. The agency then dropped the identification.

Health officials and representatives of groups helping AIDS patients stressed that it was critical for financing agencies to work closely with specific community groups to minimize language and cultural differences.

"For a lot of minority women, discussing safer sex is out of the context of their role," said Suki Ports, the director of the Minority Task Force on AIDS for the New York Council of Churches. "They may risk losing their man, or even risk physical abuse, if they were to suggest using a condom."

Ronald Jenkins, a health programs consultant with the state of Georgia, mixes in rap music and advice on avoiding pregnancy when he talks to black teen-agers about AIDS.

In some ways the message seems to be getting through. Sandra McDonald, who runs Outreach Inc., the first AIDS education project in Georgia working directly with blacks, said that a year ago, "people didn't even want to listen."

Now, she said, there is more and more interest. "These days, we're talking about women and babies dying too," she said. "The more we bury, the more people pay attention."

AIDS: Who Carries the Burden

Relative incidence of AIDS by category and group. Relative incidence is a measure of the rate at which AIDS occurs per million in the black or Hispanic population, compared with the occurence per million in the white population. For instance, AIDS occurs 2.6 times more often among black men than it does among whites; among Hispanic men, it occurs 2.5 times more often.

	Cases per million population	Incidence compared with that of whites
Total cases, men		
Black	764	2.6
Hispanic	730	2.5
Total cases, women		
Black	105	12.2
Hispanic	73	8.5
Heterosexual men who are intravenous drug abusers		
Black	262	21.8
Hispanic	248	20.7
Heterosexual women who are intravenous drug abusers		
Black	64	18.1
Hispanic	40	11.3
Gay or bisexual men who are not intravenous drug abusers		
Black	379	1.6
Hispanic	389	1.6

Source: Dr. Roger Bakeman, Department of Psychology, Georgia State University, based on data from the Centers for Disease Control, from April 1, 1986

Minority activists blast CDC for AIDS education efforts

By Robert Byrd
ASSOCIATED PRESS

ATLANTA — Black and Latino activists, accusing the federal government of mishandling the battle against AIDS among minorities, Sunday demanded increased influence into federal AIDS planning and more funding for their own efforts.

Blacks, Latinos, Asians and native Americans, meeting at an Atlanta hotel for a Centers for Disease Control conference on AIDS and minorities, were sharply critical of CDC efforts to educate minorities about acquired immune deficiency syndrome.

A particular source of controversy is $7 million in new federal funding, approved by Congress last month and targeted for minority AIDS education efforts.

The money has been appropriated "without significant input from the black community," said Brandy Moore of the California AIDS Advisory Committee, a spokesman for the black caucus. He said the result would be to exclude minorities "from the resources — and the power — to control our lives."

Moore's caucus asked the CDC to extend the mid-August deadline for applications requesting grants from the $7 million.

Dr. James O. Mason, director of the CDC, said his agency will extend that deadline if possible. But, he added, Congress appropriated the money "late" in the fiscal year and directed that it be awarded to state agencies, not directly to minority-based groups.

Next fiscal year, he noted, the CDC will award $3 million directly to minority groups for AIDS education, in addition to the $7 million allocated through the states.

The two-day conference has focused on the incidence of AIDS among minorities. Blacks and Latinos, who account for 19 percent of the U.S. population, comprise 38 percent of all reported AIDS cases. And among children with AIDS, 80 percent are black or Latino.

Members of the conference's black and Latino caucuses requested that the CDC set up a panel, primarily with minority members, to review applications for minority-AIDS education funding and advise the Atlanta-based CDC.

"I think it's a good idea," Mason said. "We'll look at that and see where we can increase minority input."

Asians attending the conference asked federal officials to begin keeping detailed information about AIDS in the Asian and native American communities, as is kept for blacks and Latinos.

Lumping them in an "other" classification is "slightly racist, to say the least," said caucus spokeswoman Suki Ports of New York's Minority Task Force on AIDS.

As the conference concluded Sunday, Mason acknowledged one widely heard criticism — that the session was short on specifics that the doctors, educators and activists could take back to the minority communities they serve.

He vowed to hold another national session in six months, "concentrating on ... specific areas where we can go into greater depth."

S.F. Examiner, July 28, 1987

AIDS wiping out Indians, Navajo physician warns

By Glen Warchol
UNITED PRESS INTERNATIONAL

SPOKANE, Wash. — AIDS is spreading rapidly through America's Indian tribes and could wipe out some of the smaller reservations, partly because the culture tolerates bisexual relationships, the chief physician for the nation's biggest tribe said.

Speaking at a gathering of Indian health officials, Dr. Ben Muneta, chief medical officer for the Navajo Nation Department of Health, said Monday that because the deadly disease was spreading so quickly among heterosexual Indians and could be passed on to children at birth — usually killing them before age 2 — it could wipe out entire tribes.

"It can saturate all the childbearing members of a tribe," he said. "In extreme cases it can be a form of genocide."

Muneta said there was little homophobia in most Indian cultures and that members may engage in bisexual relationships that would spread acquired immune deficiency syndrome quickly through the heterosexual population.

As of last December, the Navajos did not have a reported case of AIDS. Now, Muneta said, there are 39 cases, the last being reported last week.

"They're all popping up this year," he said. "This is a huge issue. The potential result is devastating."

Of the 300 tribes in the United States, with a total population of about 1.5 million, only about 80 have populations of more than 300, Muneta said.

"There are a lot of smaller tribes with just a few people," he said. "But with every tribe (AIDS) will start popping up sooner or later."

Muneta said the main defense against AIDS was education but that funding was hard to come by, and it was difficult to spread the word on the remote reservations.

"We are finally convincing people that the issue must be faced," he said. "But you can't tell people not to have sex."

Ironically, the traditional Navajo medicine men already have mobilized against the disease, saying it is not a new threat, but one with a history in ancient tribal legends, which tell of a disease that decimated the Navajos just after the tribe's version of the Creation.

"In the legend, the disease is almost exactly like AIDS," Muneta said.

The medicine men say the only defense against the ancient disease was to live a "life of moderation," Muneta said. Their predecessors prescribed herbs to lessen the symptoms of the disease, but the stricken still died.

IV. AIDS AND CURRENT FEDERAL POLICIES

1. THE FAILURE OF NATIONAL LEADERSHIP

My previous report of April 30, 1987 pointed to "The Need for Stronger National Leadership" (pp. 83-86). In the meantime, it has become obvious that this leadership is not and will not be forthcoming as long as the present administration is in power. The last few months have seen a number of very disturbing developments, proving that the Federal Government has indeed abdicated its responsibility and intends to leave the problem of AIDS largely to its successors. In particular:

- The Surgeon General's Report has been undercut by public squabbling among members of President Reagan's Cabinet. The Report's major recommendations have been heatedly debated, but very little has been done to carry them out.

- The urgent and well-reasoned Report of the National Academy of Sciences has, for all practical purposes, been completely ignored.

- President Reagan has appointed a national AIDS commission composed mainly of conservative ideologues and campaign contributors. Most commission members have to be educated on AIDS "from scratch," since they have no background in public health and no background in AIDS research or prevention. However, several of them are on the public record with uninformed and nonsensical statements about AIDS.

- Political infighting within the administration has prevented funds to be spent that had already been allocated for AIDS research and education.

- When confronted with a congressional move to pass AIDS anti-discrimination legislation, the Federal Government refused to support it, leaving it to the individual states to deal or not to deal with this problem as they see fit. The signal effect of this stance is not lost on those now mainly at risk.

- At the same time, various cabinet members and political allies of the President have publically demanded increased testing of ever larger segments of the population.

In sum, many public health professionals now perceive a fast growing danger of federal AIDS policies becoming derailed by short-term political considerations. As one of these very experienced professionals put it (privately and off the record): "All of us in Public Health agree and know damn well what has to be done, it's the politicians who are going to screw this up."

The following pages illustrate some of the above points by means of a book exerpt, selected newspaper reports and press releases. At the same time, this kind of documentation also shows how public opinion is being influenced in various ways, indeed how the American national AIDS debate is being shaped in view of the coming presidential election of 1988.

A recently published critical history of American AIDS prevention efforts has attracted great public attention. Because of its potential significance in influencing public opinion, a description and brief excerpt are offered on the following pages. Following this, various newspaper articles discuss the Presidential AIDS Commission and other facets of the present political landscape.

A CRITICAL HISTORY OF AIDS IN THE U.S.

Early this month (October, 1987), the first book on the history of AIDS research and prevention in the United States was published. Written by Randy Shilts, a reporter for the San Francisco Chronicle, the large volume documents in great detail the spread of the epidemic and the series of policy failures that allowed it to reach its present proportions. As a whole, the book is a searing indictment of both the U.S. Government on all levels and the academic establishment. The American gay community wins praise from the author (who is openly gay himself), but also comes in for some well-deserved criticism. The book is bound to be as influential as it will be controversial. Because of its enormous importance as a historical source, the work is highly recommended to policymakers everywhere, in particular those who today have the responsibility of directing AIDS prevention programs.

The following pages first reproduce a newspaper summary of Shilts' book and then the prologue. (Randy Shilts, And the Band Played On: Politics, People, and the AIDS Epidemic, New York: St. Martin's Press 1987.)

San Francisco Chronicle Thursday, October 1, 1987

ronicle Reporter's Book

Politics Blamed for Lag in AIDS Battle

By Mark Z. Barabak

Health funding cutbacks by the Reagan administration and feuding among research scientists slowed progress in the fight against the deadly spread of AIDS, according to a book published yesterday.

The Reagan administration "ignored pleas from government scientists and did not allocate adequate money for AIDS research until the epidemic had already spread throughout the country," said author Randy Shilts in his new book, "And The Band Played On: Politics, People and the AIDS Epidemic."

Shilts, a reporter for The Chronicle, has covered the AIDS epidemic since its outbreak in the early 1980s.

Drawing on documents uncovered through the Freedom of Information Act and interviews with scores of government scientists, Shilts asserted that the Reagan administration consistently placed its highest priority on limiting health care spending and turned a deaf ear to many of its own health experts who warned about deadly acquired immune deficiency syndrome.

From 1982 through 1985, Reagan administration officials said publicly that they were throwing maximum resources into the fight against AIDS while private memos acknowledged that the opposite was true, Shilts reported.

On April 12, 1983, Reagan's secretary of Health and Human Services, Margaret Heckler, told a Congressional subcommittee that "there is no stone being left unturned" in the AIDS fight. "The Public Health Service is going to use every dollar necessary to try to find an answer," she said.

But in an internal memo written that same day, Dr. Don Francis, chief of AIDS lab research at the federal Centers for Disease Control, said, "The inadequate funding to date has seriously restricted our work and has presumably deepened the invasion of this disease into the American population. ... Because of the slow and inadequate funding process, it seems that after we get funds and recruit staff, we are always too late — the disease has passed us up again and we are again understaffed and underfunded."

Shilts lambasted the scientific establishment for failure to tackle the disease as aggressively as other heath problems, such as Legionnaire's disease or Toxic Shock Syndrome, which killed comparatively smaller numbers of people.

This scientific failure, Shilts contended, happened because "scientists perceived little prestige to be gained in studying a homosexual affliction."

Further slowing scientific progress on the disease was the international feuding that went on among experts attempting to claim the credit for isolating the AIDS virus, Shilts wrote.

Specifically, he detailed the battle between Robert Gallo, retrovirologist of the National Cancer Institute, and scientists at the Pasteur Institute in Paris, who Shilts credited with first discovering the cause of AIDS a year before Gallo.

Some scientists charged that Gallo took a sample of the French-discovered AIDS virus and then claimed it as his discovery. Gallo denied the allegation.

On another scientific front, Shilts sharply criticized the track record of the blood-bank industry for failing to respond promptly to warnings from the Centers for Disease Control that blood supplies were tainted by the virus. That failure, he wrote, resulted in hundreds of unnecessary deaths from AIDS-contaminated blood transfusions that occurred before the AIDS blood test became available in March 1985.

On a local level, Shilts condemned San Francisco politicians and gay advocates who fought the closure of the city's gay bathhouses in 1983 and 1984.

The 630-page book, published by St. Martin's Press, was released yesterday in New York.

Chronicle reporter Susan Sward contributed to this report.

PROLOGUE

By October 2, 1985, the morning Rock Hudson died, the word was familiar to almost every household in the Western world.

AIDS.

Acquired Immune Deficiency Syndrome had seemed a comfortably distant threat to most of those who had heard of it before, the misfortune of people who fit into rather distinct classes of outcasts and social pariahs. But suddenly, in the summer of 1985, when a movie star was diagnosed with the disease and the newspapers couldn't stop talking about it, the AIDS epidemic became palpable and the threat loomed everywhere.

Suddenly there were children with AIDS who wanted to go to school, laborers with AIDS who wanted to work, and researchers who wanted funding, and there was a threat to the nation's public health that could no longer be ignored. Most significantly, there were the first glimmers of awareness that the future would always contain this strange new word. AIDS would become a part of American culture and indelibly change the course of our lives.

The implications would not be fleshed out for another few years, but on that October day in 1985 the first awareness existed just the same. Rock Hudson riveted America's attention upon this deadly new threat for the first time, and his diagnosis became a demarcation that would separate the history of America before AIDS from the history that came after.

The timing of this awareness, however, reflected the unalterable tragedy at the heart of the AIDS epidemic: By the time America paid attention to the disease, it was too late to do anything about it. The virus was already pandemic in the nation, having spread to every corner of the North American continent. The tide of death that would later sweep America could, perhaps, be slowed, but it could not be stopped.

The AIDS epidemic, of course, did not arise full grown from the biological landscape; the problem had been festering throughout the decade. The death tolls of the late 1980s are not startling new developments but an unfolding of events predicted for many years. There had been a time when much of this suffering could have been prevented, but by 1985 that time had passed. Indeed, on the day the world learned that Rock Hudson was stricken, some 12,000 Americans were already dead or dying of AIDS and hundreds of thousands more were infected with

the virus that caused the disease. But few had paid any attention to this; nobody, it seemed, had cared about them.

The bitter truth was that AIDS did not just happen to America—it was allowed to happen by an array of institutions, all of which failed to perform their appropriate tasks to safeguard the public health. This failure of the system leaves a legacy of unnecessary suffering that will haunt the Western world for decades to come.

There was no excuse, in this country and in this time, for the spread of a deadly new epidemic. For this was a time in which the United States boasted the world's most sophisticated medicine and the world's most extensive public health system, geared to eliminate such pestilence from our national life. When the virus appeared, the world's richest nation housed the most lavishly financed scientific research establishments—both inside the vast governmental health bureaucracy and in other institutions—to investigate new diseases and quickly bring them under control. And making sure that government researchers and public health agencies did their jobs were the world's most unfettered and aggressive media, the public's watchdogs. Beyond that, the group most affected by the epidemic, the gay community, had by then built a substantial political infrastructure, particularly in cities where the disease struck first and most virulently. Leaders were in place to monitor the gay community's health and survival interests.

But from 1980, when the first isolated gay men began falling ill from strange and exotic ailments, nearly five years passed before all these institutions—medicine, public health, the federal and private scientific research establishments, the mass media, and the gay community's leadership—mobilized the way they should in a time of threat. The story of these first five years of AIDS in America is a drama of national failure, played out against a backdrop of needless death.

People died while Reagan administration officials ignored pleas from government scientists and did not allocate adequate funding for AIDS research until the epidemic had already spread throughout the country.

People died while scientists did not at first devote appropriate attention to the epidemic because they perceived little prestige to be gained in studying a homosexual affliction. Even after this denial faded, people died while some scientists, most notably those in the employ of the United States government, competed rather than collaborated in international research efforts, and so diverted attention and energy away from the central struggle against the disease itself.

People died while public health authorities and the political leaders who guided them refused to take the tough measures necessary to curb the epidemic's spread, opting for political expediency over the public health.

And people died while gay community leaders played politics with the disease, putting political dogma ahead of the preservation of human life.

People died and nobody paid attention because the mass media did

not like covering stories about homosexuals and was especially skittish about stories that involved gay sexuality. Newspapers and television largely avoided discussion of the disease until the death toll was too high to ignore and the casualties were no longer just the outcasts. Without the media to fulfill its role as public guardian, everyone else was left to deal—and not deal—with AIDS as they saw fit.

In those early years, the federal government viewed AIDS as a budget problem, local public health officials saw it as a political problem, gay leaders considered AIDS a public relations problem, and the news media regarded it as a homosexual problem that wouldn't interest anybody else. Consequently, few confronted AIDS for what it was, a profoundly threatening medical crisis.

Fighting against this institutional indifference were a handful of heroes from disparate callings. Isolated teams of scientists in research centers in America and Europe risked their reputations and often their jobs to pioneer early research on AIDS. There were doctors and nurses who went far beyond the call of duty to care for its victims. Some public health officials struggled valiantly to have the epidemic addressed in earnest. A handful of gay leaders withstood vilification to argue forcefully for a sane community response to the epidemic and to lobby for the funds that provided the first breakthroughs in research. And there were many victims of the epidemic who fought rejection, fear, isolation, and their own deadly prognoses to make people understand and to make people care.

Because of their efforts, the story of politics, people, and the AIDS epidemic is, ultimately, a tale of courage as well as cowardice, compassion as well as bigotry, inspiration as well as venality, and redemption as well as despair.

It is a tale that bears telling, so that it will never happen again, to any people, anywhere.

THE PRESIDENTIAL AIDS COMMISSION

The following newspaper articles and press releases discuss President Reagan's AIDS Commission appointed this summer.

A report on the Commission members themselves is followed by several critical reactions from various sources and news stories about the Commission's ill-fated attempts at fulfilling its mandate. (Among its major difficulties were the resignations, within a few weeks, of a its executive director, Linda D. Sheaffer, its chairman, Dr. W. Eugene Mayberry. and its vice chairman, Dr. Woodrow Myers, Jr.)

Finally, there are two reports on a beginning congressional countermove, trying to establish a better-qualified rival commission.

Close Look at the AIDS Commission

San Francisco Chronicle
24. Juli 1987

By Randy Shilts

When a presidential AIDS commission first was proposed, supporters hoped for a panel of high-powered researchers and public health experts who could write a comprehensive plan to battle the epidemic.

Such a goal seems well beyond the reach of the presidential commission appointed yesterday, public health experts and researchers complained.

NEWS ANALYSIS

Dr. Mervyn Silverman, president of the American Foundation for AIDS Research, summed up the views of many AIDS experts with his two-word response to the president's appointments: "I'm underwhelmed."

The administration apparently favored ideological credentials over experience when choosing most commission members. Rather than infuse scientific reasoning into policy debates that have become increasingly politicized, some appointments are likely to further polarize the controversy.

One member, for example, is Dr. Theresa Crenshaw, a sex educator who helped lead opposition to allowing students with AIDS to attend San Diego public schools and who has mocked the promotion of condoms in AIDS prevention campaigns.

Blood Testing

One of the only commission members with a well-articulated position on AIDS blood testing is Penny Pullen, a conservative Illinois legislator who sponsored sweeping mandatory testing bills that drew opposition from health officials.

The presence of the president of Metropolitan Life Insurance Co. may also tilt the panel because the life insurance industry advocates use of the blood testing in screening applicants.

The strangest appointment is that of one of the only two members who have any research background in AIDS, Cory Servass, who reportedly claimed last year that she had a "cure" for AIDS based on health food, vitamins and an antiviral drug used for herpes. Servass is editor and publisher of the Saturday Evening Post.

Authorities Stunned

The composition of the panel stunned AIDS authorities, who had hoped that there would be better representation from the public health and scientific communities.

Political leaders have preferred framing the AIDS debate over issues such as blood testing. Public health leaders, however, maintain that AIDS will be controlled through public education efforts and more comprehensive research programs to find treatments and a vaccine.

The conflict between these two views was demonstrated graphically last month when, in the course of just one week, AIDS researchers jeered President Reagan, Vice President Bush and Health and Human Services Secretary Otis Bowen as they presented a testing-oriented administration AIDS program.

Many had hoped the Presidential Commission on the Human Immunodeficiency Virus Epidemic would bridge these growing conflicts.

That, however, is not likely to happen. In fact, Democrats privately complained yesterday that the commission was constituted to advance the "Republican agenda" on AIDS.

Panel's Problems

AIDS experts say the challenge of the commission will be to confront these crucial problems:

■ TREATMENT COSTS — With the bulk of the nation's AIDS cases concentrated in a handful of locales, some city governments are staggering under the expense. The administration has said such costs are a local problem, but local health officials insist that the federal government will have to pitch in.

■ EDUCATION AND PREVENTION — The federal government still has not begun its long-awaited, comprehensive AIDS prevention program. Conservatives oppose education, saying everyone should be either celibate or monogamous. Public health officials say that is unrealistic.

■ VACCINES AND RESEARCH — Although money is now streaming into this basic research, scientists say the federal government's efforts suffer from the lack of coordination. Red tape and bureaucratic snafus also are slowing down research and the release of promising treatments.

Given the dearth of commissioners familiar with such complexities, however, few AIDS researchers are optimistic that the commission will tackle these more complex issues.

San Francisco AIDS researcher Marc Conant, chairman of the California Department of Health Services AIDS Task Force, first called for a presidential AIDS commission in 1982, and had long looked forward to the day it would be appointed.

"We wanted a commission with the expertise to bring together the brains and the resources to truly join the fight against AIDS," said Conant. "As far as I can tell, we still don't have that commission."

THE AIDS COMMISSION

■ **COLLEEN CONWAY-WELCH** of Nashville, Tenn., a professor and dean of nursing at Vanderbilt University.

■ **JOHN J. CREEDON** of New Canaan, Conn., president and chief executive officer of the Metropolitan Life Insurance Co. of New York. He is chairman of the Business Roundtable's Task Force on Health and Welfare Benefit Plans and is a trustee of the American Enterprise Institute for Public Policy Research, a conservative think tank.

■ **THERESA L. CRENSHAW** of San Diego, director of the Crenshaw Clinic, which specializes in evaluation and treatment of sexual dysfunction, sexual medicine and human relationships.

■ **RICHARD M. DE VOS** of Grand Rapids, Mich., co-founder and president of Amway Corp, prominent Republican fund-raiser and member of the board of the Robert Schuller Ministries.

■ **BURTON JAMES LEE III** of Greenwich, Conn., a practicing physician at the Memorial Sloan-Kettering Cancer Center in New York, specializing in the treatment of lymphomas.

■ **FRANK LILLY** of New York, a professor and chairman of the Genetics Department of the Albert Einstein Medical Center and a former board member of the Gay Men's Health Crisis organization.

■ **WOODROW A. MYERS JR.**, health commissioner for the state of Indiana.

■ **CARDINAL JOHN O'CONNOR**, archbishop of New York.

■ **PENNY PULLEN** of Park Ridge, Ill., minority leader of the Illinois House of Representatives and an anti-Equal Rights Amendment leader.

■ **CORY SERVAAS** of New York City, editor and publisher of the Saturday Evening Post.

■ **WILLIAM B. WALSH** of Bethesda, Md., founder, president and medical director of Project HOPE and clinical professor of internal medicine at Georgetown University.

■ **RETIRED ADMIRAL JAMES D. WATKINS** of Washington, D.C., a former chief of naval operations and commander in chief of the U.S. Pacific Fleet.

NEW YORK TIMES, SUNDAY, SEPTEMBER 20, 1987

The AIDS Panel's Ill-Defined Mandate

By STEVEN V. ROBERTS

WASHINGTON

PRESIDENT Reagan's advisory commission on AIDS has had a hard time since its creation last June. Critics say many of the 13 panel members are too uninformed about the disease or too committed to preconceived responses to a scourge that has already killed more than 23,000 Americans. Then, last week, the commission suffered another blow when its executive director, Linda D. Sheaffer, was abruptly forced to resign.

Many members were "very frustrated," one Administration official noted, and increasingly concerned that the panel would not be able to meet its June deadline for a final report. The commission, said another Administration official, is now in a state of "total meltdown."

Ms. Sheaffer, hand-picked as director by the panel's chairman, Dr. W. Eugene Mayberry, chief executive of the Mayo Clinic, said he had asked her to resign "because of internal disagreements within the commission that had nothing to do with my overall performance." But one member, Dr. Burton J. Lee 3d of the Memorial Sloan-Kettering Cancer Center in New York, said that "the members of the commission were not satisfied with her performance."

"For whatever reason," he added, things just weren't happening."

The turmoil at the commission reflects the highly emotional and political issues raised by AIDS, which has primarily affected male homosexuals and intravenous drug users. Purely medical questions have been submerged in heated debate about the privacy of the disease's victims, the morality of their personal conduct and the costs of caring for them.

A Lack of Direction

The departure of Ms. Sheaffer, moreover, illustrates the difficulty facing many Government commissions. To many experts in the field, the AIDS panel has suffered from the outset from a confused mandate.

In the past, the most successful Government commissions have had a well-defined purpose and a membership suited to that aim. The panel that investigated the explosion of the Challenger spacecraft was composed mainly of scientists and astronauts. They were directed to determine the technical cause of the disaster, and they did.

The commission that studied Social Security earlier in Mr. Reagan's Administration was designed to provide political cover for both parties while they took unpopular steps to solve the system's long-term financial ills. The combination of economic experts and savvy politicians on the panel was a success.

President Reagan said the AIDS panel would advise him on the "medical, legal, ethical, social and economic impact" of acquired immune deficiency syndrome. But even some Administration officials say that its real purpose was to quiet critics who blamed the Administration for responding too slowly to the epidemic. As one Administration official involved in AIDS policy-making put it: "The White House thinks, 'The President has made a speech, we've appointed a commission, now don't bother us.' "

Even limited actions promised by Mr. Reagan last spring have not been pursued. A nationwide study to calculate the extent of AIDS infection has not begun, and one Administration official said: "We're in disarray. It's a very bad situation."

Because the AIDS panel had a largely political purpose, its composition was largely determined by political considerations. Several appointments were clearly made to appease conservatives, including that of Penny Pullen, an Illinois state legislator who advocates mandatory premarital testing for the AIDS virus. John Cardinal O'Connor of New York was included in part because conservative Catholics are a prime political target in 1988. Under enormous pressure from public health experts, the White House also appointed one avowed homosexual, Dr. Frank Lilly, chairman of the genetics department at Albert Einstein Medical Center in New York.

White House officials still express hope that the commission can find a consensus on such issues as how many hospital beds will be needed for AIDS patients, and how the insurance industry should respond.

More Ideas & Trends Page 28

But many people on Capitol Hill are losing patience and moving on their own. One measure, setting up a new commission composed largely of medical and financial experts, has already passed the House. Another bill would provide $400 million for voluntary testing and counseling.

Representative Henry A. Waxman, the California Democrat who sponsored the bill, said, "We're not getting leadership from this Administration on the important decisions we must be making now to fight this epidemic."

The White House view, said one senior Administration official, is that Democrats with political motivations "want to say that the Administration is pinching pennies, and that our alliance with religious fundamentalists has caused us to go slow."

Democrats concede that they hope to use AIDS as an example of the Republican failure to protect the nation's health and safety. But they are also wary of appearing to pander to "special interest groups," such as the organized homosexual community. "A lot of people," noted Mr. Waxman, "are very nervous about what to do on AIDS. They don't want to get caught in a political vise."

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AIDS FOUNDATION LAMBASTS PRESIDENTIAL COMMISSION ON AIDS

Appalled at President Reagan's appointments to the national panel on AIDS, San Francisco AIDS Foundation Executive Director Dr. Timothy Wolfred attacked Reagan for bending to political pressure in his attempt to address the AIDS issue.

"Apparently, President Reagan believes that an Amway Executive has more AIDS expertise than the Surgeon General of the United States", stated Wolfred.

"With few exceptions, the 13-member panel is comprised of individuals with absolutely no knowledge about controlling the epidemic", continued Wolfred.

Under Reagan's orders, within one year, the panel is to recommend measures that federal, state, and local officials can take to stop AIDS, to assist research efforts toward a cure, and to improve the care of those with AIDS.

"This panel largely consists of individuals who know nothing about public health, epidemiology, virology, or disease prevention. Asking an Archbishop and an Admiral to create public health policy is like asking the Surgeon General to end the national debt. These are clearly the wrong people for the job", stated Wolfred.

Dr. Wolfred pointed to the recent National Academy of Sciences report on AIDS as an excellent and thorough blueprint for addressing the epidemic.

"The NAS report is a superb example of effective AIDS policy strategies designed by health experts. As a nation, we are in desperate need of such strategies if we are to end this horrible epidemic.

"My greatest fear is the President's AIDS-ignorant panel will devise strategies that could prolong the epidemic, rather than hasten its end. Twenty-two thousand have died and the President gives us a Phyllis Schlafly protege.

"I am not surprised", concluded Wolfred, "but I am bitterly disappointed that thousands more will have to die before the President is willing to put politics aside and leave AIDS policy to the AIDS experts."

San Francisco Examiner 23. Aug. 1987

Experts assail Reagan AIDS panel for cronyism

By Elizabeth Fernandez
OF THE EXAMINER STAFF

WASHINGTON — The new AIDS commission, touted as the president's top advice squad on the fatal disease, is largely composed of conservatives who conform to an ideology espoused by the Reagan administration but rejected by mainstream medical authorities.

In criticism that crosses partisan lines, numerous medical and political experts say that the AIDS commission is composed of members who seem more concerned about the lifestyles of AIDS patients than with treating the disease.

The 13 members have been charged with fashioning a national plan to fight the most puzzling medical mystery of the decade. Only one, however, is an active research scientist.

The only other member with any research background in AIDS drives around in a 34-foot "AIDS-Mobile," and gives all manner of health counsel, from AIDS tests to prostate cancer to children's cholesterol levels.

Another member, sex therapist Theresa Crenshaw of San Diego, is author of "Bedside Manners: Your Guide to Better Sex." An advocate of widespread compulsory AIDS testing, she has argued that youngsters with the disease should be barred from public schools.

Richard DeVos, was the top contributor to President Reagan's reelection coffers. As head of Amway Corp., he and several other executives also paid $20 million in fines to Canada three years ago after pleading guilty to fraud.

Yet another member, Cardinal John O'Connor of New York, became so indignant over a city ban on discrimination against gays that he was willing to abandon $72 million in city funds rather than comply with the city law.

Some members owe their appointments, in part at least, to White House ties.

Colleen Conway-Welch, a professor and dean of nursing at Vander-

bilt University who sits on two national nursing panels, is married to a key fund-raiser in Vice President Bush's campaign for the presidency.

"I don't think being married to a Republican fund-raiser was the reason I was chosen," Conway-Welch says. "But it probably didn't hurt."

In its conception, the presidential panel was designed to chart a comprehensive, national program to overcome the deadly virus that has afflicted nearly 40,000 Americans.

But as it stands, "the commission has no credibility to a scientist," says Dr. Steve Morin, an AIDS expert who works for Nancy Pelosi, D-San Francisco.

By failing to choose from the large pool of respected medical researchers and health policy experts, Reagan has turned a medical crisis into a political grandstand, others say.

"They are, for the most part, sadly inexperienced and unqualified to serve on such a potentially important panel," says Ted Weiss, D-New York, who has been working on AIDS legislation. "It is a tragedy that, after years of rhetoric and inaction on the AIDS epidemic, the administration has fashioned a hollow body with possibly dangerous effects."

What was needed instead, according to critics, was a nonpolitical, scientific advisory body to make recommendations about major AIDS issues.

"The presidential commission on the Challenger shuttle accident had the necessary scientific knowledge. They had astronauts and engineers," says Dr. George Rutherford, medical director of the AIDS office with the San Francisco Department of Public Health.

"That's what is supposed to happen with presidential commissions. But this one is more a politically identified group. It's as if they are trying to get a conservative consensus.

"There's a hell of a lot of background knowledge to absorb, to digest before really clear, considered policies on AIDS can be formulated. Given the paucity of experts and the short life-term of the commission, I think the deck is stacked against them."

Before the panel was announced in late July, medical experts had hoped for a group with a broad diversity of ideas. That didn't happen. "We tried to avoid people who had a record of being contentious or argumentative because that would slow the process," concedes Gary Bauer, a Reagan assistant who helped select the members.

He acknowledges that some members were chosen because of their friendliness with the White House.

"Were we to appoint people hostile to the president? Were we to appoint supporters of Ted Kennedy? We appointed people who were supporters," Bauer says. "When we have seats to fill, we'll fill some of them with our friends."

He says that members are fully qualified to sit on the panel because of their "intelligence and common sense." Further, he says, all the members subscribe to viewpoints within mainstream medical opinion.

But, at least on the subject of AIDS testing, that is not the case, for some members favor widespread, mandatory AIDS testing.

Yet health experts say that mandatory testing will have the unwanted effect of discouraging high-risk people — gays and intravenous drug users — from receiving treatment.

Those experts say that testing is not cost-effective and no one can guarantee the confidentiality of the results.

Surgeon General Everett Koop, an enthusiastic advocate of voluntary premarital testing, has opposed mandatory screening. The government's Centers for Disease Control has recommended only voluntary testing.

Commissioner Penny Pullen, the House minority leader in Illinois and a staunch conservative, has introduced legislation calling for testing of state prison inmates, hospital patients ages 13 to 55, and those applying for marriage licenses.

In her April "Capitol Comment" newsletter, Pullen included statements that many medical experts consider misleading and erroneous.

"AIDS already has a strong head start in the United States," she

wrote, "because public health authorities are reluctant to employ standard public health approaches to check the epidemic because of the political clout of organized homosexuals.

"Though homosexuals are most directly at risk, they are also terrified of measures to protect the public. So the general public enters the at-risk category by the refusal of public health authorities to act."

In response to the president's panel, the House speedily and overwhelmingly passed a bill Aug. 4 creating its own national AIDS panel to focus on cure and prevention.

It calls for at least eight members to be experts on medical, ethical and legal issues. If approved by the Senate, Reagan would appoint five members, while Congress appoints the other 10. The team will study AIDS for two years, compared with the one-year assignment of the presidential panel.

"We had hoped the president's group would be the real one," says Barbara Boxer, D-Greenbrae. "But now we really will have a commission of experts. We need people who are the best and the brightest in the field, not those who will make political statements."

Despite the likelihood of a congressional AIDS panel, the presidential commission — imbued with the administration seal of approval — has been given so much political importance that it cannot be ignored.

"Our worst fears may be realized, that they'll come up with a dreadful, Draconian, knee-jerk policy that will lead to quarantines and widespread mandatory testing," says Bruce Decker, a Republican and chairman of the California State AIDS Advisory Committee. "Look at the makeup of the commission and you can imagine the worst-case scenario without too much difficulty."

The White House's Gary Bauer disagrees.

"I don't know how to address paranoia," he says. "If people would only relax a little. I think the report will come out with things that are not so dramatic, less wild."

The president's chief domestic affairs adviser, Bauer is a protege of Attorney General Edwin Meese. He also embraces the traditional family values held by Reagan.

Last November, as undersecretary of Education, Bauer wrote a report blaming the "easy availability" of welfare and liberalism for fraying the "fabric of family life." While working on the report, Bauer served as chairman of the Reagan task force examining social issues.

And now the AIDS commission bears his stamp.

"The commission is the creation of Gary Bauer. And Gary Bauer is dedicated to turning the Republican Party into a creature of the moralists," says Curt Clinkscales, head of the National Alliance of Senior Citizens.

Characterizing himself as a conservative Republican and Reagan supporter, Clinkscales says the new panel is an attempt to turn AIDS into a moral issue, an issue of homosexuality.

"This is being used by people seeking political gain on the deaths of others," he says. "All the commission will be is a sounding board for people who look at AIDS as a curse of God."

Bauer disagrees but maintains that there are moral implications to this medical problem.

"You have to have your head in the sand not to see the moral dimensions, whether or not it's I-V drug use or homosexual lifestyles," he says. "If we didn't have I-V drug users, we wouldn't have spread the disease so far. If there weren't people in our society with so many sexual partners ... the disease would not have spread so far.

"If we found a cure for AIDS tomorrow, and God willing we will someday, if there are significant portions of the population that insist on sharing needles and insist on engaging in sodomy, there will be some other disease that will come down the pike that will send the public into a tizzy."

Bauer seems to have lost on only one front. He opposed naming a gay to the panel, contending that sexual preference should not be a selection factor. Sources say that Nancy Reagan and Howard Baker, the White House chief of staff, lobbied for a gay member and succeeded

when Dr. Frank Lilly was named.

The 56-year-old Lilly is chairman of the genetics department of the Albert Einstein Medical Center in New York and the sole acknowledged gay on the group.

When the AIDS panel was first being assembled, up to 1,000 people were suggested for it. One of them was Mayor Feinstein who was nominated by Sen. Pete Wilson, R-Calif.

"We thought her perspective was important," says Dixon Arnett, legislative director for Wilson. "And because her term of office was up in a couple of months, we thought she had the time."

William Dannemeyer, R-Fullerton, a staunch conservative, nominated San Diego sex therapist Crenshaw, and Pullen, the Illinois legislator.

He also endorsed the selection of Dr. Cory SerVaas, editor and publisher of the Saturday Evening Post. SerVaas, who helped put the AIDS-Mobile on the road and presents "medical minute" health tips on various television programs, including the Rev. Pat Robertson's show.

Some critics maintain that the administration is pandering to special-interest groups by appointing such members as John Creedon, president of Metropolitan Life Insurance Co.

Like many of his colleagues, Creedon believes that insurance companies should be able to test applicants for the AIDS virus when they deem it necessary. AIDS tests for insurance applicants are not permitted in California.

"While I inevitably have a point of view on certain aspects of the commission, everybody on it has a point of view on some aspect that they are close to," Creedon says.

The commission will hold its first meetings in September with a preliminary report due Oct. 23. The commission is expected to spend $900,000 to $1.5 million.

As part of its inquiry, the panel will hold public hearings in several cities. Tentative plans call for a November meeting in New York and a January session in San Francisco.

"The danger of the commission is not necessarily that they will turn out bad data," says Vic Basile, executive director of the Human Rights Campaign Fund.

"But it may be a reason for doing nothing, to avoid implementing a national plan for fighting AIDS. We already know what needs to be done. AIDS is a disease that can be contained. We don't need to study that. If we need a commission at all, it is one that will implement a plan of containment and of expedited research."

Henry Waxman, D-Los Angeles, points out that the National Academy of Sciences and Surgeon General Koop have already issued detailed plans for combating AIDS, including the need for educating youths and for limited testing.

"Every minute we don't educate, every minute that goes by without research, hundreds of people are coming down with AIDS. That is criminal," says self-claimed, conservative Republican Leonard Matlovich, 43, of San Francisco.

"I have AIDS. I want a cure to be found so others won't have to go through this. But tens of thousands of people are dying because this administration was lackadaisical and indifferent about AIDS. That is how history will judge the Reagan administration."

-Wednesday, September 9, 1987 S.F. Chronicle

2 Groups Attack AIDS Panel Makeup

United Press International

Washington

Two groups asked President Reagan yesterday to add people to his AIDS commission who would be more representative of those most affected by the disease and to balance "extreme" views of four panel members.

The Public Citizen Health Research Group and the American Civil Liberties Union made their request a day before the first scheduled meeting of the panel and said the 13-member commission is illegally constituted and lacks mainstream views.

In a letter addressed to Reagan and Health and Human Services Secretary Otis Bowen, the groups said the Federal Advisory Committee Act requires that panels "be fairly balanced in terms of point of view represented and the functions to be performed by the advisory committee."

The commission is scheduled to hear from Bowen today, along with Public Health Service officials who head AIDS programs. The panel also will hear from groups representing people with AIDS, volunteers who work with them and the general public.

Dr. Sidney Wolfe, head of the Health Research Group, a consumer organization, said a fair representation would require that the commission include doctors or nurses who treat AIDS patients, researchers who study the AIDS virus or treatments for AIDS, people involved in AIDS education or volunteer community groups that assist people with AIDS.

Wolfe said the consensus of experts was: "There is not one person on the entire commission who is a recognized expert either in research on AIDS or in the clinical care of patients with AIDS."

In their letter, the groups said panel members should be added to counter the views publicly advocated by four commission members. The letter said the members' positions "are extreme and not shared by most experts."

San Francisco Chronicle

AIDS Panel's 1st Meeting

Thursday, September 10, 1987

No Picnic

By Larry Liebert
Chronicle Washington Bureau Chief

Washington

President Reagan's AIDS Commission spent much of its first meeting yesterday fending off attacks from homosexuals and other critics who assailed its conservative membership.

Controversy over the 13-member committee named by Reagan overshadowed what were supposed to be thoughtful deliberations about how the nation should cope with a deadly and incurable disease.

Critics called the commission "homophobic" and unqualified at a time of growing "hysteria" over AIDS. Commission members defended the panel as diverse and sincere.

"A majority of your membership is on record as saying something insensitive, offensive or hateful about gay people," gay New York writer Larry Kramer told the commission "Quite frankly, we think many of you would just as soon see us dead."

'Give Us a Try'

Dr. Eugene Mayberry, chairman of the Mayo Clinic in Minnesota and chairman of the AIDS panel, insisted, "I think we represent a wide range of views. . . . Please give us a try. You may find you like us."

On July 23, Reagan named the panel to tackle the politically explosive issue of how to deal with a deadly disease whose victims are mostly homosexuals and intravenous drug users.

At first, most public attention focused on Reagan's selection of a gay geneticist, Dr. Frank Lilly of New York, to serve on the panel over the protests of conservatives. Since then, the controversy has shifted to the large number of staunch conservatives named to the commission.

Michael Petrelis of New York, who said he has survived two years with AIDS, told the panel, "It's my life, and that's why I'm very nervous about this commission."

Koop Criticizes Doctors Who Rebuff AIDS Patients

New York Times

Washington

Surgeon General C. Everett Koop yesterday denounced health professionals who refuse to treat AIDS patients as a "fearful and irrational minority" who are guilty of "unprofessional conduct."

In the strongest condemnation yet by any top federal official of the small but growing number of doctors, dentists, nurses and others who refuse to give treatment, Koop called their conduct "extremely serious" because it "threatens the very fabric of health care in this country," which is based on the assumption that "everyone will be cared for and no one will be turned away."

Koop's criticisms were voiced in the course of a broad warning to the president's AIDS commission that the social and ethical issues of dealing with AIDS may be more difficult than the scientific problems of finding a cure and a vaccine.

Koop expressed particular concern about how the nation will react to the spread of AIDS among "people who are young, black and Hispanic" and called for "courageous leadership" to prevent a reversal of the progress toward social justice for all Americans.

"This country is now only emerging from two decades of turmoil during which we have tried to correct the social injustices of the past. Now will the disease of AIDS, by itself, reverse this trend of history?"

ACLU Charge

The American Civil Liberties Union charged that Reagan violated a federal law requiring that such advisory commissions be "fairly balanced" and hinted that a lawsuit may be filed over the issue.

In other testimony, leaders of AIDS organizations urged more federal spending, more attention to the soaring AIDS rates among blacks and Hispanics and faster approval of research grants and drug tests.

Asking that Reagan do more to highlight the AIDS crisis, Dr. Mathilde Krim, co-founder of the American Association for AIDS Research, said, "I'd like him to take the kind of interest in AIDS that he has in the Contras."

However, Secretary of Health and Human Services Otis Bowen told the commission, "The constant criticism that this government is not doing enough is unfair and unwarranted."

The criticisms of the commission, which heard from more than 20 witnesses in the ballroom of the National Press Club, were echoed in the street 13 stories below. About a hundred protesters from New York City marched in front of the building, wearing T-shirts and buttons that said "Silence = Death."

Reaction to Criticism

For their part, the members of the panel seemed alternately fed up with the criticism and eager to disprove it.

"I'm getting a little tired of the kind of things that are being said about some of my colleagues on the panel," said Dr. William B. Walsh, founder of Project Hope.

Theresa Crenshaw, a sex therapist from San Diego, denied she had ever said that AIDS could be contracted from a toilet seat.

But she acknowledged in an interview that she believes "the jury is still out" on whether AIDS can be spread by casual contact, and she said she is "not content that we know enough" to allow children with AIDS to attend school.

Dr. Cory Ser Vaas, publisher of the Saturday Evening Post, denied that the mobile AIDS testing van she runs in Indianapolis notifies people who have the deadly disease by mail rather than in person. However, she confirmed that she became concerned about catching AIDS while visiting poor children in Ethiopia because she had "a cut on my finger."

Illinois state legislator Penny Pullen said a law she wrote mandating AIDS tests for many residents of her state provides strict guarantees of confidentiality but no provisions to bar discrimination against those carrying the AIDS virus.

Cardinal's Plea

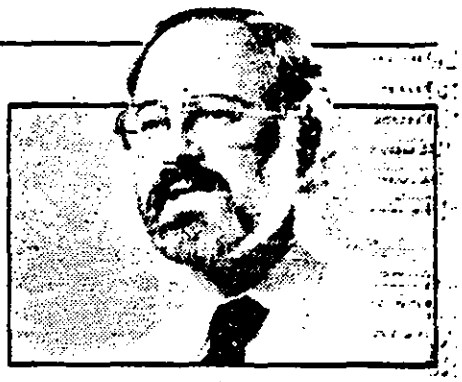
New York's Cardinal John O'Connor, who vigorously opposed gay-rights ordinances in his city, gave an impassioned plea for more federal aid to care for AIDS victims. "They go back in the streets," he said. "We need residential facilities. We need housing."

In an interview, O'Connor said he has cared for AIDS victims, washing their hair and changing their bedpans, and does not believe the disease is spread by casual contact. Minimizing debate over sex education, he asked, "How do I know whether condoms are the answer?"

Several members of the commission held preliminary hearings recently in New York City and San Francisco.

LARRY LIEBERT

AIDS Panel In Trouble



Washington

SOMETHING SEEMED wrong from the start when President Reagan's AIDS commission held its first meeting recently.

Rather than move beyond the well-rehearsed posturing on the issue, its members wasted two valuable days on a crash course in platitudes and red tape.

Scientists from the National Institutes for Health showed slides of their organization chart. (Just figuring out the NIH bureaucracy could take the AIDS commission the full year it has been alloted for its work.) Deputies from the White House explained, in excruciating detail, the paperflow within the Domestic Policy Council. Representatives of other federal agencies gave self-congratulatory accounts of all they are doing to fight AIDS.

Leaders of gay groups and organizations that serve AIDS patients alternately denounced the panel or pleaded for its enlightenment. Despite the appointment of one gay, the committee has a strong ideological slant to the right.

By the end of the meeting, the members were indulging in their own, sometimes quirky, theories about AIDS, life and government. And wondering out loud how they would ever figure out how to get a handle on the disease they are supposed to be fighting.

With that sorry start, it's no surprise that the commission made its first big decision the other day — to fire its executive director and look for a new, sharper staff.

But it is the commissioners themselves who are the problem. Unwilling to trust a study of AIDS to a panel of scientific and medical experts — who probably would have demanded more federal spending and less mandatory blood testing — the White House sought a "common-sense" panel of plain, but relatively uninformed, citizens. Even the few doctors on the panel lack technical expertise in the complexities of the AIDS virus.

Unless there is a dramatic turnaround, Reagan's AIDS panel will end up doing little to advance the fight against AIDS and plenty to embarrass the president.

S.F. Examiner
Sept. 17, 1987

S.F. Examiner ★★★ Wednesday, October 7, 1987 A-3

Two top leaders resign from AIDS commission

Former naval operations chief takes over helm

EXAMINER NEWS SERVICES

WASHINGTON — Top two officials of President Reagan's AIDS commission are both quitting, it was announced Wednesday.

The chairman, Dr. W. Eugene Mayberry, and vice chairman, Dr. Woodrow Myers Jr., both announced their resignations Wednesday.

Mayberry will be replaced by retired Adm. James Watkins, a commission member, Reagan administration officials said. Watkins served as chief of naval operations from 1982 to 1986.

Mayberry is an endocrinologist and chief executive officer of the Mayo Clinic in Rochester, Minn.

Michael O'Hara, a Mayo Clinic spokesman, said Mayberry would not serve on the commission in any capacity. "He has not stated any specific reasons," O'Hara said of Mayberry's resignation. "I think he prefers not to get into any specifics."

Myers, who is Indiana's health commissioner, quit when he heard that Mayberry had resigned. "I feel I can no longer be effective in attempting to reach the goals outlined in the president's order creating the commission," he said.

He told an Indiana legislative study committee that he hoped those appointed to replace him and Mayberry would have established backgrounds in public health or AIDS patient care.

Myers is a former director of quality assurance at San Francisco General Hospital and was once an assistant professor of internal medicine at UC-San Francisco.

Mayberry had expressed unhappiness about the amount of time the chairmanship required. He has said that when he was offered the job, he was told by White House officials that he would need to spend only a few days a month in the capital.

The panel was set up to help develop national policy toward the deadly acquired immune deficiency syndrome. It is to make its first report to Reagan Dec. 7.

Although the highly vocal criticism that greeted Reagan's choice of panel members has subsided somewhat in recent weeks, it has been replaced by skepticism that the diverse, 13-member can reach enough consensus on controversial issues to make meaningful recommendations.

The commission has been without an executive director since Sept. 11, when Linda Sheaffer was dismissed following the panel's first meeting in Washington.

Sheaffer had been selected by Mayberry and is believed to have been forced out over his objection.

In an interview conducted last week, Mayberry acknowledged the commission had internal problems but gave no hint he was thinking about resignation.

"Realistically, when you have a group of highly successful people come together about controversial subjects, and you have a media very anxious to get whatever it can, it's not always easy to be sure that you're all moving as one," he said. "The thing the commission really needs to try to do is make a difference, and if it can't make a difference just because of its own internal problems, that would be very bad."

San Francisco Examiner

Vice chair of Reagan's AIDS panel tells why he quit

★★★ Thursday, October 8, 1987 A-3

By John Jacobs
EXAMINER CHIEF POLITICAL WRITER

The chairman of President Reagan's AIDS Commission, who resigned Wednesday, was constantly "undermined and criticized" by other commissioners, according to the commission's vice chairman, who also resigned.

Dr. Woodrow Myers Jr., Indiana commissioner of health and former clinical specialist at San Francisco General Hospital, told The Examiner by phone Wednesday night that "very strong and tenacious personalities" on Reagan's 13-member commission second-guessed virtually every move that chairman W. Eugene Mayberry tried to make.

Myers said the AIDS Commission, also known as the Commission on the Human Immunodeficiency Virus Epidemic, did not get the support it needed from the White House.

Mayberry resigned as chairman of the commission Wednesday, and within a few hours Myers also resigned in support of Mayberry.

Mayberry, the chief executive officer for the Mayo Clinic, had appointed Myers to be his vice chairman. He has not commented on the reasons for his resignation.

But his panel was torn from the start by ideological conflicts and accusations that many of the commissioners knew nothing about the AIDS crisis and came from religious or conservative groups with their own social agendas.

The White House said it accepted Mayberry's resignation with "regret." It said he would be replaced by retired Adm. James Watkins, already on the commission.

The Reagan administration has been sharply criticized for several years for not paying enough attention or devoting enough resources to the century's most serious medical epidemic.

Woodrow Myers

'If I thought I could be effective, I would not have resigned'

Scarcely had the commission finally been assembled this summer when it came under fire. On Sept. 11, Mayberry reluctantly fired the executive director he had appointed three weeks earlier after some commissioners complained that she lacked administrative expertise and knowledge of acquired immune deficiency syndrome.

Among those commissioners were the co-founder of the Amway Corp., which sells household products; the publisher of the Saturday Evening Post; an executive of the Metropolitan Life Insurance Co.; and John Cardinal O'Connor of New York City.

The resignations by Mayberry and Myers, the top two health experts on the panel, make it unlikely that the commission will be able to meet its Dec. 7, 1987, deadline to submit recommendations on how the government should cope with the AIDS crisis. Myers said a draft of a report is "nonexistent."

"Every move we made was criticized and undermined," Myers said. "The support was not there. . . .

"Mayberry is a very strong leader. You don't get to be CEO of the Mayo Clinic by being a wimp," Myers added. "If he couldn't get things to the point where he felt it was possible for him to continue to be effective, then I certainly don't think I could do any better."

Myers said he did not want to be a "commission basher," and certainly did not appreciate it from others during his tenure. But he said "ideological and personality conflicts" made it impossible for him to continue.

"If I thought I could be effective, I would not have resigned," he said.

Myers said that while he was trying to "exit gracefully," he hoped that Reagan would "find somebody who knows something about public health, who has had experience treating AIDS patients and who has demonstrated leadership in the AIDS epidemic to replace me."

Myers got his medical degree from Harvard. He did post-doctoral work at Stanford University, where he now serves on the Board of Trustees. He also obtained a master's degree in business administration at Stanford.

Before taking the job in Indiana, Myers was an an assistant professor of medicine at UC-San Francisco, from 1981 through most of 1984, when the AIDS epidemic exploded.

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N.Y. Times, Oct. 11, 1987

ABROAD AT HOME | Anthony Lewis

The Price of Ideology

BOSTON

It is a new experience for Americans to live under a Government driven by ideology. We have had activist Presidents, but not ones fastened to a theory. Franklin Roosevelt, the modern exemplar of vigor, was an utter pragmatist. Richard Nixon went to China. Lyndon Johnson urged us to reason together. And so on.

Ronald Reagan has been willing to compromise here and there, and has done so effectively. But underneath he sticks to the handful of beliefs that make him the most rigid ideologue ever to occupy the White House. We see that dramatically now. Ideology is king in Washington, with devastating results across the range of public policy.

The United States today faces what may be the greatest menace to public health in the country's history: AIDS. In July President Reagan appointed a commission to study the problem and make urgent recommendations for Government action. But the commission has been shattered by ideology.

Among the 13 members were some with strange credentials. One was a sex therapist who said that AIDS could be transmitted on toilet seats. Another, a longtime friend of the President, runs a mobile AIDS-testing van project that has been much criticized. A third has charged that homosexuals engage in "blood terrorism" by deliberately donating infected blood.

Representative Henry Waxman, a California Democrat who is a key House figure on health matters, said many members "were appointed either because they knew nothing about AIDS or had already made up their minds to go along with a right-wing agenda rather than a public health agenda in dealing with the disease."

The other day the chairman and vice chairman of the commission, both doctors who are public health professionals, resigned because of ideological differences and infighting on the group. The only medical staff officer quit also.

San Francisco Chronicle, 5. Aug. 1987

Congress' Own AIDS Panel Gets OK

United Press International

Washington

The House passed legislation yesterday setting up a congressional AIDS commission that the bill's sponsor said was needed because President Reagan's recently appointed panel has too few AIDS experts.

House leaders used an unusually expedited process to bring the bill to the floor only minutes after it was approved by the House Energy and Commerce Committee, which approved the measure without benefit of any subcommittee hearings or testimony from witnesses about the need for another AIDS panel.

The House, after only 40 minutes of debate, sent the bill to the Senate on a a 355-68 vote.

The National Commission on Acquired Immune Deficiency Syndrome — opposed by some conservatives who said it duplicates the presidential panel — would have 15 members, of whom at least eight would have to experts on the medical, legal and ethical issues involving AIDS.

The president would appoint five panel members, two of whom must be the secretary of health and human services and the head of the Veterans Administration.

Congressional leaders of each house would appoint the other 10 members, with Republicans assured two appointments out of the five given each chamber.

The congressional panel will study many of the same issues as the 13-member Commission on Acquired Immune Deficiency Syndrome appointed by Reagan on July 23.

Representative J. Roy Rowland, D-Ga., the only medical doctor in the House and sponsor of the bill setting up the congressional panel, said he has "some concern" that Reagan's commission has too few AIDS experts and might be stacked to reflect administration views on AIDS issues, such as AIDS testing.

"Some of the commission members that the president has appointed are not well versed in the medical problem," Rowland said. "This issue should be approached from a medical, scientific standpoint. It should not be approached in a partisan, political way or on a philosophical basis."

Members of Reagan's commission include six men and women with medical degrees, one with doctorates in biology and organic chemistry and one with a nursing doctorate. Others include an insurance executive, a state legislator, a retired admiral, a businessman and Cardinal John O'Connor of New York.

The membership is mostly Republican. Several members favor expanded use of mandatory testing in certain groups and more emphasis on abstinence as a way to prevent the spread of the AIDS virus.

San Francisco Examiner

House votes for separate AIDS panel

CHICAGO TRIBUNE

WASHINGTON — The House voted 355-68 Tuesday to establish an independent commission on AIDS, partially in response to complaints that President Reagan's AIDS panel is stacked with conservatives and lacks medical expertise.

The House bill calls for a 15-member commission; at least eight members would have to be experts on the medical, legal and ethical issues of AIDS. The president would appoint five of the members, two of whom would have to be the secretary of Health and Human Services and the head of the Veterans Administration. The other 10 would be appointed by Congress.

"Some of the commission members that the president has appointed are not well versed in the medical problem," said Rep. J. Roy Rowland, D-Ga., the only physician in the House and the sponsor of the bill.

"This issue should be approached from a medical, scientific standpoint," he said.

The AIDS commission bill was approved after only 40 minutes of debate. Democratic leaders used an unusually expedited procedure to bring the legislation to the House floor only minutes after it was approved by the House Energy and Commerce Committee.

Rep. Tony Coelho, D-Merced, said Reagan's board "is a rather controversial commission. We don't think this should be part of the White House or a part of politics. People are dying out there. It's a medical problem and needs to be addressed."

Coelho said a $1 billion bill to fund AIDS research will be taken up by the House later this week.

The president's 13-member commission, appointed July 23, includes Penny Pullen, an Illinois lawmaker and ally of conservative activist Phyllis Schlafly; a Roman Catholic cardinal; a retired Navy admiral; the president of Amway Corp.; and the publisher of the Saturday Evening Post.

Dr. Frank Lilly, a homosexual and chairman of the genetics department of the Albert Einstein Medical Center in New York, was appointed after gay activists said Reagan was insensitive toward the problem of acquired immune deficiency syndrome.

AIDS IN LATE 1987: FEATURES OF THE POLITICAL LANDSCAPE

In the course of the year 1987 the scientific discussion of AIDS began to be overshadowed by an increasingly strident and unreasonable political discussion. This was faithfully mirrored in the popular press as the following newspaper articles will show.

Because of space limitations the selection has to be somewhat arbitrary, but it is hoped that it will, nevertheless, illustrate the accelerating general trend.

In particular, the news stories presented here cover the following topics:

1. Public opinion polls with regard to AIDS (pp. 115-120)

2. The positions of 1988 presidential candidates (pp. 121-126)

3. The "conservative" political agenda with regard to AIDS (pp. 127-141)

4. The Federal Government's position on discrimination based on AIDS (pp. 142-146)

Particular attention is called to two articles reproduced under item 3 above: A commentary by Dr. Neil R. Schram, "Conservatives Winning AIDS Fight," and a report by Brian Jones, "State Bans Safe Sex Info," which documents recent efforts by "conservative" California politicians to actually prevent effective AIDS education.

California Poll

AIDS Is State's Number 1 Issue, Survey Reports

By Ramon G. McLeod

Californians say AIDS is the most important issue facing the state today and research for a cure should be the top priority for increased state financing.

In an extensive survey of opinion about the deadly disease, the California Poll found that 73 percent of Californians believe that state spending on acquired immune deficiency syndrome should be increased.

The next highest priorities for a state spending increase were local public schools and public assistance programs for the elderly and disabled.

The poll, made public today, found that 69 percent of Californians rate AIDS as an "extremely important" issue facing the state. Improving public schools and reducing the spread of illegal drugs were given the next highest ratings of importance.

The poll of 1,026 California adults was conducted by the Field Institute of San Francisco from April 3 through April 10. The poll has an margin of error of 3.3 percent.

Gay rights leaders in San Francisco lauded the results of the poll.

"It is extremely encouraging that people recognize that AIDS affects everyone and that they are concerned enough to want a much greater effort at finding a cure," said Benjamin Schatz, director of the AIDS Civil Rights Project.

Paul Boneberg, executive director of the Mobilization Against AIDS, called the results a mandate for a research drive that would rival the drive that went into putting humans on the moon.

"It is very clear that the people want this kind of effort," Boneberg said. "Now the question is will the governor and president relent in their opposition to such a massive moon-shot effort."

In a statement Friday, Governor Deukmejian said the poll results may really be saying that Californians do not know how much the state is already doing about AIDS.

"I'm not sure the people are fully aware of how much we are putting into AIDS research and education and in addition, of course the money that goes through the Medi-Cal program for patients that are afflicted," he said. "But we have some $32 million in the budget, that's more than the 10 states with the biggest problems allocate combined."

On the federal level, President

S.F. Chronicle, May 11, 1987

CALIFORNIA POLL ON AIDS

From Page 1

Reagan has proposed $534 million in funding for AIDS research in his 1988 budget, a 28 percent increase over current levels.

The $32.1 million that Deukmejian has proposed for AIDS research, education and testing programs in his 1987-88 budget is roughly the same amount that is being spent in the current budget year.

Deukmejian aides bristled at suggestions that he was against spending money on AIDS research and education.

"Listen, in 1983-84 the state budget for AIDS was $500,000. Two years later it was $18 million and last year it was $28 million and the governor added $10 million more for vaccine research," said Kevin Brett, a Deukmejian spokesman.

"Because of the governor, we spend three times as much on AIDS as New York, which has a higher caseload," Brett said.

A legislative AIDS Task Force headed by Assemblyman John Vasconcellos, D-San Jose, has determined that $138 million should be spent on AIDS-related matters in California, according to Leslie Cummings, a Vasconcellos aide.

Cummings said Friday that Vasconcellos, who chairs the Assembly's Ways and Means Committee, will recommend that the state Senate increase AIDS spending by $46 million over the $32 million Deukmejian has proposed.

"Even more (money) would be nice, but we have to work under the realities of our budget constraints," she said.

Just as the state AIDS budget has grown dramatically over the past four years, so too has the cost of AIDS-related services and programs in San Francisco, which has been hard hit by the epidemic.

The city budget now includes about $13 million for AIDS programs and services. That is expected to increase about six times by 1991.

Through April, AIDS has claimed the lives of 1,906 people in San Francisco since 1981 and 3,190 have been diagnosed as having the disease. Nearly 4,200 people in California have died and about 7,700 have been diagnosed, through March. The national death toll is 20,352 with 35,219 diagnosed as of a week ago.

Federal Public Health Service epidemiologists project that AIDS will claim 179,000 lives in the U.S. by 1991.

These numbers have raised great apprehensions about AIDS among Californians, said Mark DiCamillo, managing director of the Field Institute.

"The public is quite well-informed about AIDS," he said. "They are very concerned and they would like government to do more about it."

"People are not panicked," DiCamillo said. "But what was somewhat surprising was how many people said they are taking special precautions to protect themselves from the disease."

The poll found that four out of 10 adults 18 to 29 years old said they are taking special precautions against AIDS. The poll did not ask what the precautions were.

It also found that more than 70 percent would favor mandatory AIDS testing of prisoners and people who apply for a marriage license, but a majority of 58 percent would object to proposals that the entire population be tested.

Very large majorities opposed any restrictions on school attendance for children with AIDS and evictions of AIDS victims by landlords.

Further, the poll found that 81 percent believe that AIDS cannot be transmitted by casual contact, but about three-quarters are worried that they could get AIDS from a blood transfusion.

Overall, the survey indicated positive change in the public's understanding and attitudes about AIDS and its victims, said Holly Smith, a spokeswoman for the San Francisco AIDS Foundation.

"Obviously, all of the education people have obtained about AIDS, despite some sensationalistic hype, is paying off," she said.

CALIFORNIA POLL

Important issues facing California

Based on a scale of 1 to 10

	Extremely important (10)	(7-9)	(4-6)	Not at all important (1-3)
Controlling spread of AIDS	69%	21%	6%	4%
Improving quality of education	59	31	7	2
Reducing spread of illegal drugs	57	25	14	4
Appointing good judges	54	33	10	3
Protection from crime	53	36	10	2
Protection from toxic chemicals	50	35	10	4

Attitudes toward state spending

Spending in this area should be...

	Increased	Held the same	Cut
AIDS Research	73%	22%	3%
Public schools (K-12)	68	29	2
Public assistance programs to elderly and disabled	67	28	3
Aid to homeless	66	25	6
Law enforcement	60	36	3
Mental health programs	57	36	5
State and local prisons	51	39	7
Colleges	51	42	6
Environmental regulations	50	39	8
Medical care programs Medi-Cal	48	39	11

Legislative proposals about AIDS

	Agree	Disagree
Public schools should offer special instruction in AIDS prevention	93%	6%
Condoms should be available for state prison inmates	80	15
All persons entering prison should be tested for AIDS	79	19
All persons seeking a marriage license should be tested for AIDS	75	24
Persons with AIDS who knowingly spread the disease should be sentenced to life in prison	52	40
Everyone should be required to take an AIDS test	39	58
AIDS victims should be quarantined	22	72

Source: The California Poll

Many Americans Ready to Get Tough Over AIDS

SFC Chronicle 7/31/87

Los Angeles Times

Los Angeles

Many Americans are prepared to accept very strong measures to battle the mounting AIDS epidemic, and 42 percent say they believe that some civil liberties must be suspended in the effort, according to the Los Angeles Times Poll.

When asked, "Do you think some civil liberties must be suspended in the war on AIDS," 42 percent of respondents in the nationwide poll said yes, 38 percent said no and 19 percent were not sure.

Also, 68 percent said they would favor criminal sanctions against people with AIDS who remain sexually active, and 84 percent approved making it a crime for people in AIDS high-risk groups to donate blood.

Both findings represent significant increases since the same questions were asked by the Times poll in December 1985; the affirmative figures at that time were 51 percent and 77 percent, respectively.

The new survey found that about half of Americans would tolerate mandatory testing for people at high risk of acquiring AIDS and favored adding AIDS to the list of infectious diseases that require quarantine.

In addition, the percentage of respondents who favor a tattoo for people who test positive for the AIDS virus, a proposal once advanced by conservative columnist William F. Buckley Jr., has nearly doubled — from 15 percent to 29 percent — since 1985. Sixty-four percent said they would oppose a tattoo for AIDS virus carriers.

Such steps as widespread mandatory testing, quarantine and tattoos would go far beyond the voluntary measures favored by leading public health officials.

"There has been a hardening of public attitudes on AIDS," said I. A. Lewis, director of the Times poll. "It is almost as if many Americans think of civil liberties as a luxury when it comes to protecting the public health."

Other findings:

■ Although those surveyed agreed with the majority of AIDS experts that widespread mandatory testing is a less effective measure against AIDS than increased public education and research, they are nonetheless tolerant of the notion of more testing.

When asked, "Which if any of the following groups of people do you think it would be most useful to test for the presence of the the AIDS virus?" 29 percent of those interviewed said "all citizens," 16 percent "drug abusers," 16 percent "known homosexuals" and 14 percent prostitutes.

■ There was a sharp surge in support since 1985 for increased federal spending on AIDS education and research.

In 1985, when federal AIDS spending totaled about $125 million a year, 47 percent agreed that this was the "right amount of money," 32 percent favored more spending and 13 percent less. This month, when federal AIDS spending totals about $500 million a year, 46 percent favor more money, 40 percent the same and 7 percent less.

The national survey of 2,095 people was conducted July 24 to 28. The possible sampling error of the poll was three percentage points.

S.F. Chronicle Monday, July 13, 1987

GALLUP POLL

AIDS Tests Favored For Many Groups

By George Gallup Jr.

Princeton, N.J.

Although the AIDS epidemic in America is still largely confined to drug addicts, homosexuals and their sex partners, a poll suggests that the public favors testing a wide variety of population groups for possible infection by the virus. A small majority would go so far as to test all U.S. citizens.

The extent of the public's apprehension about AIDS is underscored by the fact that three-fourths of participants in a recent Gallup Poll claim to be taking or plan to take at least one of five specific steps to avoid contracting the disease.

In AIDS testing, the overwhelming national consensus favors the antibodies test for immigrants applying for permanent residence in the United States (90 percent), inmates of federal prisons (88 percent), members of the armed forces (83 percent) and couples applying for marriage licenses (80 percent). A two-thirds' majority (66 percent) advocates testing visitors from foreign countries.

The slight weight of public opinion is that the entire populace should be tested for AIDS, with 52 percent in favor and 45 percent opposed. Attitudes on this issue are strongly conditioned by education: College graduates are opposed to such testing by a 3-to-2 ratio; those whose formal education ended before graduation from high school favor it by almost 2 to 1.

The most commonly cited AIDS-prevention measures are: not associating with suspected sufferers (43 percent), avoiding elective surgery that would require blood transfusions (42 percent) and banking one's own blood for possible future use (42 percent).

Following are the questions and the key findings:

"In your opinion, which of the following groups of people, if any, should be tested for AIDS: Members of the armed forces? Inmates of federal prisons? Immigrants applying for permanent residence in the U.S.? Couples applying for marriage licenses? Visitors from foreign countries? All American citizens?"

	Should be	Should not	No opinion
Prospective immigrants	90%	9%	1%
Federal prisoners	88	10	2
Armed forces	83	14	3
Marriage license applicants	80	18	2
Foreign visitors	66	30	4
All American citizens	52	45	3

"Which of the following steps, if any, have you yourself taken or do you plan to take to avoid contracting AIDS: Not associating with people you suspect might have AIDS? Avoiding elective surgery that would require blood transfusions? Avoiding the use of restrooms in public facilities? Avoiding donating blood? Donating your own blood for possible future use?"

AIDS PREVENTION MEASURES

	Have taken or plan to	Have not	Don't know, no answer
Avoiding suspected victims	43%	49%	8%
Avoiding elective surgery	42	54	4
Banking own blood	42	53	5
Avoiding public restrooms	28	71	1
Not donating blood	20	73	7

AIDS PREVENTION MEASURES

	Have taken, or plan to take one or more steps	Haven't taken any steps
Men	76%	21%
Women	76	20
18-29 years	84	14
30-49 years	76	19
50 & older	70	25
College graduates	71	26
Some college	76	20
High school grads	77	20
Not high school graduates	78	15

San Francisco Chronicle, 31. Aug. 1987

GALLUP POLL

ID Cards Favored For AIDS Sufferers

By George Gallup Jr.

Princeton, N.J.

Although Americans exhibit a high level of compassion for AIDS sufferers, a recent poll suggests that they show less sympathy with regard to reasons why those victims contracted the disease and would favor concrete steps they believe would protect the rest of the public.

On the one hand, 78 percent think AIDS sufferers should be treated with compassion. Moreover, a large plurality — 48 percent — feel that those with the disease should be allowed to live normal lives in the community. And more disagree than agree that employers should have the right to dismiss an employee who has acquired immune deficiency syndrome.

On the other hand, as many agree (42 percent) as disagree (43 percent) with the statement that AIDS is a punishment for a decline in moral standards, nearly half (45 percent) think that most people with AIDS have only themselves to blame, and finally, a majority (60 percent) think that people with the AIDS virus should be required to carry a card identifying them as such.

Evangelicals and those who have not completed high school are far more likely to blame sufferers themselves for incurring the ailment and to view the epidemic as punishment for moral decline. Fifty-seven percent of evangelicals say victims "only have themselves to blame," compared with 42 percent of nonevangelicals. Likewise, 60 percent of evangelicals see AIDS as punishment, compared with 36 percent of nonevangelicals.

Whereas 38 percent of college graduates blame victims for their plight, 58 percent of non-high school graduates express that view. On the question of whether AIDS is a punishment for a decline in moral standards, 32 percent of college graduates agree that it is, compared with 54 percent of non-high school graduates.

Similar gaps appear with respect to the right of employers to fire AIDS victims. Non-high school graduates support such a right more than college graduates, by a 39 percent to 27 percent ratio, and evangelicals much more than nonevangelicals, by a 51 percent to 30 percent ratio.

A recent Gallup Poll in Britain shows striking similarities to the American survey. The British, however, express greater tolerance toward AIDS victims as community members than Americans, and give greater support to the idea of issuing mandatory cards to AIDS sufferers.

Following are the questions and results:

"I am going to read you a list of statements that have been made about people with AIDS. For each statement, please tell me whether you agree or disagree by using one of the responses on this card."

BELIEFS ABOUT AIDS VICTIMS

(Based on views of Americans)

	Agree	Disagree	Neither agree nor disagree	No opinion
AIDS sufferers should be treated with compassion	78%	7%	13%	2%
People with AIDS should be allowed to live in community normally	48	29	19	4
Employers should have right to dismiss person with AIDS	33	43	19	5
Most people with AIDS have only selves to blame	45	13	41	1
AIDS punishment for decline in moral standards	42	43	12	3
People with AIDS virus should be made to carry card to this effect	60	24	13	3

The following table compares the percentage of Americans and British agreeing with each statement:

BELIEFS ABOUT AIDS VICTIMS

(Percent agreeing)

	U.S.	Britain
AIDS sufferers should be treated with compassion	78%	75%
People with AIDS should be allowed to live in community normally	48	61
People with AIDS virus should be made to carry card to this effect	60	71
AIDS punishment for decline in moral standards	42	35
Most people with AIDS have only selves to blame	45	46
Employers should have right to dismiss person with AIDS	33	28

The U.S. findings are based on in-person interviews with 1,607 adults, 18 and older, conducted in more than 300 scientifically selected localities across the nation during the period July 10-13. The findings from Great Britain are from a survey conducted for The Bradman Charitable Foundation and conducted by Social Surveys (Gallup Poll) Limited. The results are based on in-person interviews with 1,115 people, 18 and over, during February 1987

The Presidential Contenders Seek to Make Their Mark

New York Times
Sept. 6. 1987

AIDS

Everyone in both parties is for more research than would be possible with the $417 million authorized for it by the Federal Government this year. But they disagree to some degree on education and to a large degree on testing.

All in all, the issue is more of a problem for the Republicans than the Democrats.

Candidates with large conservative constituencies are uncomfortable with some Reagan Administration officials' educational approach; preaching chastity and monogamy seems more appropriate to them than teaching about "safe sex." And candidates near the center find the Administration insufficiently sensitive to privacy questions in its call for testing people to see if they are carriers of the AIDS virus.

AIDS is one of the few issues on which Vice President Bush has taken a somewhat different position from that of President Reagan. They both call for widespread testing — of immigrants, prisoners, aliens seeking permanent resident status, people applying for marriage licenses. But Mr. Bush also stresses confidentiality, which the White House does not.

Senator Dole spoke out earlier. He urges caution in AIDS testing, concerned not only about privacy but also about the reliability of the tests; he has called for spending several billion dollars on research.

No. 2 issue in U.S. is AIDS, poll says

By Dan Freedman
EXAMINER WASHINGTON BUREAU

WASHINGTON — Next to the state of the economy, AIDS is the issue of most concern to Americans, according to a poll conducted late last month by Republican pollster Richard Wirthlin.

Wirthlin, who has conducted polls for Ronald Reagan since he was governor of California in the 1960s, said Wednesday that Americans had not shown much concern about AIDS as recently as eight months ago.

"Now it's among the top three issues," Wirthlin said.

The concern over AIDS is now of such prominence, Wirthlin said, that no candidate for the 1988 presidential nomination can afford to avoid dealing with it, Wirthlin said.

The poll, in which 1,050 adults were questioned, sought to determine what national issues are most important to Americans. The state of the economy registered highest, with 10 percent of respondents saying it is the top issue. AIDS was cited as the No. 1 concern by 8 percent of the respondents, with war and peace also at 8 percent. Drugs were cited by 6 percent of respondents, with the deficit noted by 5 percent and the Iran-contra affair tabbed as the top issue by 3 percent of those polled.

The remaining respondents, 60 percent of those polled, noted a wide variety of other top concerns, according to Wirthlin.

While the rise in concern over AIDS was dramatic, Wirthlin said, the poll nonetheless showed no single issue dominating the thinking of Americans.

The poll was conducted before former National Security Council aide Lt. Col. Oliver North began testifying before the House and Senate select committees, Wirthlin said.

S.F. Examiner

S.F. Chronicle

Sept. 21 1987

How Candidates Stand On the AIDS Issues

A Special Survey by The Chronicle

By Mark Z. Barabak

Ronald Reagan and Walter Mondale never discussed AIDS during the 1984 presidential campaign, carefully sidestepping the implications of a growing national health menace.

This time, things are different.

Public opinion polls show that AIDS is an issue of growing concern throughout the country as the epidemic spreads beyond the hard-hit cities of San Francisco, New York and Los Angeles.

Each day the 1988 presidential campaign unfolds, candidates are confronting questions of morality and sexuality, and debating the balance between personal privacy and protecting the public from a fatal disease with no known cure.

"It has become inescapable," said Geoffrey Garin, a Washington-based political pollster. "By the time 1988 is over, every candidate will have something to say about AIDS."

The Chronicle sent a questionnaire on AIDS issues to 13 of the candidates now seeking the White House. Nine of them responded to questions about research money, testing and confidentiality, sex education and the drug AZT.

The candidates who did not respond — Vice President George Bush, the Rev. Pat Robertson, former Delaware Governor Pierre du Pont, all Republicans, and Democratic Representative Richard Gephardt of Missouri — have commented on AIDS during campaign appearances or interviews.

Colorado Representative Pat Schroeder is undecided about entering the race for the Democratic nomination, and so she was not included in the survey.

Former Nevada Senator Paul Laxalt responded to The Chronicle's questionnaire but has since dropped out of the campaign.

The survey, taken together with those statements, shows:

- All 13 candidates favor more spending to find a cure for acquired immune deficiency syndrome, but few said how they would pay for it.
- Testing has emerged as the major point of contention between Democrats and Republicans, with Democrats placing much greater emphasis on education as the way to stem the epidemic.
- There is wide disagreement about what schoolchildren should be taught about AIDS and how soon education should start. Even candidates of the same party disagree.

Paying for the Fight

Although all 13 candidates have called for more spending to fight the spread of AIDS and, ultimately, to find a vaccine, only two of them spelled out how they would pay for that kind of a crash program. Illinois Senator Paul Simon and the Rev. Jesse Jackson, both Democrats, called for reduced defense spending to offset increased expenditures.

"If we cut off all further funding for the MX missile system, we would save well over $2 billion by 1991," said Simon, who would put that money into AIDS research and education programs.

Republicans, for the most part, placed a much greater emphasis on testing.

Cue from Reagan

President Reagan has proposed routine testing of all Americans seeking marriage licenses or visiting clinics for treatment of drug abuse or sexually transmitted diseases. The president also ordered mandatory AIDS testing for all immigrants and federal prisoners.

Among Republicans, only Kansas Senator Robert Dole expressed reservations about the president's sweeping proposal, wondering "if testing issues are not better left to the states, as they have been in the past."

Dole was also the only Republican candidate to express concern about "wide-scale testing in the absence of any accompanying legislation to protect the confidentiality of the results."

By contrast, du Pont and Representative Jack Kemp, R-N.Y., have not only embraced Reagan's proposal, but also have called for even wider application of the AIDS antibody test.

"Testing should obviously be applied to those in known risk groups," Kemp said. "At the same time, we should increase the availability of voluntary testing. Those whose blood is already tested for other communicable diseases, such as immigrants, applicants for marriage licenses, hospital patients and those undergoing routine checkups should be tested for AIDS at the same time."

He also favored allowing insurance companies to test for AIDS "before writing health or life insurance policies" — a practice outlawed in several states, including California.

Massachusetts

Massachusetts was among the states that outlawed the practice until the law was rescinded this summer by Governor Michael Dukakis, one of the Democratic candidates for president.

Nonetheless, Dukakis joins the rest of the Democratic field in placing stress on education, rather than testing, as the single best way to control the spread of AIDS.

Although none of them opposed voluntary testing, Missouri's Gephardt summed up the prevailing Democratic sentiment when he suggested, "Testing is a diversion, and I think it's going to drive people underground. It's not going to help us solve the underlying problem."

Tennessee Senator Albert Gore agreed. "We need a massive education campaign that will explain to every American family what the disease is, how it is spread, how serious a threat it is and how it can be avoided," he said.

Sex Education

Sharp differences emerged over sex education and whether youngsters should be offered explicit lessons on how AIDS is spread through intimate sexual contact.

Republican Alexander Haig said he opposes such education, suggesting that classroom instruction should focus instead on the virtues of abstinence and monogamy. Bush has recommended AIDS education be done within a religious or family context.

On the other hand, Democrat Simon called for "safe sex" education starting "as early as kindergarten."

Another advocate of early education, former Arizona Governor Bruce Babbitt, recounted how his fifth-grade son came home with an assignment to write an essay about AIDS.

"He turned to me and he said, 'Daddy, what's a condom?' " recalled Babbitt, a Democrat. "All I can say is it's lucky he came to me and not the president. Otherwise, he'd still be waiting to find out. Now he knows. And so should every 11-year-old."

Not all Democrats agreed.

Gephardt and Gore joined Simon and Babbitt in calling "safe sex" an appropriate curriculum for grade-schoolers, but Delaware Senator Joseph Biden vigorously dissented.

"I don't think it is any more appropriate to teach 9-year-old children how to have safe sex than it is to teach them how to share hypodermic needles safely," Biden said. "I do think it is appropriate to teach adolescents about the danger of contracting AIDS from high-risk behavior."

Dukakis noted that his state has prepared a teaching guide on AIDS intended for use starting at the junior high school level.

Quarantine Condemned

No candidate of either party seconded Republican Robertson's suggestion that a quarantine of AIDS patients may eventually be needed to stop the spread of the disease.

"This is a barbaric, medieval concept which should have no place in modern discussion," said Jackson.

He did suggest, however, that "Individuals who knowingly spread the disease must be prevented by the legal system if necessary," a view endorsed by several other candidates.

"Someone who has AIDS, knows it and willingly spreads the disease to an unsuspecting sexual partner should be criminally prosecuted," Biden said. "Serious anti-social behavior warrants being treated appropriately."

There was similar agreement that people with AIDS should be permitted to continue working and that children with the disease should not be automatically barred from public schools, given overwhelming medical evidence that the disease cannot be spread through casual contact.

"There is no reason not to allow some individuals infected with the human immunodeficiency virus to work as long as no medical or public health reasons prevent them from doing so," Dole said. "In fact, a blanket prohibition on work would certainly make worse the economic problems facing society and individuals infected with the disease."

AZT Treatment

Among the presidential field, only Democrats Babbitt, Jackson, Gephardt and Simon said that AZT — a costly drug which is not a cure but treats some of the symptoms of AIDS — should be made available to all who need it.

"No one should be denied a chance to live merely because of their inability to pay for treatment," Simon said.

Concurring, Jackson stated, "It is not right morally, medically or politically to put life up for sale. The federal government should consider subsidies for AIDS patients who cannot otherwise afford life-extending treatment."

WHAT CANDIDATES SAY ABOUT AIDS

The Chronicle sent a questionnaire on AIDS to 13 presidential candidates. Nine of them responded. The four who did not — Vice President George Bush, the Reverend Pat Robertson, Delaware Governor Pierre du Pont, and Representative Richard Gephardt of Missouri — have commented on AIDS during campaign appearances or interviews. A sampling of their statements:

REPUBLICANS

Vice President George Bush

"We must wage all-out war against the disease, not against people. If society feels compelled in some circumstances to test its citizens, then it is absolutely imperative that those records are kept appropriately confidential. It is also imperative that help be available (for) those who test positive."

Kansas Senator Robert Dole

"In my view, AIDS is not a Republican or Democratic issue. And it should not become one in 1988 or any other year. The war against AIDS is of such national importance that all decisions and the responsibility relating to the financing of this fight must be shared by all — including the government and the private sector."

Former Delaware Governor Pete du Pont

"If you have a relationship with more than one person in your life, you have the risk of dying. We ought to be telling that to kids in school."

Former Army General Alexander Haig

"We need to increase funding for research. It may be necessary to increase testing. That might include a test taken at the same time as the test taken for marriage licenses. Education should deal not only with the medical aspects... but also on known means of prevention, including monogamy and abstinence."

N.Y. Representative Jack Kemp

"While AIDS is a public health issue, it includes both medical and moral problems which cannot be ignored. Anyone who claims it is exclusively a medical problem or only a moral question is dangerously fooling himself."

The Rev. Pat Robertson

In opposing confidentiality of AIDS testing: "There is no such thing as a virus with civil rights."

DEMOCRATS

Former Arizona Governor Bruce Babbitt

"We have a president who is tough enough to send Marines to Lebanon, bombers to Libya and battleships to the Persian Gulf — but who can't say the word 'condom' in public. That is a failure of leadership. The time is past for being coy."

Delaware Senator Joseph Biden

"Slowing the spread of this deadly disease must be a top spending priority. We must foster a more cooperative environment within the scientific community, in both the private and public sectors, and we must promote international cooperation, making this a global initiative."

Massachusetts Governor Michael Dukakis

Explaining a mailer to be sent to households throughout that state: "We're not talking morality here, just plain facts. There's no such thing as safe sex, only safer sex."

Missouri Representative Richard Gephardt

"We must begin removing the stigma or reluctance there might be to talk about AIDS openly and honestly — and by that I mean not just on late night television but in the daylight of school classrooms and in discussions between parents and their children."

Tennessee Senator Albert Gore Jr.

"To keep testing programs from doing more harm than good, we need to enact strong laws that ensure confidentiality of test results and prohibit discrimination against those who test positive. Testing and counseling should be available for everyone."

The Rev. Jesse Jackson

"The federal government has a responsibility to help localities which have been particularly hard hit by this disease. Just as we as a nation help out cities and counties that have had to bear other sudden emergencies, we must understand that a flood of demands on an already strained public health system can be as much of a catastrophe as other floods."

Illinois Senator Paul Simon

"It remains clear that AIDS is not transmitted through casual contact and I strongly oppose discriminating against any person on the basis of the perception of a contagious disease. The Centers for Disease Control have issued workplace guidelines and I think we need to do a better job of getting that information out to health care professionals and service employees.

CANDIDATES' STANDS ON KEY AIDS ISSUES

	FAVOR TESTING FOR: Immigrants	Marriage license applicants	Prison inmates	Should public schools provide education on condoms and other "safe sex" methods?
DEMOCRATS				
Bruce Babbitt				Yes
Joseph Biden	✔		✔	Favors education starting in high school
Michael Dukakis	✔			Favors education starting in high school
Richard Gephardt				Yes
Albert Gore Jr.	✔		✔	Yes
Jesse Jackson				Yes
Paul Simon	✔		✔	Yes
REPUBLICANS				
George Bush	✔	✔	✔	Did not respond
Robert Dole	✔		✔	Would leave decision up to local districts
Pete Du Pont	✔	✔	✔	Would leave decision up to local districts
Alexander Haig	✔	✔	✔	No
Jack Kemp	✔	✔	✔	Would leave decision up to local districts
Pat Robertson	✔	✔	✔	Did not respond

Monday, September 21, 1987 San Francisco Chronicle

AIDS Is an Issue in Campaign for the Presidency

New Look to the Landscape of AIDS Politics

S.F. Chronicle
June 15. 1987

By Randy Shilts
Chronicle Sacramento Bureau

Sacramento

An aide to State Senator John Doolittle chuckled as he watched a liberal state senator announce that he was reluctantly voting for one of Doolittle's conservative AIDS bills.

"Check and see if he's up for re-election next year — you'll see he is," chortled Stan Devereux, an administrative aide to Doolittle.

Minutes later, moderate Democrats, who had sat out the first round of voting on the Doolittle bill, cast their ballots in favor of the measure — once it was clear it would pass without their support anyway.

It was the second Doolittle AIDS bill to pass the Senate in five days, and another sweet victory for a legislator who just last year could barely move his AIDS bills out of committee.

Changing Conditions

The landscape for AIDS politics in Sacramento has changed dramatically in the past two weeks.

"Last year, I was an extremist for proposing what I did about AIDS testing for marriage licenses," said Doolittle, one of the legislature's most conservative members. "Now the president supports my position. It's interesting to watch the mainstream move on over to me."

Tax crusader Paul Gann's disclosure that he had AIDS last week cast a new spotlight on AIDS legislation percolating through the Capitol.

Conservatives like Doolittle say that the recent pronouncements from President Reagan, Vice President George Bush and other administration officials in support of increased AIDS testing have strengthened their hand in the Legislature.

For their part, liberals plan to use increasing public concern about AIDS to push through their plans for greater public education and AIDS prevention plans.

Both sides agree that AIDS, which has long been a peripheral issue in the Legislature, will emerge as a key issue in the remainder of this year's legislative session and also in next year's elections.

"This is the kind of issue that will defeat people and elect people," said Doolittle, who is monitoring other legislators' AIDS votes for use in next year's legislative races.

"It's highly emotive and even more powerful than such issues as gun control, Rose Bird or Prop. 13," he said. "This is a matter of life and death."

Clearly, the issue has come a long way since 1983 when one southern California Republican dismissed an early AIDS bill by Senate President David Roberti as a pork barrel for "the fags in Roberti's (Los Angeles) district."

Two Approaches

As the AIDS issue becomes increasingly politicized and more bitterly partisan, the split between how Democrats and Republicans are confronting the AIDS issue has become more dramatic. More than 40 AIDS bills have been introduced and they generally fall into two categories.

Legislation by conservatives, particularly the 10-bill package by Doolittle, seeks to combat the AIDS problem by more AIDS testing and the repeal of guarantees of confidentiality of AIDS test results. Doolittle said AIDS will not be controlled until people infected with the virus are tested and made aware of it.

In Senate votes, Republicans have unanimously backed Doolittle, who was recently chosen as leader of the Senate Republican Caucus. Opinion polls also have found tremendous public support for increased testing.

Doolittle's bills, however, have generally drawn unanimous opposition from health officials and medical groups who believe it would be more effective to mount campaigns for voluntary testing among people in high-risk groups. The money for costly mass testing, they say, would be better spent on AIDS education programs.

Legislation by liberals, particularly the Omnibus AIDS Bill by San Francisco Assemblyman Art Agnos, is aimed at fighting AIDS through increased funding for education and prevention programs.

The Omnibus AIDS Bill was drafted by Agnos, Surgeon General C. Everett Koop and officials from the National Academy of Sciences. Koop has heralded it as a legislative model the rest of the nation could emulate.

"The people who endorse my bills are people like the Surgeon General of the United States, the National Academy of Sciences and every significant public health organization in the state," said Agnos, a candidate for San Francisco mayor.

"The people who endorse Doolittle's legislation are on the cutting edge of bigotry and hatred," he said.

Moderates in Middle

Doolittle dismisses opposition he has faced from public health groups with the claim that "public health and medical groups are captives of the homosexual community." He contends that Agnos has politicized the issue and is championing AIDS education as a way to curry favor with gay constituents.

Left in the uncomfortable middle are the moderate Democrats who hold the balance of power in both the Assembly and state Senate. Though they tend to support education-oriented proposals like the Omnibus AIDS Bill, they have begun to reluctantly cast their votes for Doolittle's testing proposals.

In this environment, legislative insiders say that some form of AIDS testing legislation will probably be passed by the Legislature, although they it be modified away from the sweeping mandatory testing proposals Doolittle would prefer.

Already, a Doolittle bill requiring the AIDS test for marriage license applicants has been amended to require only that doctors offer the test as part of "routine" premarital screening. People who do not want to be tested will not be penalized.

Bills to require AIDS testing of convicted sex offenders and prostitutes also seem assured of passage.

MAJOR STATE AIDS BILLS

Bills under consideration in the Legislature; sponsor in parentheses

■ **A.B. 87: Omnibus AIDS Bill**
Would establish state AIDS Commission, mandate extensive AIDS education programs and forbid discrimination against AIDS victims. (Agnos)

■ **S.B. 136: AIDS Prevention Education**
Requires school districts to offer AIDS education programs reflecting surgeon general's recommendations in grades 7 through 12. (Hart)

■ **A.B. 250: Diagnosis Disclosure**
Allows doctor to notify spouse that patient is infected with the AIDS virus. (Hughes)

■ **S.B. 1000: Test Confidentiality**
Would repeal certain confidentiality sections of AIDS antibody test law, allowing doctors to tell health workers or health officials of a person's antibody status. (Doolittle)

■ **S.B. 1001: Marriage Licenses**
Would require physicians to offer and recommend AIDS tests for all people applying for marriage licenses. (Doolittle)

■ **S.B. 1002: Blood Donors**
Would make it a felony for a person to give blood knowing it may be infected with the AIDS virus. (Doolittle)

■ **S.B. 1004: Sex Offenders**
Would enhance sentences for people committing sex crimes if they are infected with the AIDS virus. (Doolittle)

■ **S.B. 1005: State Prisoners**
Would require AIDS testing for all people entering state prisons. (Doolittle)

■ **S.B. 1005: Mental Patients**
Would require physicians to test all long-term mental patients for AIDS and allow the state to segregate mental patients infected with the AIDS virus. (Doolittle)

■ **S.B. 1007: Prostitution**
Would require AIDS testing of every person convicted of prostitution and certain other sex crimes and require local officials to report test results to state registry. (Doolittle)

■ **S.B. 1432: Insurance**
Would repeal law banning insurance companies from requiring the antibody tests. (Doolittle)

■ **Budget:**
Assembly-Senate conference committee has approved $70 million for AIDS education, prevention and testing programs. The governor has requested $44 million for such programs.

Deukmejian's Position

The Omnibus AIDS Bill and other AIDS prevention measures may also pass the Legislature, but they are certain to get a hard look from Republican Governor Deukmejian. He has vetoed previous legislative plans for sweeping AIDS campaigns as too costly.

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PRESS RELEASE
July 22, 1987

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AIDS FOUNDATION: "POLITICIANS NEED AIDS FACTS BEFORE THEY MAKE POLICY"

Appalled at the apparent lack of AIDS knowledge among many of the legislators in Sacramento, San Francsico AIDS Foundation Executive Director Tim Wolfred called on State politicians to become educated about basic AIDS information from AIDS experts.

"Judging from some of the AIDS-related legislation pending in the State Assembly, it is clear that many of our office holders are ignorant of even the most basic facts about the disease", said Wolfred.

Wolfred cited specific examples where the language of bills clearly contradicts public health recommendations for combatting AIDS.

"Bills like SB 1000, which threaten confidentiality of test results, or SB 1003, which would discourage pregnant women at risk for AIDS from seeking health care, are not good policy. These bills will do nothing to stop the spread of AIDS", continued Wolfred.

According to the Surgeon General's Report on AIDS, "when a community or a state requires reporting of those infected with the AIDS virus to public health authorities -- those infected with the AIDS virus go underground out of the mainstream of health care and education."

According to Wolfred, "clearly, the way to gain cooperation of those people at risk for HIV infection is to establish their trust and encourage them to seek medical care, not force them underground because of fear of reporting and stigmatization."

In San Francisco, where widespread anonymous testing has been coupled with exhaustive AIDS education efforts, substantial behavior change has taken place and has reduced HIV transmission.

"San Francisco proves that the best defense against AIDS is education combined with the provision of widespread testing which guarantees anonymity of clients", concluded Wolfred.

A SECTION OF THE SAN FRANCISCO SUNDAY EXAMINER & CHRONICLE CITY, STATE & BAY AREA NEWS

Lawmakers tuning out experts as AIDS fear mounts

★★★ SUNDAY, SEPTEMBER 27, 1987

By Katharine Macdonald
EXAMINER SACRAMENTO BUREAU

SACRAMENTO — After Helen Miramontes, president of the California Nurses Association, appeared before the Assembly Health Committee last month to testify against an AIDS bill, at least two Republican assemblymen sent letters to nurses in their district.

The letters implied that Miramontes opposed allowing nurses to know when a patient has acquired immune deficiency syndrome. In fact, she has lobbied for bills to extend disclosure of HIV infection to all direct health-care providers. Miramontes, and the 16-member nurses' association board, opposed the bill, SB1000, by Sen. John Doolittle, R-Rocklin, on other grounds.

As AIDS spreads, the letters are one indication that AIDS has become a hot political issue.

Some observers say the letters also reflect mounting evidence that legislators are listening less and less to expert medical advice. The deafness may be caused, said a powerful Democrat, by "a high level of hysteria."

Assemblyman Phil Isenberg, D-Sacramento, the lower house's assistant speaker pro tem, said: "It's reasonably clear to me that ... some (legislators) don't know anything about the issue (of AIDS), and believe medical opinion is irrelevant."

Dr. Marcus Conant, chairman of the state AIDS Task Force, said: "I am concerned that both federal and state legislators and administrators are responding more to public concern, anger, frustration and hysteria, than they are to the scientific opinions given to them."

Medical experts agree that education affords society its best protection against AIDS. But last week, Gov. Deukmejian vetoed a bill by Sen. Gary Hart, D-Santa Barbara, that would have required AIDS education for junior and senior high-school students.

"Many scientific leaders," Conant said, "urged the governor to sign the bill. And yet, he chose to listen to other voices."

The Doolittle bill opposed by the nurses' association was sent to interim study by the Legislature, which means it can be reintroduced next year. It would require HIV antibody tests to be routinely included in blood tests, unless a patient refused. The refusal would go into the patient's medical record, which, under provisions of the bill, would have been open to many more people, including such nondirect health-care providers as county health officers.

The letter concerning Miramontes' testimony appeared in the Aug. 24 edition of FYI, a legislative digest made available to members of the California Republican Assembly caucus.

Addressed to "Dear Nursing Professional," it noted that SB1000 had not been approved this year, and stated: "It is my belief that, in order to protect themselves,

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AIDS

—From B-1

health-care professionals have a right and a need to know when the threat of HIV exposure exists."

The letter added: "A significant contributing factor preventing passage of this bill . . . was the emphatic opposition of the representative who testified on behalf of the California Nurses Association."

Miramontes, who has worked with AIDS patients in San Jose for almost four years, objected that the letter misrepresented both the nurses association's position and her testimony by failing to give the reasons for her organization's opposition to the bill.

Miramontes said that far from opposing disclosing AIDS test results to nurses and other direct health-care providers, she has lobbied for it.

Miramontes said the nurses association opposed the Doolittle bill, in large part, because it believed it would do nurses a disservice by giving them "a false reassurance that, if they know a patient's HIV status, they can protect themselves."

Noting that someone who is HIV positive can test negative, Miramontes said the only way nurses can really protect themselves is to follow Centers for Disease Control guidelines on infection-control techniques, which recommend protection measures with all patients.

After the nurses association objected that the letter was inaccurate, the Republican caucus pulled it — but not before it had been mailed to some California nurses.

Sources said two Republican assemblymen, Tim Leslie of Carmichael and Gerald Felando of San Pedro, used the letter. Both declined to be interviewed.

Ted Blanchard, a Doolittle aide, said Doolittle "has talked about, 'Why don't we send a letter to the doctors and nurses and tell them what's going on.' But we haven't done it yet."

Blanchard said he believes such letters are "fair game. I think we should communicate with our constituents, be they doctors and nurses or whatever, and ask: Are these people really representing your point of view?"

Dr. Mervyn Silverman, chairman of the California Medical Association's Committee on AIDS and Sexually Transmitted Diseases, said, "A lot of health-care providers are scared. . . . There is some concern by some members of the CMA that the (AIDS) committee doesn't represent the makeup of the CMA. That's not what it's supposed to do. It's supposed to be made up of people expert in AIDS."

The state AIDS Task Force's Dr. Conant said, "I find the letter offensive. It's playing to the fear of individuals. . . . I think legislators should listen to what the scientists are telling them."

"I think (the letter) is rotten," said Dr. Laurens White, president-elect of the CMA. "Everybody sees, out there, a disease that is going to kill an increasingly large number of people. And I think people are beginning to act irrationally."

Steve Heilig, director of AIDS activities for the San Francisco Medical Society, said the letter "set a fairly dangerous precedent . . . the health-care people are the ones who are supposed to know about this. Politicians don't. And the flow of information should be in the opposite direction: from health-care professionals to politicians."

Dr. Carl Smith, the Alameda County public health officer, testified at a legislative hearing this summer that tracing the sexual and intravenous drug contacts of AIDS patients and volume testing would "quickly deplete our resources. And the result wouldn't be worth the effort."

Smith was interrupted by Assemblyman Felando, who angrily berated him as "a disgrace to your profession." Smith later said, "I was trying to say we could spend our dollars more wisely: test in some cases, but not across the board."

Smith said he thinks Felando responded to "frustration. A lot of people see things, such as universal testing, as quick fixes. Everybody wishes there were a quick fix and gets very frustrated when you tell them there isn't."

"Politicians have a tendency to hit on easy slogans," Assemblyman Isenberg said.

The Administration Infighting Over Torpedoed AIDS Program

By Colmbra Sirica
Chronicle Washington Bureau

Washington

Bitter infighting in the Reagan administration preceded the scuttling of a $20 million program to mail explicit educational materials about AIDS to every home in America, according to government memos obtained by The Chronicle.

Administration critics and officials at the national Centers of Disease Control, which had planned the mailing, charged that the demise of the mailing plans has destroyed what one top health official called "the keystone" of a national AIDS education campaign that the federal government is scheduled to begin on Wednesday.

Health officials had planned to send the material to 104 million homes early next month after a two-week promotion campaign.

'Idea Floated Up

"The idea sort of floated up in February," said Paula Van Ness, director of the National AIDS Information-Education Program for the Centers for Disease Control in Atlanta. "It was fascinating to see how quickly people decided whether it was a good idea."

The saga of the eight-page brochure — which had included warnings about everything from French kissing to sharing contaminated syringes — is the clearest example yet of the administration's ambivalence over how to deal with the AIDS crisis, according to many people familiar with the deliberations.

"It's just a metaphor for what they've been doing all along," Representative Gerry Studds, D-Mass., said. "I cannot account for anyone's hesitation for sending out information that would save even one person's life."

White House officials are emphasizing their plans for a $4.5 million multimedia blitz on the killer disease. That amount is only one-fifth of the fund that Congress appropriated for the nationwide mailing.

On Wednesday, the Department of Health and Human Services will release a series of television and radio public service announcements.

As pressure from Congress mounted last week, Health and Human Services also announced it would print 25 million copies of the contested brochure to be distributed next month to state agencies and community groups around the country.

Memos From HHS

Nonetheless, according to interviews and a series of memos from Health and human Services obtained by The Chronicle, the program that had been billed as the centerpiece of the campaign was greeted by fierce resistance in the White House.

In the introduction to the brochure, Health and Human Services Secretary Otis Bowen wrote, "We all share in the responsibility ... to stop the spread of the disease."

In the next seven pages, the facts of the disease are presented as delicately as possible. There is no mention of homosexuality, and condoms are cited as the protection of last resort. The brochure addresses those who fear that AIDS is transmitted through touching, kissing or giving blood.

White House aides argued against the brochure on grounds of its content, its cost and on the central issue of whether all Americans were equally vulnerable to AIDS.

"There is no reason why an old married couple in Dubuque, Iowa, needs to hear about avoiding sodomy," said Gary Bauer, the president's domestic policy adviser. "But we never said to HHS that they could not send out the brochure."

National Mailing

However, the Centers for Disease Control promoted the idea of a national mailing as "the keystone" of its education effort. Similar mailings have been undertaken over the past two years in every Western European nation, most recently in Britain.

On February 20, Dr. William Dowdle, the CDC's acting deputy director for AIDS, wrote to Dr. Robert Windom, assistant secretary for health, enthusiastically recommending a nationwide mailing and noting that four months were needed to prepare for it.

On May 20, Windom described the mailing as "the keystone tactic and will (be) the major event during the month of October."

However, according to Windom's memo to his superior, Bowen, the White House had already begun to stall. Windom noted that the president, in a meeting of his Domestic Policy Council, had decided that his yet unformed commission on AIDS should review the brochure.

Reagan announced the commission on July 23, and it met for the first time three weeks ago.

"Everything was put on hold for the commission," said Paula Van Ness, the AIDS education director.

Role Played Down

Bauer plays down the role that the White House had in the demise of the mailing. The doctors from Health and Human Services and the Centers for Disease Control "never argued very hard" for the brochure," Bauer said.

But the CDC continued to lobby Congress for the mailing. On July 11, when Congress appropriated $77 million in supplemental funds for the CDC, an accompanying report directed that $20 million would "finance a mass mailing of information about acquired immune deficiency syndrome to every household in the nation."

Throughout the summer, the conflict between the CDC and White House staff continued.

On August 5, CDC officials prepared a one-page memo, to be sent from Windom to Bauer, "to justify why there should be a national mail-out and why the national mailing should be done without approval from the President's Commission on AIDS."

"It is critical at this key point in time to reach large numbers of Americans who do not consider themselves at risk of contracting HIV (the AIDS virus)," read the memo to Bauer. "As you well know, the value of preventive AIDS education decreases with the passage of time."

Compromise on Brochure

Last week, in a compromise, the administration announced that it will print 25 million copies of the contested brochure for distribution next month through state and community groups throughout the country. An additional 20 million copies will be available later, officials said, but they could not say when.

However, some members of Congress are not satisfied.

REP. GERRY STUDDS
He backed mail program

Representative Ted Weiss, D-N.Y., chairman of the House Human Resources and Intergovernmental Relations Subcommittee, which has oversight over federal agencies, has subpoenaed documents relating to the AIDS education project from the departments of Health and Human Services and Education.

Representative Barbara Boxer, D-S.F.-Marin, has written Bowen asking him to explain what happened to the mailing. She has tentatively scheduled a hearing on the issue for the House AIDS Task Force on October 8.

Mailing Cost

Also, Senator Lowell Weicker, R-Conn., plans to add the cost of a nationwide mailing to next year's HHS appropriations bill, Senate sources said.

San Francisco Examiner, Sept. 29 1987

State GOP infighting over AIDS

Conservatives demand prosecution of gay groups

☐ Dole sole candidate to address GOP Page A-6

By Linda Breakstone and Greg Krikorian
LOS ANGELES HERALD-EXAMINER

ANAHEIM — Angry conservatives wrested control of the state Republican convention to demand that Gov. Deukmejian "prosecute" two San Francisco organizations for distributing "obscene and pornographic AIDS-education materials."

The action came as a compromise on AIDS policy between the state GOP's gay members and the party's right wing collapsed Sunday, opening the way for an afternoon of anti-gay rhetoric. The row erupted a day after Deukmejian had ordered fellow Republicans to resolve their disputes.

Among the anti-gay resolutions revived and passed after the compromise failed was one attacking AIDS-education programs and materials distributed by the San Francisco AIDS Foundation and the Harvey Milk Gay and Lesbian Democratic Club.

The resolution called for prosecuting those organizations, a state audit of all the organizations contracted to produce AIDS-education materials and a ban on brochures or films deemed "obscene."

The measure was presented by a group called Black Americans for Family Values. Its chairman, Ezola Foster, was arrested on suspicion of trespassing at the convention Saturday after GOP officials complained she was distributing unauthorized literature attacking Republicans and the governor. The headline on her group's one-page flyer read: "Porn Profit$ Win Over GOP."

Also winning approval was Foster's resolution asking Deukmejian to demand that telephone companies voluntarily disconnect "Dial-A-Porn" phone numbers for being "harmful and injurious."

During a presentation that drew applause from convention delegates Sunday, Foster decried the head

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GOP
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of Deukmejian's AIDS task force, Bruce Decker, for having described himself in a newspaper article as the governor's "in-house fairy."

She charged that Decker and his allies in "homosexual clubs" had been "controlling the debate" for the state's AIDS policies. "They do not have the right to promote their agenda at the expense of our children," Foster charged.

Sunday's furor arose with state party leaders absent from the floor in a private meeting trying to resolve a dispute between two college Republican groups.

Informed as the convention closed that his party had asked for prosecution of the San Francisco AIDS Foundation, GOP chairman Bob Naylor stood dumbfounded.

Assembly Minority Leader Pat Nolan of Los Angeles, shuttling between the college Republicans, said he had "no idea" what the convention had done.

Under the failed compromise put together by gay members and the staff of conservative state Sen. John Doolittle of Sacramento, each side would have agreed to the other's resolution on AIDS.

The gays wanted one endorsing U.S. Surgeon General C. Everett Koop's report on AIDS, which encourages the use of condoms as a means of hindering the spread of AIDS.

In exchange, gay delegates promised to support a motion by Rep. Willian Dannemeyer, R-Fullerton, an outspoken critic of the gay community. Dannemeyer's resolution called for the repeal of a 1985 Assembly bill that provided that AIDS test results be kept from spouses.

Sen. John Doolittle

He says he was glad the compromise with gay delegates didn't work out

Only an hour before the deal collapsed, gay leader Frank Ricchiazzi enthused that the compromise would heal wounds in the party and lead to a better working relationship as AIDS threatens an increasing number of heterosexuals.

"If we can set up a dialogue to begin looking at AIDS, not from a political standpoint, but from a moral standpoint, and they will water down their rhetoric from extremism," said Ricchiazzi, "then the Republican Party can start dealing with an issue that is going to start affecting a hell of a lot more children in the next year or two."

As the resolutions were about to be considered, one gay activist challenged the Dannemeyer proposal. The move opened debate on the measure, prompting Doolittle to marshal his right-wing allies to retaliate with anti-gay resolutions previously thought to be dead.

The Dannemeyer resolution was passed overwhelmingly, while the gay-backed measure was defeated and denounced by Doolittle as being "in conflict with what President Reagan has already done" in the area of mandatory AIDS testing for federal prisoners and for new immigrants.

Ricchiazzi, saying he and other gay leaders were "livid" with their renegade delegate, rushed to a Doolittle aide to apologize.

"But he just turned and walked away; then I knew it was over," said Ricchiazzi, who left the convention before the votes were taken. He is a recent Deukmejian appointee to the New Motor Vehicles Bureau.

Doolittle later said, "If the other side is going to make misrepresentations, they should be prepared for the consequences."

Doolittle, of Sacramento, said he was glad the compromise hadn't worked out.

"All I know is that I like what happened today," he said. "We tubed the surgeon general's report, which was appropriate. We took off on that nasty, pornographic AIDS literature, which needed to be done."

Naylor said later, "I suppose some of the gay members will be offended by what the convention did today. But they need to understand the issue here was the pornography element, and it should not be taken — in my opinion — as an anti-gay measure.

"My efforts will be to make clear that the implications of this are very limited, both in policy and the party's attitude toward gays."

Naylor added that gays were "quite active in the party and ought to remain so."

Sept 22, '87

Deukmejian Vetoes School AIDS Film

By Robert B. Gunnison
Chronicle Sacramento Bureau

Sacramento

Governor Deukmejian vetoed a bill yesterday that would have have required junior and senior high school students to be shown a film on ways to halt the spread of AIDS.

In vetoing the measure, the Republican governor bowed to the wishes of political conservatives and his appointees on the state Board of Education. He went against the advice of the PTA the California Medical Association and the California Catholic Conference of Bishops.

"While I understand and support the need for education as a means of curbing the spread of the AIDS disease," Deukmejian said in his veto message, "I do not believe that (this bill) is necessary to accomplish this education."

He said a "substantial number" of school districts already are providing AIDS education programs. "These programs are approved by local school boards and are tailored to the needs of each community," he said.

The bill would have required the state superintendent of public instruction, Bill Honig, and Deukmejian's director of health services, Kenneth Kizer, to approve a film to be shown to pupils in grades 7 through 12. The film would have emphasized abstinence as the best way to prevent the spread of AIDS, but it could have included mention

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of condoms and other "safe sex" measures.

The governor said he was in favor of allowing school districts to pick their own AIDS-education materials or having the job done by the state Board of Education, whose members he appoints. "They have the ability to balance effective material on AIDS education with the sensitive issues that arise in the teaching of sex education," Deukmejian said.

The bill's author, Senator Gary Hart, D-Santa Barbara, resisted giving the Board of Education such power. He said that given the board's conservative leanings and lengthy proceedings, it might take a year or more to win approval of a film.

Under Hart's bill, parents who objected to their children watching the film could have refused to allow their participation. Deukmejian cited this as another flaw in the bill, saying parents instead should give "affirmative consent" for such classes.

In a statement, Hart blasted the veto as a "failure of leadership by the governor."

He noted that U.S. Surgeon General C. Everett Koop called for AIDS education programs in high schools a year ago. "I'm shocked that a year has passed and Governor Deukmejian has failed to heed the surgeon general's warning," Hart said. "The governor has chosen ignorance over action."

Calling the veto "dangerously shortsighted and narrow-minded," Hart said, "The AIDS epidemic is going to be with us a long time. We owe it to our kids to be honest and open with them about the dangers that AIDS poses to them and how they can best protect themselves."

More AIDS News
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Deukmejian did sign a bill that would require people seeking a marriage license to be offered an AIDS test. Results of the test would be made available only to health care professionals advising the patient.

Also signed by the governor was a bill that will require school districts to tell their employees about the availability of a vaccine to prevent the spread of the hepatitis B virus and whether their health insurance will pay for the shot.

While Republican Party Urges Governor To Prosecute AIDS Educators,

State Bans Safe Sex Info

by Brian Jones

The California Republican Party this week called for criminal prosecution of the San Francisco AIDS Foundation and others who distribute explicit AIDS educational materials. It was the latest skirmish in a widening statewide campaign against gay-related AIDS education. The Deukmejian administration was already moving aggressively this summer to enforce a two-year-old ban on safe sex education materials.

Among the items declared "obscene" by the state AIDS office and, now, by the state Republican Party, are:

• The popular "Can We Talk" brochure, first published in 1982 and since updated by the Milk Democratic Club's AIDS Education Fund. More than 200,000 copies of the illustrated, bluntly worded brochure have already been distributed nationwide and —in Spanish—in Mexico and South America.

• The wallet-sized safe sex cards which list safe, possibly safe and unsafe sexual activities.

• The chart on "Guidelines for AIDS Risk Reduction" on which the wallet-sized cards are based. The risk reduction guidelines also describe which acti-

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Dr. David Werdeger
(Photo: BAR)

Obscene

(Continued from page 1)

vities are safe, possibly safe and unsafe, for transmission of the AIDS virus.

"The idea of criminal prosecution for distributing this material is absurd on the face of it," San Francisco Health Director Dr. David Werdegar said Tuesday. "There is a distinction between what is important information and what is obscene. This is not obscene."

'The materials which are under attack by reactionary groups are in wide use today.'
—Tim Wolfred

The state Republican party on Sunday, Sept. 27, at its convention in Anaheim, declared that those materials and others were obscene, and called on Gov. George Deukmejian to prosecute the publishers.

The governor's office had no comment on the resolution as of Tuesday. While the idea of criminal prosecution seemed farfetched, other tactics endorsed by the Republican party already are being used by the Deukmejian Administration against the literature.

The party called for a ban on "obscene and pornographic AIDS-education materials." The state's AIDS office already has banned eight specific items.

In addition to "Can We Talk?" and the safe-sex cards and chart, the banned materials include a newsletter—the "Hot 'N' Healthy Times" — which promotes safe sex and illustrates how to wear a condom. Other banned items are packs of condoms with safe sex literature included and a comic book and poster aimed at drug users who share IV needles.

Finally, the Republican Party called for a state audit of AIDS educational funding to enforce the ban. The party called for the state to cut off funding for any groups which distributed the banned items.

AUDIT UNDERWAY

The state AIDS office already is conducting such an audit. One result: The San Francisco AIDS Foundation no longer will send out information requested on the Northern California AIDS hotline.

Said Lyn Paleo, educational director for the foundation, "There is now a phrase in our contract with the state which prohibits the distribution of any sexually explicit material—whether it is distributed using their money or our own."

Many of the banned materials *continue to be circulated in San* Francisco because Werdegar has strongly supported them.

"It is important to say that the AIDS Foundation and the San Francisco Health Department have worked hand-in-hand on this since the beginning," Werdegar said Tuesday. "When they take off against the AIDS Foundation they are taking off against the San Francisco Health Department."

Other California cities are not so fortunate. The Sacramento AIDS Foundation purchases much of its material from the San Francisco foundation. But the state ban on explicit, gay-related items leaves the group without any "effective materials" for high-risk groups in Sacramento, Yolo, El Dorado and Placer Counties.

Sacramento AIDS Foundation health educator Lisa Brodkey told the Sacramento Bee newspaper, "We will distribute generic literature, but I don't think they'll read it much. By not having material that appeals to target groups, we may be losing contacts."

The state has approved 21 specific items, mostly targeted at straight people or minority groups, and all written in much less explicit language (see accompanying list).

The censorship of AIDS prevention literature follows a 1986 policy of the state AIDS office saying that slang or explicitly *suggestive materials would be* banned. A year earlier, the state told AIDS educators that "clinical or descriptive terms, rather than their slang or street-language equivalents," should be used.

'LATIN DERIVATIVES'

Tim Wolfred, executive director of the S.F. AIDS Foundation, said that education material must be "explicit and hard-hitting" if it is going to be effective. "They're not going to connect with some dry thing with Latin derivatives, and they will go on spreading AIDS," Wolfred said.

"*These are hard-hitting* and quite explicit pieces on how the AIDS virus is transmitted, and is not transmitted," Wolfred said at a press conference Tuesday. "The materials which are under attack by reactionary groups are in wide use today. Among our clients are the states of Illinois, Florida and Alaska."

Said Werdegar, "The genius of the San Francisco AIDS Foundation is celebrated all over the world. If you are going to talk about transmitting AIDS you have to talk about sex."

Wolfred said that AIDS prevention education has been proven to prevent the spread of AIDS. He cited an ongoing federal study in San Francisco which charts the new infection rates of AIDS among gay and bisexual men.

In 1984, an 18 percent transmission rate was recorded, dropping to 5 percent in 1985. By the end of 1986, Wolfred said, new transmissions were "near zero percent."

The federal study randomly recruited 1,000 gay or bisexual men from 19 San Francisco neighborhoods in 1984. The men are regularly tested for AIDS

antibodies and other markers of infection.

Another study also supports the effectiveness of the San Francisco approach, Wolfred said. The state has charted a 50 percent rise in syphilis this year—but San Francisco has charted a 50 percent drop. There were only 97 cases of syphilis recorded in San Francisco for the first half of 1987.

Werdegar, asked if an AIDS prevention campaign could be conducted without sexually explicit materials, paused and answered, "No, I don't think so."

Tim Wolfred (Photo: Rink)

STATE CENSORSHIP

"These materials are hard-hitting but they tell the truth and they change behavior," Werdegar said. "We have to convey information in a way that is effective. In order to change behavior it has to strike home emotionally."

The AIDS Foundation literature is screened by a community advisory board before it is released, Werdegar said. He called the panel "highly representative" of minority groups, straight people, and women—in addition to the hardest hit group, gay and bisexual men.

'There is a distinction between what is important information and what is obscene. This is not obscene.'

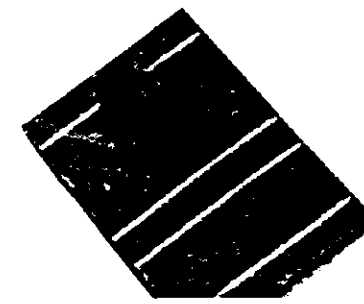
—Dr. David Werdegar

"The state has been a lot more of a pain in the tushi than the federal government," Werdegar said. "The federal government has allowed us to use our own citizens' advisory committee to screen material."

The state process is to censor AIDS material at the state government level. The state AIDS office screens items through its AIDS Material Review Committee, banning anything deemed explicitly sexual.

Said Thelma Fraziear, chief of the AIDS office, "This administration is very, very conservative. The governor did not want to be on record saying that he would pay for anything with taxpayers' money that borders on pornographic or obscene."

Republicans were gleeful in their attack on AIDS education over the weekend. State Sen. John Doolittle (R-Folsom) told the San Francisco Examiner, "I like what happened here today. We tubed the Surgeon General's report. We took off on that nasty, pornographic AIDS literature, which needed to be done." ●

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☐ AIDS and the Health Care Worker
☐ AIDS in the Workplace
☐ Alcohol Drugs & AIDS
☐ Coping with AIDS
☐ Family Guide to AIDS
☐ Getting Your Affairs in Order
☐ Information for People of Color
☐ Lesbians and AIDS
☐ Play Safe Condoms (for display purposes at education events ONLY)
☐ Poppers and AIDS
☐ Some People Think You Can Catch AIDS from a Glass (poster)
☐ Shooting Up and Your Health
☐ Straight Talk About Sex and AIDS
☐ When a Friend Has AIDS
☐ Women and AIDS
☐ Your Child and AIDS
NOT APPROVED
☐ Can We Talk?
☐ Fact vs. Fiction
☐ Guidelines for AIDS Risk Reduction
☐ Hot 'N Healthy Times
☐ I.V.D.U. Bleach poster
☐ Play Safe Condoms
☐ Safe Sex Cards for Women and Men
☐ THE WORKS: Drugs, Sex and AIDS (a comic book for I.V.D.U.'s)

Conservatives winning AIDS fight

By Neil R. Schram

The incredibly contradictory attitudes of parents seeking to protect their children from AIDS show just how successful the conservative AIDS agenda has been in the United States. On the one hand, parents all over the country fight to keep their children from attending school with a child or teacher with AIDS or the AIDS virus because of a small theoretical risk that the virus could spread. On the other hand, these same parents exert little, if any, pressure on politicians and school boards to teach their children how to protect themselves from the real dangers of high-risk sex and IV drug use. To understand how this came about, it is necessary to examine the conservative agenda.

Their approach to AIDS has many different levels. Some conservatives want the virus to keep spreading among gay and bisexual men because they see AIDS as punishment for being homosexual. Additionally, they want to create enough political pressure to force authorities to remove the infected from society. To do that, several things must happen: Fear about AIDS and especially about casual contact must be kept at a high level. That fear makes people reluctant to believe that they can protect themselves if they just avoid high-risk behavior.

Teaching about condoms must be prevented because that would lower the risk for sexually active people. And since the risk of spreading the AIDS virus via sex is highest among gay and bisexual men, teaching about condoms would protect them most.

Furthermore, there must be issues that serve as distractions from the real issue of sex education and counseling. The concept of testing everyone and sequestering the infected to protect society is one. Stressing the irresponsible behavior of anyone infected with the virus in such a way as to imply that all people infected with AIDS behave similarly is another. Finally, by allowing limited funding for research, but not for sex education, and by talking about compassion for people who are sick, and, presumably, dying from AIDS (but not anti-discrimination legislation, which the Reagan administration opposed this week), conservatives mask their true agenda.

An ideal example of such a distracting issue is the push to test prisoners for AIDS virus antibodies. Conservatives oppose condoms and exchange-needle programs in prison because that would be construed as condoning homosexual sex and IV drug use. Instead, they propose testing and separating the infected from the uninfected. If this were done (and they know the facilities do not exist to do it), it would presumably make it less worrisome for the uninfected to have homosexual sex and share needles in prison. Surely, that is not their intent. It is rather to create the illusion that such prison policies could be models for protecting society by separating the infected from the uninfected.

Another example is conservative legislation to increase prison terms for prostitutes who continue to work in spite of having AIDS or the AIDS virus. Surely, conservatives are not trying to make it safer for men to have sex with prostitutes, since that would be tantamount to condoning promiscuity. No, this item is on their agenda because each time such a prostitute is identified, he or she gets lots of med attention and serves to demonstrate th: some people infected with the virus beha irresponsibly. It also furthers their quest t separate the infected from the uninfecte — where jail is used as a form c quarantine.

The reason these distractions, amon others, are so effective is that it doesn' matter whether the legislation passes o not. They foster a posture of caring abou controlling AIDS by suggesting that thos who oppose them do not care. Mor important, while efforts are spent fightin legislation that would not be effective, i keeps the liberals and moderates fron achieving the desperately needed se: education and counseling programs.

The great potential tragedy is that whil the conservatives are winning, the mos vulnerable people in society will be th teen-agers just becoming sexually active o using drugs. The conservative agenda keeps them from receiving the information they need to protect themselves. Gov. George Deukmejian's veto of a bill that would have required teaching students in grades 7 through 12 about AIDS is a case in point.

What is most incredible is that you — whether conservative, liberal or moderate — believe that AIDS may happen to other people's children and grandchildren but not to yours. And some of you will be wrong.

It is time for Americans to wake up and stop worrying about the infinitesimally small, if any, risk of contracting AIDS through casual contact and start worrying about really protecting the youth of America. And that means recognizing and beating the conservative agenda. Short of that, the children of America are likely to be the true "innocent victims." ■

Neil R. Schram, a physician, was the chairman of the Los Angeles City/County AIDS Task Force.

LOS ANGELES HERALD - EXAMINER

SEPT 24, 1987

$20 Million Unspent

Federal Stance on AIDS Blasted

By Coimbra Sirica
Chronicle Washington Bureau

Washington

The Reagan administration came under sharp attack yesterday for opposing legislation that would protect people with the AIDS virus from discrimination.

Meanwhile, Health and Human Services Secretary Otis Bowen disclosed during an interview with The Chronicle that $20 million that Congress had earmarked for AIDS education will go unused this year. The money was to have been used to mail a brochure on AIDS prevention to every household in the country.

That program stalled because key administration officials opposed it. Bowen would not specify how the money will be spent, but apparently it will go for another AIDS-related program.

Most attention yesterday focused on a separate proposal in Congress to provide $400 million for AIDS testing and counseling.

House Hearing

At a hearing of the House Energy and Commerce Subcommittee on Health, Bowen voiced the administration's opposition to the bill, especially a portion that would enact a national ban on revealing the identity of anyone who tests positive for exposure to the virus that causes acquired immune deficiency syndrome.

"President Reagan's opposition to this bill sends a clear message to AIDS victims," said Representative Barbara Boxer, D-S.F.-Marin. "(Reagan's) action today will only destroy what little progress has already been made."

Boxer is a co-sponsor of the measure, introduced by Representative Henry Waxman, D-L.A., who heads the Health Subcommittee.

Besides the confidentiality provision, the bill would ban discrimination against those who have AIDS or test positive for the virus. Those who practice discrimination would be subject to a $2,000 fine in each instance if the bill becomes law, which is considered unlikely even by its supporters.

'First Shot'

In the first of two days of hearings yesterday before the House panel, Bowen said that each state should be allowed a "first shot" at developing anti-discrimination legislation.

"Then, if their response is inadequate, we will have a lot more information about what works and what doesn't work," he said.

Senator Edward M. Kennedy, D-Mass., sponsor of a similar bill in the Senate, accused the administration yesterday of an "unconscionable ideological retreat from leadership on AIDS."

"It is irresponsible for the administration to leave these all-important issues to the states," he said in a statement. "It is an invitation to drive the epidemic underground and encourage its wildfire spread."

Representative Nancy Pelosi, D-S.F., said Bowen's words showed that he "does not understand the AIDS virus and how it is transmitted."

"It's an old saying that people can die of ignorance," she said. "Theirs and his (Bowen's)."

'Ray of Hope'

Waxman said yesterday that he was not completely disheartened by Bowen's testimony.

"I see some ray of hope," he said. "He did say that we need some anti-discrimination policy. But we can't sit around waiting years to do it."

Several legislators cited Bowen's remarks as an example of how the administration lacks unity on how to best deal with the AIDS crisis.

"I got the sense Bowen was being made to say things he really didn't agree with," said Representative Barney Frank, D-Mass., one of two openly gay members of Congress and a leading proponent of Waxman's bill.

Internal Debate

It appeared that opponents of a strong federal role in the fight against AIDS killed the proposed mass mailing after a three-month internal debate.

Now, Bowen said, he is asking Congress to "reprogram" the $20 million, which means that the money may be assigned to another AIDS program.

"It's criminal," said Boxer. "This is not the first time this administration has tried to undermine Congress, but we're talking life and death here."

AIDS bill displeases White House

It wants state controls over discrimination curb

By Jill Lawrence
ASSOCIATED PRESS

WASHINGTON — The Reagan administration said Monday it opposed most provisions of a bill to expand AIDS testing, including sections that would ensure confidentiality and bar discrimination against people infected with the deadly virus.

Health and Human Services Secretary Otis Bowen, in testimony before a House subcommittee, said state governments should have the primary role in determining whether additional protection was needed to prevent discrimination.

Bowen also said that while he supported expanded AIDS testing, as called for in the bill, he opposed the $400 million authorized by the measure to pay for it.

He said the administration had requested more than $90 million for AIDS testing and counseling in fiscal 1988, and that states were contributing funds of their own.

"It is not clear at this time that such substantial funding beyond that is needed," Bowen said in his testimony for the House Energy and Commerce subcommittee on health.

Bowen said the anti-discrimination section of the bill, sponsored by subcommittee chairman Henry Waxman, "would create a burdensome new federal administrative-enforcement bureaucracy which is not used to protect the rights of persons with any other disease or handicap."

He said his department was reviewing its own programs to see how current law could be used to prevent discrimination against AIDS victims, and he noted that the Supreme Court recently had ruled the law protecting handicapped citizens against discrimination may be applied to AIDS victims as well.

Bowen said he would not necessarily oppose all new legislation on the discrimination issue but added, "At this time I believe it is preferable to defer action on specific proposals for new substantive rights or new enforcement procedures until we have the information needed to make a more informed decision."

The secretary made a similar argument against the confidentiality provisions of the Waxman bill, which has been introduced in the Senate by Sen. Edward Kennedy, D-Mass., and has the support of most major medical groups in the country.

White House spokesman Marlin Fitzwater, asked about the administration's stand on the Waxman bill, said, "We oppose discrimination ... but we do believe the states probably have preemptive responsibility in this area."

He added, "When you have a contagious disease, there may be some special situation that would call for controls that need to be accounted for in the legislation."

Bowen maintains that a federal law guaranteeing the confidentiality of AIDS tests results is not needed, but he acknowledges people may elect not to be tested for fear the results will be disclosed.

However, he said, "Most states already have statutes pertaining to the confidentiality of public-health information," and some are rewriting their laws to deal specifically with AIDS.

Waxman, D-L.A., criticized the administration's decision.

"We leave many decisions of public policy to the states, but this is an epidemic that requires national leadership," he said.

"If we are going to have widespread testing, as I believe we will, it is important to establish ground rules for everyone everywhere."

An absence of national standards to protect confidentiality and prohibit discrimination will "drive the disease underground and make it harder to control," Waxman said.

S.F. Examiner
Sept. 22, 1987

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Crawling in Circles

The effort to contain and control the spread of acquired immune deficiency syndrome—AIDS—has been made more difficult by stands taken by the Reagan Administration in Washington and by Gov. George Deukmejian in California.

Dr. Otis R. Bowen, secretary of health and human services, has now made official President Reagan's opposition to legislation that would vastly increase funding for voluntary testing while at the same time enacting anti-discrimination and confidentiality penalties to protect those testing positive to the presence of HIV—the human immunodeficiency virus that causes AIDS.

Indiscriminate or mandatory testing for AIDS is counterproductive, wasteful and likely to drive high-risk populations underground, most public-health officials agree. But there is virtually unanimous agreement that a broader voluntary testing program aimed at high-risk populations, and including careful counseling, is the most promising way to contain the spread of AIDS. There is, however, no way to gain the cooperation of high-risk groups without ensuring them against inappropriate disclosure of test results and against job and housing discrimination.

Bowen's preference is that "each state, with its own separate problems and needs, should have the opportunity to set its own rules."

We do not agree with him. We know of no issue of discrimination that is better addressed by separate state legislation than by uniform federal standards. And we also disagree with his assessment that the present testing program is adequate. Funding for testing covers only a small portion of the high-risk population. Furthermore, broad discrepancies and gaps are already evident among the 29 states that have adopted AIDS legislation.

Deukmejian's own response to AIDS is a case in point. He has failed to give leadership on the issue. The vacuum of leadership in California has been further complicated by the Republicans in the Legislature who have made a partisan issue of their united opposition to legislation to create a state commission to coordinate the state campaign against AIDS, as recommended by U.S. Surgeon General C. Everett Koop.

The governor has now further set back state efforts by vetoing an excellent bill that would have provided a statewide AIDS education program for all secondary-school students except those whose parents would ask that they be excused. The bill had received bipartisan support and the endorsement of the state's Roman Catholic bishops. It is not clear whether principle or pettiness motivated the governor, but there is a haunting suspicion that a factor behind the veto was his feud with Bill Honig, state superintendent of public instruction, who was to have shared authority for the educational materials with Deukmejian's state health director, Kenneth Kizer.

The governor's veto message contained a dangerous and erroneous concept that continues to plague efforts to educate the public concerning AIDS. He said that local school boards should retain full authority over teaching materials on AIDS lest they "contain material morally offensive to the local community." That is an echo of the views of Assemblyman Pat Nolan (R-Glendale), the Assembly Republican leader who has argued that the educational video about AIDS should be vetoed as a "how-to lesson in homosexual sex." In fact, the legislation that was vetoed by the governor called for material emphasizing that sexual abstinence is the only truly "safe" sex. To discuss the risks of disease transmission through sexual intercourse, heterosexual and homosexual, is prudent public education. There is no evidence that such honest discussions encourage sexual experimentation. Nolan was wrong. And the governor, in seeing this as a moral issue, also is wrong.

AIDS is an urgent public-health issue. In the absence of a vaccine, education is the principal means of control. There already are an estimated 300,000 Californians with the AIDS virus. Most of them are likely to contract AIDS or an AIDS-related disease. More than 9,000 already have. And more than 4,000 have died. Just in California.

THE ATLANTA CONSTITUTION

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PAGE 22-A, THURSDAY, SEPTEMBER 24, 1987

AIDS policy would target victims

It is a peculiar brand of "federalism," if that's what it is, that pits the Reagan administration against the American Medical Association, the American Nurses Association, the American Hospital Association, the American Psychological Association and the Health Association of America in its consideration of AIDS sufferers.

With its opposition to a bill protecting the confidentiality and basic rights of people who test positive for the AIDS virus, the administration stands practically alone.

There are compelling reasons, of course, for testing federal prisoners and people convicted of sex crimes, and for making the results available to surgeons and other health professionals on a need-to-know basis.

But there are equally compelling reasons for insuring that no "otherwise qualified individual" is denied employment, housing, public accommodations or governmental services solely because of infection with the virus, as Rep. Henry Waxman (D-Calif.) proposes, with the backing of almost every major health organization. His bill would set penalties of up to $2,000 for each instance of bias, and for each unauthorized disclosure of names and other information about those tested or counseled for AIDS.

Only a fraction of the people whose tests show they have been exposed to the virus exhibit symptoms, and experts are still unsure what proportion will develop AIDS, which is not transmitted through casual contact. But fear and ignorance have led some employers, school principals, landlords and even doctors to shun AIDS carriers — and a no-nonsense federal law is needed to keep others from closing ranks against them.

In deciding that the states "should be free" to make their own rules, Health and Human Services Secretary Otis Bowen argues in effect for their right to discriminate. The stand also could have the ominous consequence of undermining voluntary testing, which the administration ought to be doing everything in its power to encourage.

Widespread voluntary testing remains the best hope we have of curbing the spread of AIDS, by reaching those who need to make lifestyle changes — but it has fallen off in states, such as Colorado, that have made AIDS reportable, along with information identifying the patient. There have been declines even in states where such changes are only being considered.

For all these reasons, the Waxman bill deserves to pass over the administration's objections. The pity is, it may have to.

Editorials

THE MINNESOTA DAILY

Founded May 1, 1900

Abandoning the victims

AIDS is an epidemic requiring national leadership. More than 41,700 cases of AIDS have been reported to federal authorities and more than 24,000 people have died from the disease so far. Last week, the Reagan administration announced its opposition to a new bill which would protect the rights of those infected with the virus, saying such legislation should be left to state governments. This hypocritical move demonstrates the Reagan administration's unwillingness to formulate a decisive policy to protect the victims as the AIDS crisis escalates.

The bill, proposed by Rep. Henry Waxman (D-Cal.), would be the first to federally protect AIDS carriers. Civil penalties of up to $2,000 could be imposed for the unauthorized disclosure of information obtained during AIDS counseling and testing, as well as for discriminating against AIDS victims in employment, housing, public accommodation or governmental services. Although many states have statutes protecting the confidentiality of public-health information, others don't. And many states have no legal protections against discrimination for those who carry the virus. Federal legislation would assure equal protection for all AIDS victims regardless of where they live.

But Dr. Otis Bowen, secretary of health and human services, believes federal laws protecting the confidentiality of AIDS test results or prohibiting discrimination against AIDS carriers are not necessary now. States should be free to adopt or reject civil-rights laws according to local conditions, he says, so that "Other states and the Congress will be able to observe and learn from the results."

The Reagan administration has shown already it has no compunction against intruding into "states rights" when it really wants to. It blackmailed states into raising drinking ages and creating seat belt laws. Demurring now to states' whims shows that the administration really doesn't care to deal with AIDS issues.

The administration's opposition is particularly unsavory in light of an earlier stance on federal handicapped discrimination laws. The administration urged an interpretation of the laws that would exclude AIDS sufferers, if employers expressed a reasonable fear of them. With that kind of track record, the administration should adopt a stronger stance now.

In a climate where ignorance of AIDS engenders fear of infection, the epidemic can only be confronted through education and widespread testing. But members of high risk groups must be assured confidentiality. Federal ground rules could effectively provide this protection. The Reagan administration has abandoned people with the AIDS virus at a time when they most need protection under the law.

2. TESTING -- MEDICAL OR POLITICAL TOOL?

American public health professionals, from the Surgeon General on down, have, so far, been virtually unanimous in their position on HIV antibody testing: they strongly recommend it for as many people at risk as possible -- as long as it remains voluntary and confidential. They are ready to consider certain exceptions to this general rule only under some extraordinary circumstances. This position has repeatedly been made clear in official statements and reports (see previous report of April 30, 1987, pp. 18 and 79-82).

While this consensus has not been shaken among the professionals, they are now increasingly being ignored as politicians discover what they perceive as a "hot topic" exploitable for short-term political gain. As a consequence, the general public is exposed to ever-louder demands for testing ever-larger target groups.

This is especially ironic in view of two disturbing reports:

1. The tests may turn out to be much less accurate than had hitherto been supposed. Indeed, a recent Finnish study seems to indicate that, in some cases, HIV anti-bodies may not be detectable for over a year after infection. During this entire time the infected person may be infectious. If true, this report would have many far-reaching implications which cannot be discussed here. However, just to give one example, the implications for protecting the blood supply would be ominous.

2. It is also becoming increasingly clear that it may be enormously difficult and sometimes impossible to preserve the confidentiality of test results. In the absence of effective anti-discrimination legislation this could spell disaster not only for the testing programs themselves, but also for society at large which might have to prepare itself for a growing test-positive disenfranchised minority and the resulting social unrest.

It is also unclear whether pre- and post-test counseling will be sufficiently expanded along with the testing itself. There is a shortage of qualified counselors. Moreover, if tests are to be taken in the office of a private physician, he or she will need special training in taking Sexual Practices History (SPH) and in exploring the options of "safer sex." Even if given this training, physicians may not have the time and may not be reimbursed for these efforts.

Another problem that could arise from widespread testing is the waste of already scarce financial resources. For example, some American politicians, including Vice President George Bush, have called for general premarital testing as a condition for the issuing of a marriage license. Indeed, in Illinois, Governor Thompson recently signed this demand into law. However, experienced public health professionals consider such testing utterly wasteful since the already available epidemiological studies show that only very few positive test results can be expected. The general heterosexual population of marrying age is not now infected to any degree that would justify such measures.

Again, these issues are perhaps best illustrated by a selection of current newspaper reports. Thus, the present Public Health Service Guidelines for testing, which are reproduced here, are followed by a GMHC position paper (New York), an SFHC resolution (San Francisco), and various journalistic articles and commentaries on the problems of testing. Following those, specific testing programs and the opposition to them are documented. Finally, two articles on "quarantine" (a misleading term for lifelong isolation) illustrate the inherent tendency of many mandatory testing proposals.

Public Health Service Guidelines for Counseling and Antibody Testing to Prevent HIV Infection and AIDS

These guidelines are the outgrowth of the 1986 recommendations published in the *MMWR* (*1*); the report on the February 24-25, 1987, Conference on Counseling and Testing (*2*); and a series of meetings with representatives from the Association of State and Territorial Health Officials, the Association of State and Territorial Public Health Laboratory Directors, the Council of State and Territorial Epidemiologists, the National Association of County Health Officials, the United States Conference of Local Health Officers, and the National Association of State Alcohol and Drug Abuse Directors.

Human immunodeficiency virus (HIV), the causative agent of acquired immunodeficiency syndrome (AIDS) and related clinical manifestations, has been shown to be spread by sexual contact; by parenteral exposure to blood (most often through intravenous [IV] drug abuse) and, rarely, 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 current infection, though many infected persons may have minimal or no clinical evidence of disease for years. Counseling and testing persons who are infected or at risk for acquiring HIV infection is an important component of prevention strategy (*1*). Most of the estimated 1.0 to 1.5 million infected persons in the United States are unaware that they are infected with HIV. The primary public health purposes of counseling and testing are to help uninfected individuals initiate and sustain behavioral changes that reduce their risk of becoming infected and to assist infected individuals in avoiding infecting others.

Along with the potential personal, medical, and public health benefits of testing for HIV antibody, public health agencies must be concerned about actions that will discourage the use of counseling and testing facilities, most notably the unauthorized disclosure of personal information and the possibility of inappropriate discrimination.

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES / PUBLIC HEALTH SERVICE

Guidelines — Continued

Priorities for public health counseling and testing should be based upon providing ready access to persons who are most likely to be infected or who practice high-risk behaviors, thereby helping to reduce further spread of infection. There are other considerations for determining testing priorities, including the likely effectiveness of preventing the spread of infection among persons who would not otherwise realize that they are at risk. Knowledge of the prevalence of HIV infection in different populations is useful in determining the most efficient and effective locations providing such services. For example, programs that offer counseling and testing to homosexual men, IV-drug abusers, persons with hemophilia, sexual and/or needle-sharing partners of these persons, and patients of sexually transmitted disease clinics may be most effective since persons in these groups are at high risk for infection. After counseling and testing are effectively implemented in settings of high and moderate prevalence, consideration should be given to establishing programs in settings of lower prevalence.

Interpretation of HIV-Antibody Test Results

A test for HIV antibody is considered positive when a sequence of tests, starting with a repeatedly reactive enzyme immunoassay (EIA) and including an additional, more specific assay, such as a Western blot, are consistently reactive.

The *sensitivity* of the currently licensed EIA tests is 99% or greater when performed under optimal laboratory conditions. Given this performance, the probability of a false-negative test result is remote, except during the first weeks after infection, before antibody is detectable.

The *specificity* of the currently licensed EIA tests is approximately 99% when repeatedly reactive tests are considered. Repeat testing of specimens initially reactive by EIA is required to reduce the likelihood of false-positive test results due to laboratory error. To further increase the specificity of the testing process, laboratories must use a supplemental test—most often the Western blot test—to validate repeatedly reactive EIA results. The sensitivity of the licensed Western blot test is comparable to that of the EIA, and it is highly specific when strict criteria are used for interpretation. Under ideal circumstances, the probability that a testing sequence will be falsely positive in a population with a low rate of infection ranges from less than 1 in 100,000 (Minnesota Department of Health, unpublished data) to an estimated 5 in 100,000 (*3,4*). Laboratories using different Western blot reagents or other tests or using less stringent interpretive criteria may experience higher rates of false-positive results.

Laboratories should carefully guard against human errors, which are likely to be the most common source of false-positive test results. All laboratories should anticipate the need for assuring quality performance of tests for HIV antibody by training personnel, establishing quality controls, and participating in performance evaluation systems. Health department laboratories should facilitate the quality assurance of the performance of laboratories in their jurisdiction.

Guidelines — Continued

Guidelines for Counseling and Testing for HIV Antibody

These guidelines are based on public health considerations for HIV testing, including the principles of counseling before and after testing, confidentiality of personal information, and the understanding that a person may decline to be tested without being denied health care or other services, except where testing is required by law (*5*). Counseling before testing may not be practical when screening for HIV antibody is required. This is true for donors of blood, organs, and tissue; prisoners; and immigrants for whom testing is a Federal requirement as well as for persons admitted to state correctional institutions in states that require testing. When there is no counseling before testing, persons should be informed that testing for HIV antibody will be performed, that individual results will be kept confidential to the extent permitted by law, and that appropriate counseling will be offered. Individual counseling of those who are either HIV-antibody positive or at continuing risk for HIV infection is critical for reducing further transmission and for ensuring timely medical care.

Specific recommendations follow:

1. *Persons who may have sexually transmitted disease.* All persons seeking treatment for a sexually transmitted disease, in all health-care settings including the offices of private physicians, should be routinely* counseled and tested for HIV antibody.
2. *IV-drug abusers.* All persons seeking treatment for IV-drug abuse or having a history of IV-drug abuse should be routinely counseled and tested for HIV antibody. Medical professionals in all health-care settings, including prison clinics, should seek a history of IV-drug abuse from patients and should be aware of its implications for HIV infection. In addition, state and local health policy makers should address the following issues:
   - Treatment programs for IV-drug abusers should be sufficiently available to allow persons seeking assistance to enter promptly and be encouraged to alter the behavior that places them and others at risk for HIV infection.
   - Outreach programs for IV-drug abusers should be undertaken to increase their knowledge of AIDS and of ways to prevent HIV infection, to encourage them to obtain counseling and testing for HIV antibody, and to persuade them to be treated for substance abuse.
3. *Persons who consider themselves at risk.* All persons who consider themselves at risk for HIV infection should be counseled and offered testing for HIV antibody.

*"Routine counseling and testing" is defined as a policy to provide these services to all clients after informing them that testing will be done. Except where testing is required by law, individuals have the right to decline to be tested without being denied health care or other services.

Guidelines — Continued

4. *Women of childbearing age.* All women of childbearing age with identifiable risks for HIV infection should be routinely counseled and tested for HIV antibody, regardless of the health-care setting. Each encounter between a health-care provider and a woman at risk and/or her sexual partners is an opportunity to reach them with information and education about AIDS and prevention of HIV infection. Women are at risk for HIV infection if they:
   - Have used IV drugs.
   - Have engaged in prostitution.
   - Have had sexual partners who are infected or are at risk for infection because they are bisexual or are IV-drug abusers or hemophiliacs.
   - Are living in communities or were born in countries where there is a known or suspected high prevalence of infection among women.
   - Received a transfusion before blood was being screened for HIV antibody but after HIV infection occurred in the United States (e.g., between 1978 and 1985).

   Educating and testing these women before they become pregnant allows them to avoid pregnancy and subsequent intrauterine perinatal infection of their infants (30%-50% of the infants born to HIV-infected women will also be infected).

   All pregnant women at risk for HIV infection should be routinely counseled and tested for HIV antibody. Identifying pregnant women with HIV infection as early in pregnancy as possible is important for ensuring appropriate medical care for these women; for planning medical care for their infants; and for providing counseling on family planning, future pregnancies, and the risk of sexual transmission of HIV to others.

   All women who seek family planning services and who are at risk for HIV infection should be routinely counseled about AIDS and HIV infection and tested for HIV antibody. Decisions about the need for counseling and testing programs in a community should be based on the best available estimates of the prevalence of HIV infection and the demographic variables of infection.

5. *Persons planning marriage.* All persons considering marriage should be given information about AIDS, HIV infection, and the availability of counseling and testing for HIV antibody. Decisions about instituting routine or mandatory premarital testing for HIV antibody should take into account the prevalence of HIV infection in the area and/or population group as well as other factors and should be based upon the likely cost-effectiveness of such testing in preventing further spread of infection. Premarital testing in an area with a prevalence of HIV infection as low as 0.1% may be justified if reaching an infected person through testing can prevent subsequent transmission to the spouse or prevent pregnancy in a woman who is infected.

Guidelines — Continued

6. *Persons undergoing medical evaluation or treatment.* Testing for HIV antibody is a useful diagnostic tool for evaluating patients with selected clinical signs and symptoms such as generalized lymphadenopathy; unexplained dementia; chronic, unexplained fever or diarrhea; unexplained weight loss; or diseases such as tuberculosis as well as sexually transmitted diseases, generalized herpes, and chronic candidiasis.

   Since persons infected with both HIV and the tubercle bacillus are at high risk for severe clinical tuberculosis, all patients with tuberculosis should be routinely counseled and tested for HIV antibody (*6*). Guidelines for managing patients with both HIV and tuberculous infection have been published (*7*).

   The risk of HIV infection from transfusions of blood or blood components from 1978-1985 was greatest for persons receiving large numbers of units of blood collected from areas with high incidences of AIDS. Persons who have this increased risk should be counseled about the potential risk of HIV infection and should be offered antibody testing (*8*).

7. *Persons admitted to hospitals.* Hospitals, in conjunction with state and local health departments, should periodically determine the prevalence of HIV infections in the age groups at highest risk for infection. Consideration should be given to routine testing in those age groups deemed to have a high prevalence of HIV infection.

8. *Persons in correctional systems.* Correctional systems should study the best means of implementing programs for counseling inmates about HIV infection and for testing them for such infection at admission and discharge from the system. In particular, they should examine the usefulness of these programs in preventing further transmission of HIV infection and the impact of the testing programs on both the inmates and the correctional system (*9*). Federal prisons have been instructed to test all prisoners when they enter and leave the prison system.

9. *Prostitutes.* Male and female prostitutes should be counseled and tested and made aware of the risks of HIV infection to themselves and others. Particularly prostitutes who are HIV-antibody positive should be instructed to discontinue the practice of prostitution. Local or state jurisdictions should adopt procedures to assure that these instructions are followed.

Partner Notification/Contact Tracing

Sexual partners and those who share needles with HIV-infected persons are at risk for HIV infection and should be routinely counseled and tested for HIV antibody. Persons who are HIV-antibody positive should be instructed in how to notify their partners and to refer them for counseling and testing. If they are unwilling to notify their partners or if it cannot be assured that their partners will seek counseling, physicians or health department personnel should use confidential procedures to assure that the partners are notified.

Guidelines – Continued

Confidentiality and Antidiscrimination Considerations

The ability of health departments, hospitals, and other health-care providers and institutions to assure confidentiality of patient information and the public's confidence in that ability are crucial to efforts to increase the number of persons being counseled and tested for HIV infection. Moreover, to assure broad participation in the counseling and testing programs, it is of equal or greater importance that the public perceive that persons found to be positive will not be subject to inappropriate discrimination.

Every reasonable effort should be made to improve confidentiality of test results. The confidentiality of related records can be improved by a careful review of actual record-keeping practices and by assessing the degree to which these records can be protected under applicable state laws. State laws should be examined and strengthened when found necessary. Because of the wide scope of "need-to-know" situations, because of the possibility of inappropriate disclosures, and because of established authorization procedures for releasing records, it is recognized that there is no perfect solution to confidentiality problems in all situations. Whether disclosures of HIV-testing information are deliberate, inadvertent, or simply unavoidable, public health policy needs to carefully consider ways to reduce the harmful impact of such disclosures.

Public health prevention policy to reduce the transmission of HIV infection can be furthered by an expanded program of counseling and testing for HIV antibody, but the extent to which these programs are successful depends on the level of participation. Persons are more likely to participate in counseling and testing programs if they believe that they will not experience negative consequences in areas such as employment, school admission, housing, and medical services should they test positive. There is no known medical reason to avoid an infected person in these and ordinary social situations since the cumulative evidence is strong that HIV infection is not spread through casual contact. It is essential to the success of counseling and testing programs that persons who are tested for HIV are not subjected to inappropriate discrimination.

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GMHC

The AIDS Service and Education Foundation

March 3, 1987

MEMORANDUM

TO: People of GMHC

FROM: Tim Sweeney

RE: Policy on testing, reporting and contact tracing

DATE: March 3, 1987

Attached is the policy statement adopted by the Board of Directors of GMHC regarding HIV antibody testing, reporting and contact tracing. As many of you know, Lori Behrman and I were very active in organizing and participating in the recent CDC conference on testing.

The GMHC policy statement helped guide us in drafting the consensus statement signed onto by nineteen AIDS, civil rights and gay/lesbian organizations.

Consensus Statement of HIV Antibody Testing and Related Issues

We who work most closely with AIDS and who have been and still are at the forefront of the fight against AIDS firmly believe that every valid tool available to fight this disease should be employed. However, the existence of a test does not in and of itself justify its broad-scale use, unless valid medical or public health justifications can be made. This statement delineates what we believe to be the legitimate and the dangerous uses of HIV testing.

I. Antibody Testing

The HIV antibody test measures exposure to and possible infection with the virus associated with AIDS. It does not diagnose AIDS nor is its predictive value known. For the purpose of prevention, it is prudent to assume an antibody positive individual is infected, although this test is not proof of ongoing infection. It is known that some of these infected will go on to develop AIDS or AIDS-related conditions and that some will remain asymptomatic for at least five to seven years. Current studies show that the majority of those testing HIV antibody positive will remain asymptomatic.

Unfortunately, there is no proven medical intervention for those who test positive. At this time, the principal advice that can be given someone who tests positive is to follow safer sex and other risk reduction guidelines (i.e., not exchanging blood or semen with sex or IV drug using partners). However, these are recommendations that should be followed by any member of a high-risk group, whether they have tested positive or negative. (Individuals who are positive should avoid passing on the virus to others and avoid their own reinfection; individuals who are negative should avoid becoming infected. It should be noted that two partners in high-risk groups who have tested negative should also follow these guidelines because of the period between infection and development of antibodies.)

It has been suggested that knowledge of antibody status will result in greater incentive to follow risk reduction guidelines. There are no data to prove this suggested consequence of testing. We do, however, have data that show that basic education does work to reduce transmission, as judged by dramatically lower rates of sexually transmitted diseases in cities like New York and San Francisco accomplished with programs that do not use the antibody test.

We believe the decision to take this test should be an individual decision given the tremendous psychological, legal, social and economic impact a positive test result can have on a person's life. Individuals must be given the latitude to decide for themselves whether testing will help them reduce their risk. When the test is performed, it must be with the informed consent of the individual. The informed consent process must be specific for this test; it cannot be part of a standard or general waiver associated with a battery of other tests. The consent process should outline what positive and negative test results do and do not mean, the potential psychological impact of learning one is antibody positive, and the possibilities for difficulties in insurability (insurance companies across the country are seeking to use the test as a basis for denying insurance to those who test positive) and employability (some employers are already attempting to screen their employees for antibodies even though there is no business justification for such testing) if a positive test result is known. They should also be told that in some jurisdictions test results are reported to public health authorities (and this is a possibility in others), and the extent to which the agency offering the test will provide pre- and post-test counseling. (Supportive psychological counseling by informed and sensitive professionals is essential to any testing program).

Given these dangers just outlined above, as well as the potential for quarantine of individuals who test positive (as has been suggested in some states), testing should be done on an anonymous basis to protect the confidentiality of those being tested. Anonymity is the only true assurance of confidentiality. Even where initially strong protections exist, there are at least four means by which they can be violated: through legislation overriding the initial protections, when a subject must voluntarily sign away the confidentiality protections as part of an employment or insurance application (as can be done under Colorado's reporting system, for example), through a court subpoena, and through informal disclosure by those who have access to the test results. Without guaranteed protections, individuals who need the test to alter their behavior are likely to be afraid to take it. The U.S. Public Health Service recently recommended mass testing on a voluntary basis of individuals in high-risk groups. We believe that this undermines the principle that taking the test must be a highly individual decision. In addition, such a program will divert scarce resources from education and counseling programs that have proven successful in reducing transmission of HIV to a program of unproven value. It also fails to recognize that the nature of the decision may vary according to what purpose the test may serve. For example, high-risk women thinking of having children should be tested, but a blanket statement for gay men, on the other hand, is inappropriate.

The PHS guidelines also fail to address adequately the issues of informed consent and confidentiality. Furthermore, they fail to take into account the widespread discrimination accompanying the use of the test. For the government to suggest mass testing without taking measures to prevent the discrimination that may result from such a program is counterproductive.

II. Reporting of Antibody Test Results and Contact Tracing

The first step in any use of this test to change behavior involves convincing the individual to be tested. If individuals fear the information relating to their status might fall into the wrong hands, they will not consent to the test. We oppose reporting test results with identifiers to state authorities. Within STD clinics, or within state health departments bureaucracies, assurances that these results will be kept confidential in the same manner as other STD information are simply not adequate. AIDS is not like other STDs. The stigma associated with AIDS is far greater than with other STDs and the desire of other government and nongovernment agencies to obtain AIDS-related information is also greater. The existence of sodomy laws in nearly half the states, and the failure of all but one state to provide protection against discrimination based on sexual orientation add to the fears associated with reporting. In the context of political hysteria that is often generated around AIDS, how certain can we be that health officials will resist public pressure to turn over names of those who are antibody positive to school officials, police departments, and others?

We question the value of contact tracing, even on a voluntary basis. While contact tracing may be a traditional technique for managing the spread of STDs, AIDS is not a typical STD. There is no medical intervention for AIDS as there is for syphilis. We are not opposed, however, to voluntary contact notification by the person who has tested positive. Indeed, recommendations for such notification should be part of the counseling process for those who test positive. Our concern is with the government playing a direct role.

It must be noted that the potential of contact tracing could have the effect of encouraging anonymous sexual contacts. Someone fearful that in the months ahead his or her name might be turned over to health officials as the sexual contact of an antibody positive individual, might refuse to give an accurate name to an individual -- thereby eliminating the possibility for informal contacting by an infected person of his/her contacts. This is quite plausible given the number of people using false identifiers in current antibody testing programs.

We would argue, then, that the most effective use of the test is one that is voluntary and guarantees anonymity and appropriate counseling. Anything more intrusive will diminish the confidence of the very people a risk reduction program is seeking to reach.

III. Reporting of HIV Test Results and Contact Tracing

The potential for successful use of HIV testing as part of a prevention program will be lost if health departments require the reporting of identifiers of those who test positive or undertake contact tracing programs (as opposed to voluntary contact notification by the individual). Such policies undermine the trust that is necessary for an individual to come forward and be tested.

The compilation of lists of people who are HIV positive will only enhance the fear of those at risk to AIDS. While health departments have an exemplary record of protecting the confidentiality of STD records, the interested in AIDS-related records is so much greater that there could be informal or formal breakdown of confidentiality protections.

We question the value of contact tracing in controlling AIDS, even when conducted on a voluntary or selective basis. While contact tracing may be a traditional technique for managing the spread of STDs, AIDS is not a typical STD. Indeed, contact tracing is most successful for diseases with a short incubation period and for which there is a medical intervention. Neither is the case for AIDS. Government resources would be far better spent in educating all individuals to take precautions than in tracking down and counseling the sexual contacts of those who are HIV antibody positive.

We are not opposed, however, to voluntary contact notification by the person who tests positive. This should be encouraged as part of the counseling process. But anything more invasive than that may have the opposite effect: it might discourage some from being tested who might benefit from knowledge of benefit status and it might encourage others to engage in anonymous sexual contacts out of fear that their sexual partners might turn over their names to state authorities sometime in the future.

ANTIBODY TESTING.....A CONSENSUS STATEMENT.....FEBRUARY 1987

The following organizations have joined in the attached statement:

AIDS Action Council
AIDS and Employment Project
American Association for Personal Privacy
American Association of Physicians for Human Rights
American Civil Liberties Union
ARC/AIDS Vigil
Bay Area Lawyers for Individual Freedom AIDS Legal Referral Panel
California Community AIDS Network
Gay Men's Health Crisis
Gay and Lesbian Advocates and Defenders
Human Rights Campaign Fund
Lambda Legal Defense and Education Fund
Los Angeles Lawyers for Human Rights (an affiliate of the L.A. County Bar Assn.)
Mobilization Against AIDS
National Association of People with AIDS
National Gay and Lesbian Task Force
National Gay Rights Advocates
National Lawyers Guild AIDS Network
People with AIDS Coalition

For further information, contact the Quebec Room, Marriot Marquis

ANTIBODY TESTING.....A CONSENSUS STATEMENT.....FEBRUARY 1987

I. Introduction and Statement of the Issue

Officials of the Centers for Disease Control (CDC) have proposed as a way of stemming the AIDS epidemic mandatory antibody testing in a number of settings. Such a program is ill-advised and will be counter-productive as a means to accomplish the stated goal.

Surgeon General C. Everett Koop, in his report to the nation on AIDS, stated:

> Compulsory blood testing of individuals is not necessary. The procedure could be unmanageable and cost prohibitive.

He was also concered about the dangers of causing potentially infected individuals to hide or go underground rather than to seek the medical intervention necessary to their health and education.

A wide range of public health and medical experts agree. Former Reagan Administration Assistant Secretary for Health, Edward N. Brandt, Jr., has written:

> AIDS is uniformly fatal and leads to much suffering and grief. However, these facts must not be used to justify unnecessary invasions of privacy when there is no demonstrable impact on the health of the public.

The National Academy of Sciences' Institute of Medicine report, "Confronting AIDS," said:

> Mandatory screening of at-risk individuals is not an ethically acceptable means for attempting to reduce the transmission of infection. In addition such a mandatory program would not be feasible in an open society.

The AIDS medical crisis depends for its solution on the cooperative spirit of those who may be infected andthose who engage in activities which cause them to be at risk for infection. The most salient feature of mandatory testing is the distrust and fear it engenders, endangering the programs of voluntary and cooperative education and medical/public health intervention that have been so startlingly successful in causing behavioral changes to the extent such programs have been funded to date.

Mandatory testing does nothing constructive. No matter whether one is tested or not and no matter what the test results are--positive or negative--all persons who engage in activities which put them at risk need to modify their behavior in the same way. Everyone in the country needs education. Test results could lead to treatment for those who test positive if there were some treatment. However, there is none.

Mandatory testing is counterproductive. It would drive many who are at risk underground for fear of losing jobs, insurance, and their positions of respect within the community. It would also divert large amounts of money that should be spent on general prevention, education, treatment and research.

The value and success of HIV testing in assuring positive behavioral change has yet to be proved. Indeed, it is quite possible that without adequate prior education, those who test negative might be misled into thinking that they don't have to alter their behavior.

II. A Model Program

Voluntary anonymous testing coupled with in-depth counseling and a comprehensive nationwide federal education program are all necessary elements of a comprehensive effort and represent the best public health tools to end the current epidemic. Counseling is important to deal with the serious psychological consequences of a positive test as well as the behavioral changes which are mandated thereby. Counseling is, perhaps, even more critical to those who might test negative and thus might be lulled into a false security and sense that behavioral changes are not necessary.

Any model program for disease control should include all of the following elements:

(1) Voluntary and anonymous testing should be made available to everyone. Where anonymous testing is not possible, the strongest possible guarantee of confidentiality—including criminal penalties or improper disclosure of test results--should be obtained before a testing program is implemented.

(2) Counseling must accompany every testing program. Test results may be valuable as an educational tool only if people take the right message from them. There are too many possible wrong messages.

(3) Informed consent must be obtained from every participant before testing. Every individual must be made aware of the personal, psychological, legal, and social implications of testing, whether anonymous or confidential.

(4) Antidiscrimination protections must be provided for those who undergo testing or have an AIDS-related condition. The experience of the many people who have tasted the widespread discrimination which is presently focused on persons with and groups at risk for AIDS is sufficient to make new protective legislation imperative.

(5) Continued health insurance coverage must be guaranteed for those who test positive. Individuals urged to participate in a public health testing program should not have to risk access to quality health care. Indeed, if a testing program were to create a new class of uninsurable persons, such a program would be responding to one public health program by creating another.

(6) Epidemiological studies to determine the prevalence of HIV infection in the general population should be conducted on an anonymous basis. In addition, those participating in research studies should be afforded the secure confidentiality protections discussed earlier.

III. The Inappropriateness of the CDC Proposal.

Testing of all hospital admissions. While all physicians should counsel their patients about AIDS, it is not appropriate to require testing of all patients. The hospital population is not a good sample with which to determine the statistical prevalence of the HIV infection; similarly, since the level of infection in hospital populations is so low, mandatory testing of everyone is extremely poor use of resources. Mandatory testing is, in fact, more likely to keep people who perceive themselves as being at high risk from seeking the medical intervention that they need. On the other hand, voluntary anonymous testing, with mandatory counseling in hospital environments, would be useful.

Premarital Testing. Again, because couples seeking marriage licenses have such a low incidence of infection, mandatory testing of such couples would be a very poor use of the limited resources which are available. For that reason, even premarital syphillis testing has been abandoned in many states. However, counseling and voluntary testing should be available to those who are considering marriage.

STD Clinics. Testing at sexually transmitted disease clinics and IV drug programs should be routinely available, with informed consent and counseling. Mandatory testing will only drive away those most in need of counseling and behavior modification.

Family Planning and Prenatal Clinics. Again, counseling and anonymous voluntary testing should be available. Such clinics must be prepared to offer the best information available about risks of pregnancy to women at risk for AIDS and risks to the fetus. The woman's right to choose must be respected.

III. Conclusion

A broad-based national education and prevention program is the only effective way to stop the spread of AIDS. There has never been such a program. Without a commitment to fund a program of this sort, calls for testing are misguided and inappropriate.

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO

RESOLUTION NO. 096-87

RESOLUTION ON HIV ANTIBODY TESTING

WHEREAS, the incidence of AIDS continues to grow with 3,402 cases diagnosed in San Francisco as of June 30, 1987; and,

WHEREAS, the AIDS epidemic strikes the gay male population, and an increasingly significant number of intravenous drug abusers, with a large number of ethnic/racial minorities; and,

WHEREAS, AIDS nationally affects ethnic/racial minorities disproportionately to their numbers in the general population; and they are frequently the subjects of involuntary testing (as in the Job Corps, penal institutions and armed services); and,

WHEREAS, mandatory AIDS testing could deprive individuals of their civil and human rights without health benefit; and,

WHEREAS, there is no clear understanding of the purpose of mandatory testing and what will happen to the individual whose test results are positive — leading to justifiable fears regarding such issues as housing, employment, and insurance, and quarantine; and

WHEREAS, mandatory testing is considered by health professionals to be ineffective because of the implications noted here, thus driving "underground" the very individuals who need to be drawn to the health care system; and,

WHEREAS, AIDS as a medical/health issue should not become politicized, creating an atmosphere that could adversely affect education and prevention efforts; and,

WHEREAS, it is understood that individuals voluntarily donating blood, organs or tissues must have their blood screened for the HIV antibody; and that broad-based voluntary pre-natal and pre-marital testing be encouraged; now, therefore, be it

RESOLVED, that the San Francisco Health Commission encourages and supports voluntary testing, both anonymous and confidential, with appropriate counseling; and be it

FURTHER RESOLVED, that mandatory testing will not prevent the spread of AIDS; and, be it

FURTHER RESOLVED, that the Health Commission opposes mandatory testing.

SAN FRANCISCO AIDS FOUNDATION
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PRESS RELEASE
JULY 20, 1987

Contact:
Pat Christen
415/864-5855

AIDS FOUNDATION APPLAUDS HEALTH COMMISSION TESTING RESOLUTION

Dr. Tim Wolfred, Executive Director of the San Francisco AIDS Foundation, urged public officials across the nation to adopt in full the San Francisco Health Commission's "Resolution on HIV Antibody Testing".

"The Commission's Resolution demonstrates that once again, San Francisco is taking the lead in implementing an effective, rational, and compassionate approach to AIDS."

On July 7, the Commission unanimously passed an AIDS antibody testing resolution which encourages voluntary testing that is anonymous and confidential.

The resolution further stated that "mandatory testing will not prevent the spread of AIDS" and "the Health Commission opposes mandatory testing".

Last month, the AIDS Foundation issued its own position statement on antibody testing. Like the Commission, the Foundation is wholly opposed to mandatory HIV antibody testing of individuals.

According to Wolfred, "Our message on testing has always been clear. Voluntary testing that is anonymous can be a significant tool in larger AIDS prevention strategies. To be effective, however, testing programs must include exhaustive pre- and post- test AIDS education for all individuals seeking testing."

"We have proof that education, not mandatory testing, will end this epidemic", said Wolfred.

The San Francisco AIDS Foundation is the major AIDS education agency in Northern California. The Foundation also provides extensive direct services for people with AIDS and people with AIDS-Related Complex (ARC) including Food Bank and Emergency Housing programs.

The Foundation also runs an AIDS information Hotline. Individuals interested in additional information regarding AIDS antibody testing can contact the Hotline at 415/863-AIDS. In Northern California, the Hotline can be reached at 800-FOR-AIDS.

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San Francisco AIDS Foundation Policy Statement: HIV Antibody Testing

Human Immunodeficiency Virus (HIV) antibody testing that is voluntary and anonymous can be a significant tool in larger AIDS prevention strategies. To be effective, however, testing programs must include comprehensive pre-test and post-test education and counseling. Such programs offer the best possibility for maximizing the potential benefits of testing and enhance AIDS prevention efforts.

Mandatory testing of any specific segment of the general population (such as marriage license applicants, or hospital patients) would be counterproductive to AIDS prevention efforts. The San Francisco AIDS Foundation agrees with the U.S. Surgeon General and the American Medical Association that such a policy would drive people away from the health care system and would not stop the spread of AIDS. Mandatory testing should be strictly limited to blood, organ, and sperm donors.

Federal and state legislators should quickly enact legislation prohibiting discrimination against individuals who are seropositive or are presumed to be seropositive for HIV. Without this protection, large numbers of people will not come forward for testing or counseling.

In settings where testing is routinely offered -- such as STD clinics or drug treatment clinics -- clients must be fully informed before testing about the implications of the test and should have the right to refuse testing.

Regardless of the setting in which testing takes place, subjects should be fully informed before testing of the possible negative consequences realized if their test results become known to law enforcement, insurance, employment, or other civil agencies.

The San Francisco AIDS Foundation opposes routine reporting of the names of those tested for HIV infection to public health officials. Instead, emphasis should be placed immediately on the provision of widespread, comprehensive, culturally and linguistically appropriate AIDS information. Such information allows individuals to assess their personal risk for HIV infection and make any behavior changes necessary to stop HIV transmission. Mass education, not mass testing, will prevent the spread of AIDS.

Inaccuracy of AIDS test disturbs researchers

By Rob Stein
UNITED PRESS INTERNATIONAL

BOSTON — Harvard University researchers Tuesday questioned proposals for large-scale screening for the AIDS virus, saying existing test methods were too inaccurate.

The researchers calculated that the most widely used AIDS blood test would produce about two false negatives and 220 false positives for every 100,000 low-risk people tested. The test is called enzyme-linked immunosorbent assay, or ELISA.

"ELISA screening in a low-risk population yields many more false positives than true positives," the researchers said in the journal Law, Medicine & Health Care.

The test would also falsely reassure about 3 percent of high-risk people, such as drug users, that they are not infected, perhaps actually increasing the spread of the virus, the researchers said.

Based on the findings, the researchers from the Harvard School of Public Health and Harvard Medical School said existing tests for the virus HIV were not accurate enough to justify widespread screening programs, such as for all those getting marriage licenses.

"HIV screening can be compared to an experimental drug about which we know relatively little, that may have devastating consequences and that is only one of many possible approaches to the problem," the researchers said.

"In combating the fearsome epidemic of AIDS, we can develop more effective policies that strike a proper balance between public health and individual rights," they said.

The researchers applied the acknowledged accuracy of the ELISA test to the number of people who could be expected to be actually positive based on testing of blood donors — about 30 out of every 100,000 low-risk people.

Even though the ELISA test is up to 99 percent accurate, it would show 28 of those 30 to be positive and two to be negative, the researchers said. About 220 who were actually uninfected would also test positively.

A test known as the Western blot is currently used to confirm the ELISA findings. Based on that test's accuracy, a total of 39 of those who tested positively on the ELISA test would be confirmed positive by the Western blot even though only 28 would be truly infected, the researchers said.

"The question becomes the trade-off," said Dr. Harvey Fineberg, dean of the Harvard School of Public Health. "How much do you gain from knowing that someone is positive and how much do you lose when knowing you are positive and it is wrong?

"I think you lose a heck of a lot."

J.I. Examiner, May 21, 1987

Tests for AIDS May Fail to Detect Infections for More Than a Year

By GINA KOLATA

A new study of gay men in Finland has found that some who became infected with the AIDS virus through sexual intercourse did not form antibodies for more than a year, far longer than most experts had expected.

The finding is significant because commonly used tests for AIDS virus infection in people or blood samples actually detect antibodies formed in response to the invading agent rather than the virus itself.

The new finding means that some people may have been declared to be free of the virus prematurely, before antibodies appeared in their blood. If that is confirmed in larger studies, experts said, some people who engaged in risky behavior in the year before taking the test should consider being retested.

Blood Supplies Remain Safe

The finding also raises new questions about the potential effectiveness of proposed mass screening programs for carriers of the virus that causes acquired immune deficiency syndrome.

Blood bank officials, however, stressed the supply of blood products for medical use remained extremely safe. They said that because of safety procedures already in effect, the new findings could mean a slight increase at most in their estimates of the small number of transfusions that are contaminated with the AIDS virus.

Until now, experts have said that antibodies were present in the blood of patients within a few months of infection, perhaps six months at the outside. But this estimate was based on studies of a small number of people who had been infected by contaminated transfusions or accidental jabs with contaminated needles.

The findings from Finland suggested to experts that when the AIDS virus is transmitted through sexual intercourse, the progress of the infection might be much slower than when virus-carrying blood is directly injected into the blood stream. Scientists said they did not know whether differences in the timing of antibody development had implications for the health of infected people.

Blood bank officials in New York and Washington said yesterday that they were studying the new findings but were not alarmed by them. Because people at high risk of AIDS infection are told not to donate blood and because of the extremely sensitive screening tests, fewer than one in 250,000 transfusions are now contaminated, according to Federal estimates.

Blood bank officials said that the new data were too limited to permit a prediction of how many, if any, donations of contaminated blood might be escaping detection. But they said that because donations were drawn from such a low-risk population, any increase could only be slight.

"My feeling is that since we're dealing with such a low-risk population, there are probably not many individuals who will be affected," said Dr. Robert Reiss, director of clinical services at the Greater New York Blood Program.

The principal author of the new study, Dr. Kai Krohn of the University of Tampere in Finland, said in a telephone interview that antibodies detected by commonly used tests may not appear for as long as a year or more in from 10 to 20 percent of gay men who were infected through sexual contact.

The study appeared in The Lancet, a British medical journal, and was co-authored by Dr. Genoveffa Franchini of the National Cancer Institute in Bethesda, Md., in addition to other Finnish scientists. The findings were reported yesterday by the Washington Post.

The scientists studied 235 homosexual or bisexual men and two women for up to three years, examining the people every three to six months and storing blood samples. In that time, antibody tests indicated that nine of the men had become infected with the AIDS virus.

The researchers then re-examined exposed to AIDS and had a negative antibody test 3 to 6 months afterwards, "there would be no harm in having another test in 9 to 12 months after exposure."

AIDS experts said yesterday that the Finnish study was small in scale and needed to be repeated. "It is a very limited study," Dr. Krohn agreed. "It has to be confirmed.

Dr. Jerome Groopman of New England Deaconess Hospital in Boston added, "This thing is so important that we have to try and replicate it immediately." He said he was now studying old blood samples from a group of infected patients and hoped to have results within two weeks. "If it's real, it has to be acted upon," Dr. Groopman said. Even now, he said "it makes sense for a high-risk person to be retested."

Blood bank officials said that despite the new findings they had no plans to add the experimental direct tests for the AIDS virus to their screening procedures.

Dr. Reiss of the Greater New York Blood Program noted that the Food and Drug Administration has not licensed the direct tests, known as antigen tests. These tests are far more expensive than the antibody test and are only reliable at certain stages of infection. Although it can fail to detect donors who were recently infected with the AIDS virus, the antibody screening test now in use is considered extremely sensitive at detecting infections once earlier blood samples from those men using experimental tests that detect direct signs of the virus itself, rather than antibodies. They also looked for evidence of the AIDS virus in blood from 25 men in the study who had negative antibody tests but who were known to have had sexual exposure to AIDS in the course of the study or who developed swollen lymph nodes, suggestive of AIDS infection.

5 Called 'Latently Infected'

Of about 30 men who ultimately were found to be virus carriers, Dr. Krohn said in an interview, "five were latently infected," meaning that they only developed detectable antibodies 12 to 14 months after direct signs of the virus had appeared in their blood.

In further studies, Dr. Krohn said, one man did not have a positive antibody test for three years after the AIDS virus could be detected in his blood with other methods.

Commenting on the findings, Dr. Max Essex of Harvard Medical School said that if a person knew he had been antibodies are present.

Dr. Thomas Zuck, who until recently directed the blood products program at the F.D.A. and is now at the University of Cincinnati, said that studies had found there was little to gain through use of the antigen tests by blood banks. "It would cost several million dollars to detect even one additional person," he said. Several experiments in use of antigen tests by blood banks had failed to detect any additional virus carriers among donors, he added.

New York Times
Oct. 3, 1987

S.F. Chronicle, June 9, 1987

Survey Favors AIDS Test Anonymity

Nearly three-fourths of those who took a test for AIDS antibodies in San Francisco say they might not have done it if they were not sure that results would stay confidential, a new study found.

Some 45 percent said in the April and May survey that they definitely would not have volunteered if anonymity were not guaranteed. Twenty-nine percent said they might have stayed away.

The results came in a survey of 417 consecutive clients, three-quarters men and the rest women, at a testing center operated by the San Francisco Health Department and the University of California AIDS Health Project.

"The results, clearly, are that the public-health interest is best served by provision of anonymous testing," said Barbara E. Havassy, who with Jeffrey M. Moulton conducted the survey. They are psychologists at the UC San Francisco department of psychiatry and the affiliated Langley Porter Psychiatric Institution.

Among gay men, 60 percent said they definitely would not be tested, and 22 percent said they might not, unless they were sure results would stay private. Among heterosexuals, 34 percent said they definitely would not get tested and 34 percent were unsure what they would do without certain anonymity.

The results come in the wake of a Reagan administration call for widespread routine testing for AIDS antibodies, a program that could pose tremendous difficulty in maintaining secrecy of findings.

"If it is to be done as a public-health measure, it must be done in a sensitive way and not one that deters people," Moulton said.

Most of those tested gave several reasons for doing it. Worry about personal health and the possibility they were infected motivated 86 percent, while 72 percent listed the worry that they might infect others, and 40 percent said the test result would help them make decisions about sexual or other practices.

Bay Area Reporter

VOL. XVII NO. 24 JUNE 11, 1987

Anonymity Essential To AIDS Testing, Study Shows

Without Guarantees, Most Say They Won't Take Blood Test

As many as three-quarters of those tested for the AIDS virus antibody in San Francisco say they may not have taken the test if anonymity were not guaranteed, according to a new UC-San Francisco study released Monday.

The study—conducted in March and April—surveyed 417 consecutive clients at an AIDS antibody alternative test site, operated by the San Francisco Department of Public Health and the UCSF AIDS Health Project.

Forty-five percent of those surveyed said they would not have been tested if anonymity were not guaranteed, and another 29 percent said they were not sure whether they would be tested even with confidential procedures.

Clients also were asked why they wanted to take the antibody test and most gave many reasons. Eighty-six percent were concerned about their health and wanted to know their status; 72 percent were concerned about the potential for infecting others; and 40 percent felt that knowledge of the test result would help change sexual or other practices.

"These results indicate that anonymity is not only an important consideration but is a prerequisite for many of those at risk for AIDS," according to Jeffrey M. Moulton and Barbara E. Havassy, of the UCSF Langley Porter Psychiatric Institute and two of the authors of the study.

"Substantial numbers of those at risk who are concerned about their health and intecting others would not have been tested if anonymous sites were not available," they concluded.

Preliminary findings of the study were reported in May at a public health grand rounds sponsored by the State Department of Health Services.

Two kinds of antibody testing were described to those surveyed: anonymous and confidential. At an anonymous test center, which is where the survey was conducted, names are never recorded and there is no way a test result can be traced to the individual.

At a confidential center, which has been proposed by some officials around the country, names would be recorded with the result but treated like information in a medical chart.

Of those surveyed, 75 percent were men and the mean age was 35 years. Forty percent were gay men; 34 percent were heterosexual with high risk partners or multiple partners since 1978; 14 percent were bisexual males or persons not indicating a sexual preference who had partners in a risk group; and 6 percent were IV drug users.

The study also found the following:

- Among gay men, 82 percent said either they would not be tested (60 percent) or they were not sure (22 percent) they would be tested under confidential procedures.
- For heterosexuals, 34 percent would not have been tested under confidential terms and another 34 percent were not sure.
- Among heterosexual IV drug users, 26 percent said they would not be tested and 53 percent were not sure.
- Of those who said they were tested because of concern for their health, 39 percent stated they would not have come to the test center without assurances of anonymity.
- Of those concerned about infecting others, 33 percent stated they would not have been tested under confidential procedures.

"These data suggest the public health benefits associated with the knowledge of one's antibody result are best served when anonymous AIDS antibody testing is provided," said Moulton.

Co-authors of the study were James Dilley, M.D., assistant clinical professor of psychiatry and director of the UCSF AIDS Health Project; Neil Seymour of the UCSF AIDS Health Project; and David Sweet of the department of psychiatry. ●

SF Chronicle Aug. 8/87

House Testimony

Secrecy on AIDS Called Impossible

By Larry Liebert
Chronicle Washington Bureau Chief

Washington

Promises of confidentiality to AIDS patients may prove empty because hospital records "have become a sieve of information" to third parties, a prominent physician warned a House subcommittee yesterday.

"Even if best efforts are expended to be certain that confidentiality is preserved, there is a great danger that the rights of such a patient will be violated," Dr. Vernon Mark of the Harvard School of Medicine testified before the House Energy and Commerce Subcommittee on Health.

"The medical records in hospitals have become a sieve of information to third-party payers such as Medicare, Blue Cross/Blue Shield and private insurance companies."

The disease a patient is suffering is sometimes blanked out on medical records that are sent outside hospitals, Mark added, but "any half-wit who looks at the record can tell immediately that the individual was involved with a sexually transmitted disease."

Mark, a veteran neurosurgeon, and other witnesses injected some real-life concerns into the politically charged congressional debate over testing for the virus that causes acquired immune deficiency syndrome.

Mandatory Test Issue

The subcommittee's chairman, Representative Henry Waxman, D-Los Angeles, is sponsoring $400 million legislation that would provide voluntary AIDS testing and counseling and ban discrimination against AIDS sufferers.

Representative William Dannemeyer, R-Fullerton, another subcommittee member, wants to impose widespread mandatory testing. He opposes anti-discrimination guarantees and blames the "political power of the male homosexual community" for the way AIDS has been handled.

Mark told the committee that the nation cannot make a rational decision on mandatory testing until reliable studies are completed to determine whether AIDS is spreading beyond homosexuals and intravenous drug users to the general population.

Even then, he said, "It may be that mandatory testing and public health regulations can be initiated first in certain geographic areas which have the highest prevalence rates for the disease, such as the megalopolis from Boston to Richmond and the San Francisco, Los Angeles and San Diego areas."

'Routine' Support

Another witness, Dr. Robert Redfield, an Army expert on AIDS, championed the "routine" use of testing that President Reagan has urged.

Routine AIDS testing for those getting married or entering hospitals will reach the general population and bring the AIDS infection "out of the closet," he said.

Dr. June Osborne, dean of the School of Public Health at the University of Michigan, argued that widespread, mandatory tests would scare off many of those most in need of testing and would be a costly "waste of resources that we don't have."

In another AIDS development yesterday, California's Democratic senator, Alan Cranston, introduced legislation to spend $10 million a year to set up three demonstration projects nationally, providing nursing care for AIDS patients.

Cranston said he believes up to $4 million a year of this amount would go to San Francisco.

Need for Privacy Stressed

U.S. Calls for More Voluntary AIDS Tests

New York Times

Washington

Federal health officials, in a confidential new report, have recommended a major increase in voluntary testing for AIDS virus infection. At the same time, they rejected increased mandatory testing and called for strong new laws to protect the secrecy of test results and the civil rights of infected individuals.

The proposals, in a report by the federal Centers for Disease Control, dramatize a deepening rift in the Reagan administration over the role of the tests in the battle against the AIDS epidemic.

Proponents of increased mandatory testing, including Education Secretary William Bennett and Gary Bauer, a top White House aide, have become more vocal and impatient, citing a need for more detailed and comprehensive data on the spread of the virus and the health threat it poses to the nation.

Opponents, including senior officials of the Public Health Service, the parent agency of the CDC, say widescale compulsory testing, and the risk of discrimination if results were not kept secret, would scare away from the health care system people who might be infected and who could infect others. In addition, they say, such compulsory testing would waste resources better used for other purposes.

The 99-page report by the CDC said mandatory testing is "not justified" by current knowledge of how the acquired immune deficiency syndrome virus is spreading. But, it said, testing should be "encouraged" for certain groups, including patients at venereal disease clinics, intravenous drug users and pregnant women in areas with high rates of AIDS infection.

Tests for AIDS antibodies are now required for blood donors, military recruits and active-duty personnel, Foreign Service officers and applicants for certain Labor Department programs run by the Job Corps.

Some officials fear that mandatory testing will scare away individuals who are infected and need help

The CDC report, based in part on a February conference of experts, including state and local health officers, makes these recommendations on testing for antibodies to the AIDS virus:

■ Couples planning marriage should have "ready access" to information about AIDS and testing.

■ Individuals should not be tested unless they have received "appropriate counseling" and given explicit consent, either orally or in writing. People must understand that they have a "right to choose not to be tested."

■ Those who seek treatment for a sexually transmitted disease should be encouraged to undergo tests.

■ People who have a history of intravenous drug abuse and seek medical care for any reason should be encouraged to undergo testing.

■ Testing should be encouraged for the sexual partners of intravenous drug abusers and for those who have shared drug equipment with abusers.

■ Testing should be encouraged for pregnant women if they are believed to have a high risk of infection from the AIDS virus or if they "live in a geographic area or community with a high prevalence of infection."

■ Women who seek family planning services in a clinic, hospital or doctor's office should routinely be counseled about AIDS. It may be appropriate to offer testing to all women who visit family planning and prenatal clinics in certain neighborhoods or cities with a "moderate or high prevalence" of AIDS infection in young women.

■ Testing should be offered to some people who received transfusions of blood or blood components from 1978 to mid-1985, when blood screening for AIDS antibodies began, especially if they had many transfusions and the blood was collected in an area with a high incidence of AIDS.

"AIDS victims have experienced unequal treatment in such areas as employment, school admission, housing, medical services and insurance coverage," the report said. "The concept of voluntary testing obviously is dependent upon the perception that persons who allow themselves to be tested will be given protection against discrimination if they are antibody positive."

To that end, the report makes these recommendations:

■ States should adopt new laws or strengthen existing laws to prohibit discrimination against AIDS victims and people who test positive for infection with the virus but show no symptoms of the disease. The federal government should also consider adopting such legislation.

■ State governments should pass "stringent legislation" to punish the unauthorized disclosure of AIDS test results. Because record-keeping requirements vary from state to state, "it may be necessary" for Congress to pass a law setting nationwide standards to guarantee confidentiality.

S. F. Examiner, July 8. 1987

Thieves take computers with AIDS patients' names

By Norman Melnick
OF THE EXAMINER STAFF

San Francisco's health director planned to review security procedures with his staff Wednesday morning following the theft of three personal computers holding the names of AIDS patients from a state office building in Sacramento.

The weekend burglary was confirmed Tuesday night by Pete Weisser, a spokesman for the state Department of Health Services.

San Francisco Health Director Dr. David Werdegar said the burglars might have made off with the names of all AIDS patients in California, outside San Francisco and Los Angeles.

Werdegar said The City fed the state only coded numbers — not names — of AIDS patients, as did Los Angeles.

He said the two cities accounted for 5,000 of the 8,000 California patients with acquired immune deficiency syndrome: 3,000 from San Francisco, 2,000 from Los Angeles.

Weisser said California state police, who are investigating, were treating the incident as a break-in and burglary at a downtown Sacramento state office building containing auxiliary offices of numerous state agencies.

He said there were "no indications that the theft was motivated by any desire to get names but only to obtain personal computers for resale, or for whatever purpose burglars steal computers."

He emphasized that the theft "apparently had nothing to do with AIDS information, according to state police."

A call to state police headquarters in Sacramento Tuesday night went unanswered.

Disclosure of the theft came at a Tuesday afternoon meeting of the San Francisco Health Commission. Werdegar said the theft was reported by a health department doctor who works with AIDS patients.

Werdegar said the names and coded numbers of San Francisco's AIDS patients were kept in a departmental computer room with a "triple lock." He did not reveal its location.

He said Wednesday's meeting was intended to review security procedures and tighten them if necessary. He said very few health department personnel were given access to the computer room, which he said was under "very high security."

Werdegar said the Sacramento theft was "a little disturbing" since a similar theft was recently reported in Washington, D.C.

Serious questions were raised then about the possibility of the thieves using the information for blackmail or other sordid purposes.

He said that case suggested that state health officials should have been more vigilant.

The case "shows that individuals who are concerned about the confidentiality of AIDS patients are not unduly paranoid," the health director said.

S.F. Examiner
Sept. 25, 1987

Health chief urges AIDS list be destroyed

By Jay Reeves
ASSOCIATED PRESS

MONTGOMERY, Ala. — Alabama's top public health official, saying careers and reputations are at stake, wants to destroy a secret police department list of AIDS patients purportedly obtained by a college newspaper.

"A name on that list could potentially be yours whether you have AIDS or not," said Dr. Earl Fox, director of the Public Health Department.

The Aumnibus, the Auburn University newspaper, reported Wednesday that it had received a copy of the list through someone who had obtained it from a police officer.

Civil and gay rights activists have condemned the list as an invasion of privacy.

The weekly paper did not publish the list, which it said consisted of nine names and addresses. Editor Danny Claxton said he would not release it.

Fox said the situation underscored the danger.

"Let's say somebody was not so scrupulous and was willing to publish the names," he said. "It would be a tremendous potential for harm."

As of Wednesday, doctors and health labs are required to notify the state of people who test positive for exposure to the virus that causes acquired immune deficiency syndrome.

"If there's any way we can see the list destroyed under the new law, we're going to do it," Fox said.

Mayor Emory Folmar last week confirmed that police had compiled a partial, computerized list of Montgomery-area AIDS patients. He said the one obtained by the Aumnibus was "absolutely fraudulent."

Police and firefighters need AIDS patients' names so they will know when they might come in contact with an infected person, the mayor said. He refused to disclose how police had obtained the names or how many were on the list.

Police Chief John Wilson said there was no actual list. Rather, he said, the department maintains computer information obtained from verified carriers and professed AIDS patients booked into the city jail, or from victims or their relatives who disclose the infection to officers or paramedics.

The state health officer said Folmar's attitude was as much of a concern as the AIDS list because the mayor "doesn't see anything wrong with it."

Sandra Langston, president of Montgomery AIDS Outreach, said, "We're concerned about an invasion of privacy, we're concerned about medical confidentiality and we're concerned about possible discrimination."

Albert Sankey, president of the Montgomery chapter of the NAACP, said the list violated human and civil rights and should be destroyed.

He also demanded that the mayor reveal the source of the list and said action should be taken against any medical personnel involved in its compilation.

Fox said his department had provided none of the information.

Wednesday, August 5, 1987 S.F. Chronicle

State Probing Clinic's AIDS-Testing Policy

By Randy Shilts

State authorities said yesterday they are investigating a San Diego health agency that has a policy of compulsory AIDS testing for patients who appear to be at high risk for the disease.

Gino Lera, chief of the Rural Community Health branch of the California Department of Health Services, said that investigators from the state agency will go to the San Diego American Indian Health Center today to seek clarification of the policy.

Under the policy, which was revealed yesterday in The Chronicle, prospective patients who indicate they might be at risk for AIDS or other infectious diseases are ordered to present "proof of noninfection" before they can be treated at the center. The center provides primary medical and dental care to Native Americans in the San Diego area.

People who decline tests or who test positive for infection with one of the diseases are refused treatment.

Lera said such a policy apparently violated state laws banning mandatory AIDS testing as well as regulations that forbid state contractors from discriminating against potential patients. The center receives about $100,000 in funds from the state Indian Health Services agency that Lera administers.

It also receives federal funds and some money from nongovernment sources.

"I'm hopeful that if they did it, they did it innocently and they'll withdraw" the policy, said Lera. "Otherwise, I'll talk to our legal department to cancel the contract."

Ralph Forquera, executive director of the San Diego center, said that if the policy is illegal, he will rescind it.

"Our intent was not to use this policy in any discriminatory manner," he said.

Although the policy was enacted amid growing staff concern about treating AIDS-infected patients, Forquera said that his review of records yesterday indicated that only one person had been forced to provide "proof of noninfection" in the six months the policy had been in effect.

"That was for hepatitis and the test came back negative and we treated him," said Forquera. "I still stand by the intent of what we were trying to do, which is to protect our employees and our clients. I was not aware of any laws we were violating."

Blast at Premarital AIDS Tests

S.F. Chronicle
Oct. 2. 1987

By David Perlman
Science Editor

Mandatory premarital AIDS tests, a hot political issue across the country, would cost the nation at least $100 million a year and detect only the tiniest fraction of infected men and women, a Harvard study concluded yesterday.

Compulsory screening would also pose two major dangers, the report warned:

Errors that yield "false positive" test results could tell hundreds of couples they are infected by the human immune deficiency virus when they are not, while "false negatives" would miss real infections in some couples and cause them to think they are not infected when in fact they are.

The Harvard report is being published today in the Journal of the American Medical Association. It provides the first clear evidence for what virtually all medical specialists, including the U.S. surgeon general and all the AIDS experts at the national Centers for Disease Control, have long argued — that mandatory AIDS testing for couples seeking marriage licenses would be ineffective in preventing the spread of the lethal disease and be inordinately expensive as well.

The report was prepared by a team of physicians and epidemiologists at the Harvard School of Public Health headed by Paul D. Cleary and Dr. Harvey Fineberg, the school's dean.

Vice President George Bush, campaigning for the presidency, has already called for mandatory premarital AIDS screening nationwide, and legislation being pushed by conservatives in Congress and in nearly 30 state legislatures also seeks to make the tests compulsory. The premarital tests already are required by law in Illinois and Louisiana, and in both states medical experts are backing attempts to seek court rulings that such laws are an unconstitutional invasion of privacy.

A California AIDS bill by conservative Senator John Doolittle, R-Folsom, was recently amended to require couples planning marriage to certify that they have been "offered" the test rather than be required to submit to it.

In its report the Harvard group analyzed records of AIDS test results around the country as well as their average cost, and applied them to the total of about 3.8 million marriages performed annually in America. They also based their conclusions on the fact that AIDS is extremely rare among couples planning marriage when compared with its frequency among high-risk groups such as homosexual and bisexual males and intravenous drug abusers.

False positive results would be 'devastating' to a couple

In any single year, the Harvard group concluded, mandatory premarital screening could detect fewer than 0.1 percent of individuals infected with the AIDS virus. There would be at least 350 "false positive" results each year, and more than 100 infected individuals would be told they were probably not infected as a result of "false negative" test results.

If one member of a couple planning marriage received a "false positive" test report, the consequences would be "devastating," the Harvard team noted, and infected individuals who were falsely reassured that they were not infected would then feel encouraged to continue behavior that places others at high risk for the lethal disease.

"Public education, counseling of individuals, and discretionary testing can be important tools in reducing the spread of infection," the report declared, "but mandatory premarital screening in a population with a low prevalence of infection is a relatively ineffective and inefficient use of resources.

"Considering that there are probably between 1 million and 2 million infected individuals in the United States and that $100 million represents more than the federal government will spend on AIDS education in 1987, a compulsory premarital screening program does not appear to be a sensible allocation of resources."

Studies of blood samples collected in 1972 — at least five years before the AIDS virus was known to have reached the United States — indicate that the antibody tests gave "false positive" results in somewhere between 7 and 16 percent of the cases, the Harvard report noted.

Dr. Kenneth Kizer, director of California's Department of Health Services, said yesterday his staff has calculated that if premarital AIDS tests were required throughout the state, the cost for testing and counseling would reach at least $20 million a year, and would do little to stem the epidemic.

"It would not be cost-effective," he said, "and you can't justify it."

In San Francisco, Dr. David Werdegar, the city's director of public health, also strongly opposes mandatory premarital screening. After a nationwide survey, Werdegar's staff has determined that every major organization of physicians in the country — from the San Francisco Medical Society and the California Medical Association to the American Medical Association — has gone on record against the campaign to require the AIDS antibody test before marriage.

S.F. Chronicle
July 16, 1987

Testing Immigrants For AIDS Assailed

Washington Post

Washington

Public health experts are questioning about the Reagan administration's plan to test of all immigrants to the United States for exposure to the AIDS virus.

The experts predict that the plan to test about 400,000 immigrants a year, if it functions as similar disease-control measures in the past, is unlikely to stem the spread of the deadly disease. Instead, they said it may provoke retaliatory policies from other countries and rapidly generate a black market in false test certificates. They also raise concerns about the availability and accuracy of tests in other countries for infection with the AIDS virus.

"It's a terrible idea," said Dr. D.A. Henderson, dean of Johns Hopkins School of Hygiene and Public Health and former coordinator of the successful worldwide effort to eradicate smallpox.

Broad Debate

Administration proposals for routine testing for the AIDS virus have provoked broad debate about issues of confidentiality, cost and the role of testing in preventing spread of the disease.

The plan to test immigrants has met with less public criticism than those affecting other groups because it is widely viewed as a move to safeguard U.S. citizens, with no domestic repercussions.

The proposal to include a negative blood test for antibodies to the human immunodeficiency virus (HIV) as a requirement of entry for immigrants was published in the Federal Register on June 8, eight days after President Reagan announced the plan in a speech here on the eve of the Third International Conference on AIDS.

Last week, AIDS was officially added to the list of eight "dangerous contagious diseases" that constitute medical reasons for denying a visa to an immigrant. The proposed rules would further amend the list, substituting "HIV infection" for AIDS. Because infected individuals frequently have no symptoms and confirmatory tests are needed if an initial blood test is positive, immigrants applying from other countries would have to be tested before coming to the United States.

Administration Moves

The administration is moving rapidly to put the plan into effect. Written comments on the proposed rules are due by August 7, and the final rules will be submitted "shortly after that," according to Charles McCance, acting director of the national Centers for Disease Control's quarantine division.

In an amendment to the supplemental appropriations bill for the current fiscal year, Congress voted to require that immigrant testing for HIV be implemented by August 31. That bill is awaiting the president's signature.

Henderson said he had been told that only about 40 countries have the capacity to conduct HIV testing. He predicted that the new requirement will generate an immediate black market in false test certificates and would prompt many other countries to adopt similar testing policies, but would be ineffective in preventing the spread of AIDS.

He compared the plan with requirements for smallpox vaccination as a condition of entry to many countries in the past, before the disease was eradicated. "Did this keep the disease out? No, it didn't," he said. "Quarantine measures have never been found to work particularly well in preventing spread."

"The potential for massive retaliation" by other countries if the United States begins to test immigrants "is simply mind-boggling," said Dr. June Osborn, dean of the University of Michigan School of Public Health. "We are so much more exporters than importers" of AIDS.

SFO Chronicle
8 **** 7/31/87

Congressmen Push Bill for AIDS Testing

By Larry Liebert
Chronicle Washington Bureau Chief

Washington

Leading members of Congress introduced legislation yesterday to provide $400 million a year for an AIDS testing program that keeps the results *confidential and protects those* with the virus from discrimination.

Although the federal grants provided for by the measure could be used only for voluntary testing, the measure would not prevent states from initiating mandatory AIDS testing.

The bipartisan proposal was put together in closed-door negotiations that dragged on for several months. It is an attempt to deal with the explosive issue of testing for the deadly and incurable acquired immune deficiency syndrome that has hit hardest among such politically unpopular groups as homosexuals and intravenous drug users.

The AIDS package was introduced by leading Democrats involved in health issues, including Senator Edward Kennedy of Massachusetts, and moderate Republicans, including Senators Lowell Weicker of Connecticut and Robert Stafford of Vermont and Representative James Jeffords of Vermont.

"It is a codification of the recommendations from the public health community," said Representative Henry Waxman, D-Los Angeles, one of the bill's prime sponsors. "That's what we put in, and that's what we're going to fight for."

But Waxman added, "I have no doubt that we're going to have to get the votes to defeat proposals" from staunch conservatives. They strongly support widespread mandatory testing and just as vigorously oppose federal protections against discrimination for AIDS victims.

President Reagan has proposed mandatory AIDS tests for all immigrants and federal prisoners and recommended that states initiate "routine" testing for those seeking marriage licenses or visiting clinics that treat drug abuse or sexually-transmitted diseases.

The testing legislation offered yesterday was endorsed by the American Hospital Association, the American Medical Association and the American Nursing Association.

The measure is also significant because it reflects a consensus among congressional leaders for increasing federal spending on AIDS dramatically to more than $1 billion in the year ahead, compared with $~~44~~6 million in the current year.

Separate legislation for AIDS research and treatment is moving forward in both houses of Congress. Sponsors will attempt to win passage of that part of the AIDS package in the next few weeks, while saving the controversial legislation on testing for later this year or early next year.

In an interview, conservative Representative William Dannemeyer, R-Fullerton, complained that many members of Congress persist in treating AIDS "as a civil rights issue." He accused Waxman, who heads a House subcommittee on health and the environment, of "stone-walling" to block tougher legislation mandating AIDS tests.

"We Californians are the laughing stock of America in terms of the political way we have chosen to deal with the AIDS crisis," Dannemeyer said, referring to state legislation protecting the identities of AIDS carriers. "It's because of the political clout of the organized male homosexual community."

AIDS TEST BILL

Key provisions of Congressional proposals on AIDS:

- Grants totaling $400 million a year for the next three years would go to health-care facilities that serve people at high risk for AIDS.
- Confidentiality would be guaranteed for those who test "positive" for the AIDS virus, with fines for those who fail to protect the identities of AIDS carriers and up to a year in jail for those who intentionally leak those names.

  However, medical authorities would be permitted to identify AIDS carriers to state health authorities where required by law — and to warn spouses or other known sexual partners.
- Discrimination against those carrying the AIDS virus would be banned in employment, housing, public accommodations and government services.
- Exceptions would be made if there is evidence that the AIDS carrier could spread the disease *in particular circumstances or is* made unqualified to perform a certain kind of work.

N.Y. Times
June 19. 1987

AIDS TESTING SEEN IN SURGERY CASES

Koop Also Expects to Learn if 'Heterosexual Explosion' of Disease Will Occur

WASHINGTON, June 18 (AP) — C. Everett Koop, the Surgeon General of the United States, predicted today that testing of surgery patients for the AIDS virus would soon become routine.

He also said it should be clear in several months whether there would be "a heterosexual explosion of AIDS."

Dr. Koop also told a House committee that he believed young children could be taught to abstain from sexual relations until marriage, but he said that condoms must be offered to the 70 percent of adolescents who are already sexually active.

"If you tell that 70 percent to just say no, they laugh, and if they try to say no, they find it very difficult," Dr. Koop told the House Select Committee on Children, Youth and Families at a hearing on teen-agers and acquired immune deficiency syndrome.

Vulnerability of Teen-Agers

Dr. Koop said adolescents exploring their own sexuality and possibly intravenous drugs were particularly vulnerable to the fatal disease. He said they were "extraordinarily difficult to deal with" because they believed they were immortal and resisted changing their behavior.

"I was talking to some teen-agers about long-term monogamy and this one girl said, 'How long? A semester?'" Dr. Koop recalled.

"You have to introduce such things as condoms, knowing that it offends the sensibilities of some people but that as a public health officer the only thing I can do is offer them," he said.

Representative George Miller, the California Democrat who heads the committee, said 148 teen-agers were known to have AIDS as of June 8. But he said many of the 7,500 AIDS victims in the age range of 20 to 29 years had probably been infected as teen-agers, given the long latency period of AIDS.

"We must not let the currently low number of teen-agers with AIDS dissuade us from taking the threat to youth seriously," Mr. Miller said.

He cited several studies indicating that many teen-agers had multiple sex partners, did not use contraceptives and did not even know they could contract AIDS from heterosexual intercourse. Others noted that sexually active teen-agers had the highest rates of sexually transmitted diseases among heterosexuals of any age group and said that about 2.5 million teen-agers contracted such diseases each year.

Dr. Koop said the Federal Centers for Disease Control were conducting a study to determine the incidence of AIDS infection in the general population, especially among low-risk groups such as heterosexuals.

"The thing we would like to tell you, but we can't, is if we are standing on the threshold of a heterosexual explosion of AIDS," Dr. Koop said under questioning. "We will know in six to eight months."

Federal experts say there is no evidence to date that the AIDS virus is spreading widely among heterosexuals who are not intravenous drug users or the sex partners of drug addicts. Nine in 10 of the nation's 37,000 reported AIDS cases involve homosexual men or drug users. Only 4 percent of cases have been attributed to infections acquired by heterosexual intercourse.

Asked whether hospitals should routinely test patients for AIDS upon admission, Dr. Koop said the real problem was with surgical patients. He said doctors and nurses in the operating room were exposed to pin pricks, knife cuts and other incidents that could endanger them.

"There will be an increased demand" by medical personnel for AIDS virus testing, he said. "The day is not far off when the testing of surgical patients in hospitals becomes much more routine."

Tests Urged for All Patients

Hospitals' New AIDS Guidelines

Washington Post

Washington

Federal health officials yesterday issued guidelines that suggest for the first time that hospital patients be tested for the AIDS virus.

The recommendation by the national Centers for Disease Control departs from its policy of advising against widespread AIDS testing in the nation's hospitals.

In releasing new standards for protecting the nation's 6.5 million health care workers from the spread of the HIV virus, the agency "noted the need for health care workers to consider all patients as potentially infected with HIV."

CDC guidelines do not have the force of law, but they are the standard customarily followed across the nation.

The new guidelines lay out specific criteria for hospital testing programs, among them obtaining consent, informing patients of results, ensuring confidentiality and guaranteeing that a positive test result will not end "in denial of needed care."

The guidelines also make clear that the comparative risk of contracting the AIDS virus in the workplace — particularly if workers wear proper gear and clothing — is relatively remote. The guidelines also urge medical personnel to use mouth shields when administering mouth-to-mouth resuscitation.

Anxiety about contracting the virus has risen sharply among health care workers since the CDC reported on May 21 that three women working in hospitals had been infected with the HIV virus after each was accidentally splashed with the blood of infected patients.

They were the first reported cases of health care workers contracting the virus after a single exposure to blood by some means other than a needle prick.

"There is a level of fear out there that is something we needed to address," said Dr. Harold Jaffe, chief of the epidemiology branch of the CDC's AIDS program.

Opponents of testing hospital patients say that patients who test positive will invariably be neglected and mistreated, receiving poor treatment.

"This is the first major step toward a two-class health system in this country," said Jordan Barab, health and safety coordinator for American Federation of State, County and Municipal Employees, which represents 300,000 of the nation's health care professionals.

"There will be the AIDS patients with the stickers on their charts and the special wards. And then there will be all the rest."

S.F. Chronicle, Aug. 21. 1987

THE NEW YORK TIMES, SUNDAY, JUNE 21, 1987

Doctors' Panel Suggests Limited AIDS Testing

CHICAGO, June 20 (AP) — Mandatory testing for the AIDS virus should be extended to prison inmates and immigrants but not to everyone getting a marriage license or entering a hospital, trustees of the American Medical Association said today.

Nor should testing be required for homosexuals and drug abusers, the groups that account for most of the nation's more than 35,000 recorded cases of AIDS, the trustees said on the eve of the group's annual meeting.

If adopted, the 17-page report will form the basis of efforts by the group to educate the public and physicians and to lobby lawmakers on how the country should fight acquired immune deficiency syndrome, which has already killed more than 20,000 people in the United States.

"Prison inmates, because they are confined and have a higher incidence of high-risk individuals than the general population, require special protection," the trustees said.

"Immigrants should be tested so that we can focus on the AIDS problem already here," the trustees added in their report, to be considered this week by the group's policy-making body, the 406-member House of Delegates.

The recommendation contradicts a recent suggestion made by President Reagan that couples applying for marriage licenses and people entering hospitals be tested.

[It is, however, consistent with the President's plan, details of which were announced June 8, to test Federal prisoners and would-be immigrants for infection with the deadly virus.]

AIDS has become the public's highest-priority health concern, ahead of heart disease and cancer, said trustees for the 271,000-member group, the nation's largest organization of doctors.

Testing everyone who is getting married or going into a hospital would result in a high proportion of false positive results, because those populations have a relatively low prevalence of AIDS infection, the trustees said.

It would be an inefficient way to spend money, given the demand for tests and the shortage of testing and counseling services, the trustees said.

Requiring testing for all homosexuals and drug abusers would "only drive people underground and away from the health-care system," the trustees said.

They recommended instead that voluntary, confidential testing be made available to anyone who wants it.

The test also should be given to pregnant women in the first trimester in geographical areas where AIDS infection is common, as well as to people in such areas seeking family-planning counseling or major surgery, the trustees said.

A.C.L.U. Will Expand Fight on AIDS Testing

Special to The New York Times

PHILADELPHIA, June 20 — The American Civil Liberties Union, which opposes mandatory testing for the AIDS virus, pledged Friday to broaden efforts to fight proposals for the compulsory tests.

In the past the organization has relied on the courts and Congress for remedies to civil rights issues. But on the issue of mandatory AIDS testing the group said it would take its case to the public.

"Our challenge is to define the public debate and help shape public policy in ways that will avoid serious violation of civil liberties," said Sam Walker, a board member who is a professor of criminal justice at the University of Oklahoma.

In recent weeks the Reagan Administration has initiated efforts to test Federal prisoners and immigrants to the United States for infection with the virus that causes acquired immune deficiency syndrome.

Many of the more than 500 delegates attending the conference acknowledged that the public might not be receptive to the organization's proposals for curbing the spread of the disease. These include calling for voluntary testing, the use of condoms for sexually active people and making clean hypodermic needles available to intravenous drug users.

"The sentiment is that if you supply sterilized needles, somehow, you are condoning illicit drug use," Dr. Norman Zinberg, professor of Psychiatry at Harvard University told the delegates. "In reality, however, the hysteria about drug use is keeping us from constructive action about the AIDS crisis."

Syphilis Held More Perilous If the AIDS Virus Is Present

BOSTON, June 20 (AP) — Two new reports suggest that syphilis may be especially dangerous and hard to treat in people infected with the AIDS virus.

The reports, published in this week's issue of The New England Journal of Medicine, found an association between infection with the AIDS virus, designated HIV, and invasion of the brain by syphilis. Doctors said that such neurosyphilis may be the first sign of AIDS in some infected people.

Where the A.C.L.U. Stands on AIDS

By Ira Glasser

The American Civil Liberties Union has been severely criticized for its opposition to compulsory testing for AIDS and to government efforts to identify and trace all sexual contacts of those suspected of harboring the AIDS virus.

It has been wrongly asserted that this organization has opposed "obviously good" public health measures in order reflexively to protect the right of privacy.

Actually, the A.C.L.U. sees no conflict between civil liberties and sound public health policies. Nor is it alone. Public health officials overwhelmingly oppose mandatory testing and contact-tracing. They believe that such programs would make it harder, not easier, to limit the spread of acquired immune deficiency syndrome.

People understandably panic when they first confront the policy issues related to acquired immune deficiency syndrome. The disease is fatal, it has no cure or even a successful treatment and it is communicable. Worse, it is heavily stigmatized by prejudice toward homosexuality. In a situation of panic, and with an easily-identifiable scapegoat group available, people often grasp at what seem to be simple and clear-cut answers — even if those answers are wrong.

So the assumption is intuitively made that forced testing will be effective in preventing the spread of the AIDS virus. In fact, this is a field in which coercion would almost certainly backfire.

Our only protection against AIDS now is preventing the spread of the virus. Successful prevention efforts depend on reaching as many people as possible with accurate information about the disease and on persuading them to make appropriate changes in their behavior. Mandatory testing would not achieve that end. It would only drive people away from health authorities, which is the reason that most public health officials oppose it.

What public health officials want is more voluntary testing. And they want to be able to assure people who do come in that they will not face punitive sanctions like quarantine, or have their names entered into a government computer, or suffer the loss of jobs or housing or health insurance. Such consequences subvert the very efforts we need most strongly to promote. One of the greatest tragedies of AIDS is that so many have died because this disease and basic information about it have been forced into a medical underground. We desperately need to bring people forward not drive them away.

It is for these reasons that the conflict between civil liberties and public health is often more perceived than real. The Centers for Disease Control, part of the United States Public Health Service, has just drafted a major set of recommendations for AIDS-related testing programs. Its major finding is that all such testing should remain voluntary. The Surgeon General of the United States has taken the same position, as has the American Public Health Association and virtually every public health official in the country.

The American Civil Liberties Union's policy on AIDS is consistent with public health interests. We favor broad access to testing on a voluntary basis, anonymously if possible but with confidentiality assured. We have filed lawsuits both to protect individual rights and to force government to do more to educate the public about the risks of AIDS. We have also called for strong anti-discrimination laws to help counter the stigma and prejudice that has crippled much of the prevention work.

We do not apologize for our concern for traditional rights. Privacy is not something to be easily set aside during moments of hysteria. Nor is it merely an abstract legal principle, to be debated and dissected by lawyers. Widespread mandatory testing of the general population, where the incidence of AIDS is still very small, would inevitably result in a large number of false positives, perhaps as much as 28 percent, according to a forthcoming study from the Harvard School of Public Health. The consequences to those people falsely identified are not trivial and should concern us all.

Unfounded fear often leads us to abandon our concern for individual rights and to embrace policies that falsely promise deliverance. Mandatory testing and contact-tracing will not deliver us from the threat of AIDS. To argue otherwise is counterproductive to both public health and civil liverties.

Ira Glasser is executive director of the American Civil Liberties Union.

New York Times, May 23. 1987

S.F. Chronicle Monday, June 22, 1987

Gay Leader Praises AMA's AIDS Stand

United Press International

Chicago

A gay rights leader applauded the American Medical Association's comprehensive draft report on AIDS testing, which he said yesterday "adds another reasoned voice to our side."

"For the most part, we're very pleased," said Jeffrey Levi of the National Gay and Lesbian Task Force in Washington. "To be honest, I think they took a more cautious approach on several issues than I would have expected, but I think that was wise."

The AMA board of trustees issued 17 recommendations Saturday, rejecting expanded mandatory testing for the AIDS virus and urging that a routine screening program be voluntary.

The recommendations, subject to ratification by the AMA House of Delegates this week before they become official policy, differ from recent Reagan administration proposals, particularly on how to conduct routine, voluntary testing and who should recieve it.

"It's becoming more and more clear the Reagan administration is becoming isolated from all responsible public health voices," Levi said. "They won't listen to their own Public Health Service, but maybe because the AMA is more conservative, they'll listen to them.

"It's good to add another reasoned voice to our side."

The board said that mandatory testing should be limited to groups in which it "serves well-established and well-accepted protection goals." At present, it said, these groups are prisoners, immigrants and the military, as well as donors of blood, organs, semen and other biological products.

Although the virus that causes acquired immune deficiency syndrome is primarily confined to homosexuals and intravenous drug users in the United States, the AMA board said that mandatory testing of these groups "will only drive people underground and away from the health care system."

Instead, the report said, physicians should counsel people from these groups, as well as pregnant women and surgical patients from high-risk areas, to seek such testing. The cost of AIDS tests should be subsidized for those who cannot afford them, and all health workers should be trained to do appropriate counseling, the board said.

The report also encouraged physicians to recommend testing for couples seeking marriage licenses if their personal histories suggest a risk, but said that routine voluntary testing is not warranted for this low-risk population.

The AMA governing board did call for routine voluntary testing at Planned Parenthood and other clinics that deal with drugs or sexually transmitted diseases, but only when there is informed consent of the subject, who would have a right to refuse.

"This is quite different from what the government is proposing," Levi said. "Their idea of routine, voluntary testing is they won't do it if you object, but they won't tell you they're doing it, either."

The AMA trustees stressed protection of the infected person's rights, including confidentiality of results and the expansion of anti-discrimination statutes to include people carrying the AIDS virus.

But they strongly urged further measures to prevent spread of the deadly disease and said that unsuspecting sexual partners of those who test positive should be contacted.

S.F. Chronicle, Aug. 13. 1987

Kansas Lab Finds Profits in AIDS Testing

A Midwestern laboratory that holds the greatest share of AIDS testing for the nation's life insurance companies has caught the attention of Wall Street. Since its initial public offering last month, investors have driven its stock price up 57 percent.

Home Office Reference Laboratory, a Lenexa, Kan., lab that performs blood testing for 800 life insurers, went public at $18 a share on July 22, and traders quickly drove the price up to $25. The stock peaked on Monday at 30, and has since fallen back to 28¼ in over-the counter trading.

The offering raised a total of $103.5 million, of which $96.9 million went to parent company Business Men's Assurance Company of America, also of Lenexa. The insurance firm has operated the laboratory for 15 years and retains a 67 percent stake in the newly public subsidiary.

AIDS testing has played a major role in the laboratory's growth and its attractiveness to investors. The tests provided $1 million in revenues in the first quarter, up from $263,000 in the year-earlier period.

The laboratory performs T-cell testing for California insurers, who are prohibited by law from using the AIDS antibody test to screen new customers.

AIDS tests comprise 17 percent of all blood work performed by the laboratory.

The company is also benefiting from decisions by insurers to increase the number life insurance policies that routinely require blood testing. Two years ago, an insurer typically would only require a blood test if the policy death benefit was $1.5 million or greater. Today, the median value of a policy requiring routine testing is down to $300,000. And many life insurance companies now require tests for policies paying as low as $100,000.

During 1986, Home Office Reference Laboratory reported earnings of $3.1 million (21¢ a share) compared to $1.4 million (10¢) in 1985. Total revenues last year were $16.5 million, a 57 percent rise over sales of $10.5 million in 1985.

— Sabin Russell

Teen exposed to AIDS virus is placed under quarantine

The Associated Press

PENSACOLA, Fla. — A 14-year-old who has been exposed to the AIDS virus has been placed in a psychiatric hospital under what is apparently the state's first quarantine order involving the disease.

Escambia Circuit Judge William Frye ordered the boy confined to University Hospital last week after a Department of Health and Rehabilitative Services counselor told him the boy is sexually active and presents a public health risk.

Frye issued his order on an emergency basis, without a hearing, and will review his decision at a hearing Tuesday.

Joyner Sims, administrator of the state AIDS program in Tallahassee, said Thursday he believes it is the first quarantine order in Florida involving AIDS.

"This is perhaps the most outrageous thing I've ever heard of as a panic response to AIDS, and, believe me, I've heard everything," said Ben Schatz, director of the National Gay Rights Advocate's AIDS Civil Rights Project in San Francisco.

State officials, however, said they had no choice.

Other reasonable means of correcting the problem had been exhausted and no less restrictive alternative than University Hospital existed, health department lawyer Rodney M. Johnson said. The boy is sexually active and stayed away from his home two to three nights every week, according to the department.

Connie Ruggles, a department spokeswoman in Tallahassee, said the agency is attempting to find an alternative to University Hospital.

S.F. Chronicle, June 15. 1987

Facing the Nation

Helms Advocates AIDS Quarantine

Chronicle Wire Services

Washington

A quarantine of people who test positive for AIDS infection is the way to halt the spread of the deadly disease, Senator Jesse Helms, R-N.C, said yesterday.

Helms appeared on CBS's "Face The Nation" program after Education Secretary William Bennett, who suggested that prison inmates infected with the AIDS virus should be kept in custody after serving their sentences if they threaten to spread the disease to the general population in order to take "revenge on society."

Helms, who is sponsoring a bill calling for mandatory testing in some cases, said the logical outcome of testing is a quarantine of those found to be infected with the virus, which causes acquired immune deficiency syndrome.

"I may be the most radical person you've talked to about AIDS," Helms told interviewer Lesley Stahl. "But I think somewhere along the line that we're going to have to quarantine if we are really going to contain this disease. We did it back with syphilis, did it with other diseases, and nobody even raised a question about it."

Health authorities have said that the presence of the virus in the blood does not necessarily mean a person will develop AIDS.

Bennett, also an advocate of testing, said prison inmates who test positive for AIDS should be kept in isolation while in jail and he suggested that AIDS might be cause to keep a prisoner confined beyond the end of his sentence.

"Supposing that person says, 'Now, when I go . . . I'm going to take my revenge on society,' I think this is a hard question for us, and you may want to hold onto them," the education secretary said.

Bennett said he did have "difficulty" with the civil rights issue involved in his proposal, but added, "I have difficulty with the guy I saw on TV who said, 'I'm mad at society, I'm going out and I'm going to infect everyone I can.' Society has to respond to that."

Senator Lowell Weicker, R-Conn., debated Bennett, saying the emphasis on testing is misplaced.

"The emphasis should be placed on research and education," Weicker said in his appearance with Bennett.

The senator, calling the Reagan administration "pinch-penny," said it has "consistently underfunded research and underfunded education."

Bennett said the Reagan administration supports fighting AIDS with research and education as well as testing.

V. POSITIVE DEVELOPMENTS ON THE NATIONAL LEVEL

While President Reagen and his Cabinet have, so far, failed to provide the national leadership necessary for effective AIDS prevention in the U.S., a number of positive developments have occured on the national level. Especially the Centers for Disease Control (CDC) in Atlanta GA continue to initiate and coordinate valuable projects. In addition, there is a National AIDS Network located in Washington D.C. which collects and distributes information about and to local programs around the country. Moreover, the American College Health Association (ACHA) has issued a special report and stands ready to assist local educational institutions with their AIDS programs. Finally, a large number of public and private organizations around the country have collaborated in preparing an ambitious "AIDS Awareness Month" in October, 1987. This project is intended to act as a catalyst for a great variety of prevention efforts in all states of the Union.

1. CDC PROGRAMS

As documented in my previous report of April 30, 1987 (pp. 31-73), the Centers for Disease Control (CDC) in Atlanta GA have embarked on a number of practical prevention efforts. They continue to the present day and are now being augmented by additional programs.

The most important CDC program in AIDS prevention may well be the series of courses under the title "Training the Trainers." They are described in detail in my previous report (pp. 31-33). There is no need to update this information.

The following is a brief description of one flourishing present program and four new projects or services, some of which may still be modified or even abandoned.

NATIONAL COORDINATION OF AIDS EDUCATION IN SCHOOLS

The CDC's most successful program is perhaps The AIDS/School Health Program (see previous report pp. 71-73). The following pages reproduce the latest status report. The detailed program announcement is attached to the present report under separate cover (see Printed Material).

STATUS REPORT 9/16/87

School Health Education to Prevent the Spread of AIDS Program

Centers for Disease Control
Center for Health Promotion and Education
Office of School Health and Special Projects

1. National Programs for School Health Education to Prevent the Spread of AIDS

Cooperative agreements will be awarded to national organizations that have the organizational capacity, experience, and constituencies to help schools in communities across the Nation provide effective education about AIDS. Applications for cooperative agreements were received from 34 national organizations on July 15, 1987. These applications were reviewed on August 5, 1987, and cooperative agreements will be awarded to approximately 15 national organizations in September. Awards totaling approximately $1.8 million will be provided for approved applications of at least:

Five national organizations that serve the educational needs and interests of Black and/or Hispanic youth.

One national organization that represents college health services.

Two national organizations that represent State Education Agencies.

Seven national organizations that propose programs to increase the number of schools and agencies serving out-of-school youth that provide effective AIDS education.

A national coalition of these and other private and public sector organizations will convene periodically to plan complementary activities, avoid duplication, and implement a national (instead of Federal) program.

2. State and Local Programs for School Health Education to Prevent the Spread of AIDS

Cooperative agreements will be awarded to assist State and local education agencies that serve jurisdictions with high cumulative incidence of reported AIDS cases to provide intensive education for school-age populations in these high risk areas. Each education agency will be required to work with its corresponding health department. Applications for cooperative agreements were received from 19 State Education Agencies (SEAs) and 17 Local Education Agencies (LEAs). These applications were reviewed on August 5, 1987. Awards totaling approximately $4.6 million will be provided to approximately 15 SEAs and 12 LEAs in September.

3. Training/Demonstration Programs for School Health Education to Prevent the Spread of AIDS

Additional support will be provided to State and local education agencies that are funded to implement AIDS education programs, to also establish training and demonstration projects. These projects will provide training and demonstrate a variety of learning experiences for AIDS prevention to educators from schools and other agencies throughout the Nation. Applications for the optional Training/Demonstration Programs were received on July 15, 1987, from five SEAs and three LEAs as part of their applications for State and Local Programs for School Health Education to Prevent the Spread of AIDS. These applications were reviewed on August 5, 1987. Awards of approximately $250,000 each will be provided to fund approximately three Training/Demonstration Programs.

4. Development/Dissemination of Materials

Assistance will be provided to assure that relevant private sector organizations can develop, evaluate, and disseminate a variety of accurate and effective AIDS education curricula and materials. There are several activities underway as part of this component.

The AIDS School Health Education subfile, part of the Combined Health Information Database (CHID), became operational in late April 1987. The annotated bibliography contains abstracts of curricula, policies, teaching materials, program descriptions, and by year's end, will consist of approximately 400 entries. The subfile provides educators across the Nation with easy access to a wide variety of AIDS education materials developed at the national, State, and local levels.

Contract proposals for integrating AIDS information into two comprehensive school health curricula, **Growing Healthy** and **Teenage Health Teaching Modules**, have been received from two organizations. A contract will be awarded to one organization in September 1987.

The American Council of Life Insurance and the Health Insurance Council of America with the technical assistance of CDC have produced and are disseminating a brochure entitled "Teens and AIDS: Playing It Safe."

Financial support has been provided to the National Education Association for the development and publication of a report to help teachers educate students about AIDS and involve the community in determining appropriate and effective AIDS education strategies. The report will be completed in September 1987.

5. Research/Evaluation

CDC will compile, synthesize, apply, and disseminate the results of research that could improve the effectiveness of school health education to prevent the spread of AIDS.

Partial financial and technical support for the National Adolescent Student Health Survey (NASHS) has been provided to examine the health-related knowledge and attitudes of the Nation's youth. The survey includes a number of questions on AIDS. Approximately 13,000 eighth- and tenth-grade students across the Nation will participate in the survey in October 1988.

In order to establish a National Agenda for Behavioral Research to Control the AIDS Epidemic, the SHEPSA program, in cooperation with the National Institute on Drug Abuse, the National Institute for Child Health and Human Development, and the National Institute on Mental Health will award a contract in September to provide for a systematic and expeditious description of the most important behavioral research that has been conducted, that is being conducted, and that should be conducted to control the AIDS epidemic. This report will be outlined and prepared under the supervision of an appropriate panel of the Nation's most qualified and eminent scientists and will provide a common frame of reference and useful source of information for scientists, educators, and the general public.

REQUEST FOR A REPORT ON CURRENT RESEARCH

The CDC, mindful of its obligation to provide national direction in AIDS prevention efforts, has, in the meantime, approached the National Academy of Sciences with a "Request for a Report on Current Behavioral Research Relevant to Fighting AIDS." The project is, at this time, still in the planning stages, but a preliminary document outlining its scope is reproduced on the following pages.

National Academy of Sciences

Statement of Work

CDC's Request for Report on Current Research

A. Background. It has been estimated that between 1,000,000 and 1,500,000 Americans are currently infected with the AIDS virus. By 1991, about 179,000 Americans will have died as a result of AIDS; and between 50,000,000 and 100,000,000 million people will be infected worldwide. Most scientists agree that a safe and effective vaccine or treatment will not be available for at least the next several years.

The AIDS virus is spread in the United States almost exclusively through specific behaviors: i.e., sexual intercourse, illegal intravenous drug abuse, and perinatal transmission. Thus, education programs could be successful in controlling the AIDS epidemic, if they were designed to be effective in influencing specific behaviors associated with transmission of the virus, and possibly in influencing specific behaviors that may be found to be associated with manifestation of human immunodeficiency virus (HIV)-related diseases among those infected.

The following related types of behavioral research are required: (1) research is required to understand relationships between specific behaviors and consequent disease (e.g., as measured by seroprevalence, type of pathology; etc.) and (2) research is required to understand relationships between specific behaviors and the determinants of those behaviors (e.g., specific knowledge, beliefs, attitudes, and skills; social support; etc.). The effectiveness of educational programs to control the spread and impact of AIDS will depend on the expedition, efficiency, coordination, dissemination, and widespread application of research conducted by behavioral scientists in both the public and private sectors.

Given the rapid and highly fatal spread of the AIDS virus, many agencies in the public and private sectors are developing educational programs to influence, and research projects to understand, behaviors associated with transmission of the virus or manifestation of the disease. Understandably, many of these agencies are not yet adequately informed about similar programs or research being conducted by other agencies. More importantly, there has been little if any discussion or agreement about which behavioral relationships or populations should be of greatest priority to be addressed; or about how to operationally define each behavior and population so that behavioral scientists and educators alike can compare the results of their research and programs. Similarly, although a substantial amount of research has been conducted during the past 20 years about many behaviors that now are associated with transmission of the AIDS virus (e.g., research about first intercourse, contraception, sexually transmitted diseases, or pregnancy among teenagers and young adults), that research has not been compiled and synthesized specifically to help relevant agencies to design and implement more effective AIDS education programs.

Perhaps more importantly, while some researchers within the Public Health Service (PHS), in colleges and universities, and in private sector research and development agencies, are beginning to pursue various isolated studies, there is no communication or agreement about behavioral research that could have the greatest impact on controlling the AIDS epidemic. In addition, there is no agreement about means that should be used to assess the effectiveness of our educational programs in controlling the AIDS epidemic. There has been little discussion, for example, about the extent to which the impact of AIDS education programs should be determined by changes in AIDS knowledge and

beliefs, self-reported behavioral changes, changes in sentinel indicators (such as rates of sexually transmitted diseases), or changes in seroprevalence rates to determine the impacts of our educational programs.

These issues are all the more difficult to address and resolve because: (a) the behaviors that spread the disease or possibly may result in its manifestation among those infected, (sexual intercourse, illegal intravenous drug use, and perinatal transmission of infection), are private and value-laden; and, (b) the role of government in providing education to influence, and perhaps measure, such behaviors is controversial.

Within the Federal government, the AIDS Program within the Center for Infectious Diseases at the Centers for Disease Control (CDC) has considerable responsibility for determining relationships between various behaviors and infection with (HIV), and for determining relationships between various behaviors and manifestation of HIV-related diseases among those infected.

CDC also has been charged with the responsibility for developing and implementing information and education programs to control the spread and impact of AIDS in the United States. The Deputy Director for AIDS serves as Chairperson of the AIDS Information & Education Committee for the Federal Intergovernmental Task Force on AIDS. Staff in the Office of the Deputy Director for AIDS are responsible for implementing the National AIDS Information & Education Program. Staff in the Center for Prevention Services are responsible for enabling State and local health departments throughout the United States to implement community AIDS Health Education & Risk Reduction Programs. Staff in the Center for Health Promotion & Education are

responsible for enabling schools, and other agencies that serve school- and college-aged populations throughout the United States, to provide effective education to prevent the spread of HIV. Staff of the National Center for Health Statistics are involved in various activities to assess the prevalence of behaviors associated with the transmission and manifestation of HIV-related diseases, in assessing the prevalence of determinants of those behaviors, and in assessing the consequences of those behaviors.

Other PHS agencies that are significantly involved in (a) developing educational interventions to influence behaviors associated with spread of HIV, or manifestation of HIV-related disease among those infected, and (b) conducting research about these behaviors include at least the following: National Institutes of Health (National Institute for Child Health & Development; National Institute of Allergy and Infectious Diseases); Alcohol, Drug Abuse, & Mental Health Administration (National Institute of Mental Health; National Institute on Drug Abuse); Health Resources & Services Administration; and, Office of the Assistant Secretary for Health (Office of the PHS AIDS Coordinator).

B. Project Objectives. The purpose of this contract is to systematically and expeditiously describe, in a report suitable for publication, the most important behavioral research that has been conducted, that is being conducted, and that should be conducted to control the AIDS epidemic. The report will be outlined and prepared under the supervision of, an appropriate panel of the Nation's most qualified and eminent scientists. The report will be developed with appropriate input from those who have significant responsibility for and experience in conducting and evaluating the impact of

educational programs to influence behaviors associated with transmission of the AIDS virus. In addition input from those who have significant responsibility for and experience in conducting research about behaviors associated with transmission of the AIDS virus will be provided. The report thus will be developed with input from Federal, State, and local government personnel; academicians; representatives of the World Health Organization; private research and development organization personnel involved in AIDS education or behavioral research; and others who may have relevant responsibilities or experience. The report will be prepared to provide a common frame of reference and useful source of information for these groups, as well as for the public.

C. Scope of Work. The contractor shall, as an independent organization and not as an agent of the government, provide the necessary personnel, supplies, and equipment to systematically and expeditiously describe, in a report suitable for publication, the most important behavioral research that has been conducted, that is being conducted, and that should be conducted to control the AIDS epidemic.

To prepare the report, the contractor will convene an appropriate panel of the Nation's foremost scientists, and will utilize the existing procedures and agencies established within the National Academy of Sciences for advising the Federal government about science and public policy.

D. Detailed Technical Requirements. More specifically, the contractor shall conduct the following activities in the following sequence:

1. Delineate behaviors associated with transmission of HIV in the United States; and operationally define each behavior with terms to make it most meaningful and feasible to measure.

2. Synthesize research that has been, and is being conducted, to describe relationships among (a) these behaviors, (b) HIV infection, and (c) the manifestation of HIV-related diseases. Summarize the most important findings of this synthesis.

3. Delineate populations at risk of becoming infected with HIV in the United States; and operationally define each population with terms to make it most meaningful and feasible to measure.

4. Identify and describe systems that have been, are being, or should be developed to provide important data about the nature and distribution of, and risk posed by, each behavior among populations at risk over time.

5. In rank order of importance, identify priority behaviors within and across populations that would be most important to address to reduce the transmission and impact of the AIDS epidemic in the United States. Substantiate the rank order designated for the priority behaviors.

6. Synthesize research that has been, and is being conducted, to describe relationships between (a) behaviors associated with HIV infection, and (b) determinants of those behaviors; and (c) between behaviors possibly associated with manifestation of HIV-related diseases among those infected, and (d)

determinants of those behaviors. Include in the synthesis, research conducted to assess the effectiveness of interventions designed to influence these behaviors. Summarize the most important findings of this synthesis, identifying determinants upon which educational programs and behavioral research might focus most efficiently.

7. Identify and describe the most important impediments to implementing effective educational programs to influence, and research to understand, behaviors associated with HIV infection, and behaviors possibly associated with manifestation of HIV-related diseases among those infected. In rank order of importance, recommend specific means to redress each impediment.

8. Describe means available to evaluate the impact of educational programs implemented, and describe the advantages and disadvantages of each means. Recommend feasible procedures and activities that would enable various agencies to appropriately evaluate the impact of educational programs designed to influence behaviors associated with spread of HIV, or to influence behaviors associated with manifestation of HIV-related diseases among those infected.

9. In rank order of importance, recommend an agenda of priority behavioral research activities that would contribute most to designing, implementing, and evaluating the impact of effective interventions to reduce the spread and impact of HIV. Substantiate the rank order designated for the priority activities.

E. Delivery Schedule. The following deliverables will be submitted in the time and manner specified in the following delivery schedule. Five copies of each deliverable shall be submitted to the project officer and one copy shall be submitted to contracting officer.

Quarterly Progress Reports

The contractor will submit quarterly progress reports to describe important issues that were addressed and work accomplished during the quarter, important issues to be addressed and work to be accomplished during the next quarter, and existing or anticipated problems that may influence performance.

Draft Plan

Within 30 days after authorization or award, the contractor will submit for approval by the project officer a draft plan to complete the proposed project, including at least the following: a list of the most qualified and eminent scientists proposed to serve on the panel; qualifications of those proposed to staff the project; means to assure appropriate project liaison with relevant Federal agencies; means to assure meaningful input from important government and nongovernment agencies; a list of project activities and a schedule for completing them; and, a description of means by which the final report might be published and disseminated. The draft plan will be presented at a meeting of Federal liaisons to the project, and will be reviewed by the liaisons. Reviews of the project officer and Federal liaisons will be sent to the contractor within 45 days after authorization or award.

Final Plan

Within 60 days after authorization or award, a final plan to complete the proposed project will be submitted for approval of the project officer.

Draft Outline of Final Report

Within 90 days after authorization or award, a draft outline of the final report will be submitted for approval by the project officer. The draft outline will be presented at a meeting of Federal liaisons to the project, and will be reviewed by the liaisons. Reviews of the project officer and Federal liasions will be sent to the contractor within 105 days after authorization or award.

Final Outline of Final Report

Within 120 days after authorization or award, a final outline of the final report will be submitted for approval by the project officer.

Draft of Final Report

Within 270 days after authorization or award, a draft of the final report and draft publication plan will be submitted for approval by the project officer. The draft of the final report and draft publication plan will be presented by members of the expert panel at a meeting of Federal liaisons to the project and other senior Federal officials, and will be reviewed by the liaisons. Reviews of the draft final report and draft publication plan by the project officer and Federal liaisons will be sent to the contractor within 300 days after authorization or award.

Final Report

Within 330 days after authorization or award, the contractor shall submit the final report and final publication plan for approval by the project officer.

Final/Publishable Report

Within 365 days after authorization or award, a final report for publication, with all the changes recommended by the project officer, shall be submitted.

INFECTION PREVALENCE SURVEY

A project which did not originate with the CDC, but was rather requested by Federal Administration officials, is a possible study of seroprevalence (HIV-infection) in the general population. Many public health professionals feel that such a survey is unnecessary, will lead to a waste of scarce financial resources, and will be extremely difficult to conduct. Moreover, it is quite unclear what would be done with the results.

A truly representative, large survey may take two years to complete and may cost more than $ 30 million. Many experts are convinced that the results are both predictable and meaningless.

Conducting such a survey is by no means as simple as taking an opinion poll. After all, it involves the anonymous drawing of blood from thousands of citizens in their homes. (How anonymity could be maintained under such circumstances is a problem in itself.) Furthermore, delicate questions about possible risk factors -- IV drug use and risky sexual behavior -- would have to be asked. Quite a number of interviewees might be reluctant to answer such questions in the presence of other family members.

It is also ironic that this survey is being demanded at a time when the CDC is "drowning in data." Indeed, CDC researchers already now possess all epidemiological information necessary for an effective prevention policy. The fact that such a policy is not being carried out in an adequate fashion is not due to a lack of epidemiological information but due to political interference. (The issue was well described and documented by B.D. Colen, the science editor at Newsday.)

The entire matter is still under discussion at the present time, and no definite action has been taken. If the survey is conducted at all, it may well be scaled down and modified in various ways. For example, it may be restricted to ca. 30 metropolitan areas (15 of those with a high seroprevalence and 15 with a low one). There, the actual data collection may restrict itself to STD clinics, drug abuse clinics and hospitals. Even under those modified conditions, the duration and cost of the research project remain unclear at the moment.

(It should be mentioned in this context, that the U.S. Public Health Service has been in the habit of conducting national surveys every 5 to 10 years. However, it is unclear whether and how questions relating to HIV-infection could be included in future such surveys.)

2. THE NATIONAL AIDS NETWORK

In the meantime, a National AIDS Network has been formed. Located in Washington D.C., it has a board of directors drawn from all parts of the country. As the name of the organization indicates, its aim is to facilitate information among groups and agencies working on AIDS-related issues. In early October, 1987, the AIDS Network organized a two-day conference in Washington D.C. sponsored also by the CDC and two additional health associations. Since the conference had model character, its program and working papers are attached in full to the present report (see Printed Material).

The Network's address is:

National AIDS Network
1012 - 14th Street N.W., Suite 601
Washington DC 20005
Tel. (202) 347-0390

3. THE AMERICAN COLLEGE HEALTH ASSOCIATION

The American College Health Association (ACHA), a national organization serving American colleges and universities, established a Task Force on AIDS in 1985. As a result of this initiative, it was able to publish a special report the following year. This report, with the title AIDS on Campus, might well be used as a model for similar publications in other Western industrialized countries. It is therefore attached in full to the present report (see Printed Material).

The report can also be obtained from:

American College Health Association
15879 Crabbs Branch Way
Rockville MD 20855
Tel. (301) 963-1100.

ACHA also provides videos, brochures and television programs on AIDS to its members and affiliates. The following pages are taken from an ACHA sales brochure.

"Education is the only defense we have...We could stop the spread of the virus tomorrow if people listened to us...There have to be very heavy educational campaigns aimed at students and faculty members. We have got to get the word out."

—**Mervyn Silverman, M.D., M.P.H.**
President
American Foundation
for AIDS Research,
as quoted in the
Chronicle of Higher Education,
February 11, 1987

"A rational approach to the AIDS crisis requires full and accurate information for policy development, effective systems for educating students and campus personnel, and flexibility in dealing with the multitude of human relations concerns which are involved."

—Foreword
AIDS on the College Campus: ACHA Special Report

"Acquired Immune Deficiency Syndrome (AIDS) raises complex medical, educational, emotional, and procedural issues for higher education. While these issues may cause discomfort and uncertainty for some, colleges and universities cannot be complacent about addressing this serious threat. The American College Health Association provides authoritative leadership, enabling institutions of higher education to effectively confront this challenge."

—**Robert Atwell**
President
American Council on Education

The American College Health Association (ACHA) is a non-profit organization serving the interests of professionals and students in health and higher education. Dedicated to quality health care and health promotion on college and university campuses, ACHA offers educational materials to assist you in "getting the hard facts out" about timely health issues.

Through the work of the ACHA Task Force on AIDS, and in cooperation with other organizations, ACHA directly addresses sensitive issues such as AIDS and other sexually transmitted diseases. Up-to-date educational materials feature plain language and are attractively designed to appeal to young adults.

As an administrator, educator, counselor, or health care worker you need to respond to these complex issues. ACHA will help you respond effectively.

Videos

"*PEOPLE LIKE US* is the best videotape I have seen at getting across the point that if you are sexually active, you are at risk for STDs."

—Glen Gilbert, Ph.D.
Chair, Department of Health Education, University of Maryland

People Like Us

NEW IN 1987

Sexually transmitted diseases can happen to anyone. Through the dramatic experiences of several young people, this 22-minute film explores the realities of sexual behavior, relationships, and the sensitive issues of sexually transmitted diseases. In a direct and innovative format designed to appeal to young adults, "People Like Us" reinforces the importance of communication, early treatment, and prevention, while helping viewers realize that they too are at risk. Suitable for college and high school students. Discussion guide included. Produced by HealthVisions Inc., in cooperation with the American College Health Association.

VHS ½"
Item No. AV02
Member Institutions: $295.00
All Others: $345.00

AIDS: Reducing the Risks

NEW IN 1987

An informative, 35-minute videotape focusing on AIDS prevention for young adults. Up-to-date facts about AIDS transmission and prevention. Chairman of the ACHA Task Force on AIDS, Richard P. Keeling, M.D., explains how individuals can reduce the risks of AIDS by taking control of their personal behaviors. Appropriate for use as an introduction to stimulate discussion about risk reduction and safe sex. Suitable for college and high school students.

VHS ½"
Item No. AV01
Member Institutions: $110.00
All Others: $150.00

The AIDS Dilemma: Higher Education's Response

A 90-minute videotape featuring Richard P. Keeling, M.D., chairman of the ACHA Task Force on AIDS. This in-depth, candid film covers the history and development of the AIDS dilemma: information on diagnosis, treatment, and prevention: implications for institutions of higher education: and recommendations on policy and action appropriate for such institutions. Produced jointly with Region IV-West of the National Association of Student Personnel Administrators.

VHS ½"
Item No. AV04
ACHA and NASPA Member Institutions: $ 75.00
All Others: $100.00

Preview Offer

Take the guesswork out of choosing a video. Preview both "People Like Us" and "AIDS: Reducing the Risks" on one promotional videotape before you make your purchase. If after viewing this tape, you decide to purchase either film, return the preview tape with your order, and your preview price will be applied to the full purchase price.

VHS ½" *Item No. AV03* ***Members and Non-Members: $ 25.00***

:ollege Satellite Network Clears the Air(waves) on AIDS and Sexually Transmitted Diseases

CSN's September 30 "Sex On Campus" broadcast can be the catalyst for your campus AIDS prevention program. The iming for this live, interactive television program could not be more appropriate: October has been designated AIDS education month!

You won't find a more effective way to initiate a vention program for AIDS and sexually transmitted ases than the College Satellite Network (CSN)'s program. x On Campus."

Broadcast live via satellite on Wednesday, September 30. 7, 8–10:00 p.m. EST, "Sex On Campus" will present some America's leading medical authorities, who will provide dents with clear and accurate information about AIDS l other sexually transmitted diseases. Included among se scheduled to appear are Dr. Richard Keeling, chairman he ACHA Task Force on AIDS: Education and rmation Program Director Paula Van Ness of the Centers Disease Control; and Surgeon General C. Everett Koop ited but not yet confirmed).

These prestigious health professionals will be joined by l-known entertainers, government officials, and other sonalities who are concerned about the problem. Their sence will broaden the program's appeal among students.

In addition to the two-hour broadcast, which your pus can receive live or on videotape, you will receive fessionally prepared promotional and educational terials to raise student interest, viewer guides, and plemental activities to be conducted before and after the gram.

"Sex On Campus" is one of six loration Series events broadcast by the lege Satellite Network to over 500 liate campuses. For more information ut this and other CSN programs, call 00-323-4222.

CSN

COLLEGE SATELLITE NETWORK, INC.

Order Information

Videos

Quantity	Item	Price ACHA Member Institutions	Price All Others
____	AV01 AIDS: Reducing the Risks	$110.00	$150.00
____	AV02 People Like Us	$295.00	$345.00
____	AV03 Preview	$25.00	
____	AV04 The AIDS Dilemma: Higher Education's Response	$ 75.00	$100.00

Brochures

		Quantity		
____	HS01 Making Sex Safer	1–99	$.40	$.50
		100–999	.20	.25
____	HS03 Safe Sex	1000 plus	.15	.20

		Quantity		
____	HS05 AIDS... What Everyone Should Know	1–99	$.30	$.45
		100–499	.18	.25
		500–999	.15	.20
		1000 plus	.12	.18

Special Publications

____	SP03 AIDS on the College Campus: ACHA Special Report (Quantity discounts available)	$5.00	$7.50

☐ Please send me a complete catalog and order form of other ACHA educational materials.

Total from above $_____

Add 5% Shipping and Handling _____

Total enclosed $_____

All orders must be prepaid unless accompanied by written purchase order. Ship to:

Name_____

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_____

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State_____ Zip_____

Telephone (_____)_____

Please allow 4 weeks for delivery of your order.

American College Health Association
15879 Crabbs Branch Way
Rockville, MD 20855
(301) 963-1100

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4. OTHER PROJECTS

Today, in the fall of 1987, the original trickle of AIDS information has become a flood. It is scarcely possible for a single person or group of persons to keep track of its course. Simply collecting basic information about the information has turned into a full-time job. Similarly, there are now so many projects, programs, products and developments, that they cannot possibly be summarized, let alone discussed, in a report such as this.

Nevertheless, it may be useful to mention at least a few other relevant items. The selection is utterly arbitrary, but it can perhaps hint at the width of the spectrum of current American AIDS activities.

NATIONAL AIDS KNOWLEDGE AND ATTITUDE SURVEY

The U.S. Public Health Service is about to conduct a confidential national survey of AIDS knowledge and attitudes in the American population. This is done by means of a questionnaire which is reproduced on the following pages. Parts of it may be profitably copied in other countries.

NATIONAL AIDS CLEARINGHOUSE AND HOTLINE

Currently, plans are under way to establish both a National AIDS Information Clearinghouse System and an AIDS National Hotline. The first of these, which is expected to be operational by January 1, 1988 (at a cost of $ 3 million), the second was scheduled to begin operating by September 30, 1987 (at a cost of $ 4 million). The Hotline is designed to handle up to 7500 calls per day which can be switched in an instant to various local information and service agencies close to the caller. The Clearinghouse will sift, coordinate, and make available AIDS information to interested parties everywhere by means of a large computer-based information system.

Since no definite materials on these projects are available at this time, they will have to be included in the next update report. In the meantime, verbal information can be obtained from Timothy G. Baker, Information Services at the CDC (for a complete address see Personal Interviews at the beginning of this report).

OMB No. 0937-0021: Approval Expires March 31, 1988

Form HIS-1D (1987)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
ACTING AS COLLECTING AGENT FOR THE
U.S. PUBLIC HEALTH SERVICE

NATIONAL HEALTH INTERVIEW SURVEY

AIDS KNOWLEDGE AND ATTITUDES

NOTICE – Information contained on this form which would permit identification of any individual or establishment has been collected with a guarantee that it will be held in strict confidence, will be used only for purposes stated for this study, and will not be disclosed or released to others without the consent of the individual or the establishment in accordance with section 308(d) of the Public Health Service Act (42 USC 242m).

RT 92

1. Book ____ of ____ books — 3–7 — 8

2. R.O. number — 9–10

3. Sample — 11–13

4. Control number
PSU — 14–16 — Segment — 17–23 — Serial — 24–25

5. Beginning time — 26–29 — 30
1 a.m.
2 p.m.

6. NUMBER OF FAMILY MEMBERS 18 + YEARS OLD
(Record number of nondeleted family members 18 + years old.)

____ 31-32

Space 33-36

7. FINAL STATUS

0 ☐ No person 18 + in this family (Household Page)

Interview

1 ☐ Complete interview (all appropriate sections completed)

2 ☐ Partial interview (some but not all appropriate sections completed) – *Explain* ▶

Noninterview

3 ☐ Refusal *(Explain in Notes)*
4 ☐ SP temporarily absent
5 ☐ SP mentally or physically incapable
6 ☐ Other – *Explain* ▶

37

8. Ending time — 38–41 — 42
1 a.m.
2 p.m.

9. Interview mode — 43
1 ☐ Personal
2 ☐ Telephone

10. Language of interview — 44
1 ☐ English
2 ☐ Spanish
3 ☐ Both English and Spanish
8 ☐ Other

11. Interviewer identification — 45–46
Name
Code

TRANSCRIPTION FROM COMPLETED HIS-1

12. Sex of SP *(Page 2 or 55, question 3)* — 47
1 ☐ M
2 ☐ F

13. Education of SP *(Page 42 or 43, question 2a)* — 48–49
00 ☐ Never attended or kindergarten
Elem: 1 2 3 4 5 6 7 8
High: 9 10 11 12
College: 1 2 3 4 5 6 +

Finish grade/year *(Question 2b)* — 50
1 ☐ Yes
2 ☐ No

14. Main race of SP *(Page 42 or 43, question 3a/b)* — 51
1 2 3 4 5 – *Specify* ▶

15. Marital status — 52 *(Page 46 or 47, question 7)*
1 ☐ Married – spouse in HH
2 ☐ Married – spouse not in HH
3 ☐ Widowed
4 ☐ Divorced
5 ☐ Separated
6 ☐ Never married

16. Family income *(Page 46, question 8b)* — 53–54
00 ☐ A 07 ☐ M 14 ☐ O 21 ☐ V
01 ☐ B 08 ☐ I 15 ☐ P 22 ☐ W
02 ☐ C 09 ☐ J 16 ☐ Q 23 ☐ X
03 ☐ D 10 ☐ K 17 ☐ R 24 ☐ Y
04 ☐ E 11 ☐ L 18 ☐ S 25 ☐ Z
05 ☐ F 12 ☐ M 19 ☐ T 26 ☐ ZZ
06 ☐ G 13 ☐ N 20 ☐ U
(Transcribe from 8a if 8b blank)
27 ☐ $20,000 or more
28 ☐ Less than $20,000

17. Sample Person Number — 55–56 — ____

18. Sample Person Age — 57–58 — ____

19. Booklet type — 59
3 ☒ AIDS Knowledge and Attitudes

HIS-T-500
8/37

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Introduction: These next questions are to determine what people know about AIDS, also called Acquired Immunodeficiency Syndrome.

1a. When was the last time you saw, heard or read something about AIDS?

_____ number

001 ☐ Today
2 ☐ Days ago
3 ☐ Weeks ago
4 ☐ Months ago
5 ☐ Years ago
(2)

000 ☐ Never
999 ☐ DK when or DK disease
(1b)

60-62

1b. Have you ever heard of AIDS?

1 ☐ Yes
2 ☐ No
9 ☐ DK
(SKIP TO ITEM 28, Page 9)

63

2. Compared to most people, how much would you say you know about AIDS...would you say a lot, some, a little, or nothing?

1 ☐ A lot
2 ☐ Some
3 ☐ A little
4 ☐ Nothing

64

HAND CARD A

3. After I read each statement, tell me whether you think the statement is definitely true, probably true, probably false, definitely false or you don't know if it is true or false.

	Def. True	Prob. True	Prob False	Def. False	Don't Know	
a. AIDS is a disease caused by a virus.	1 ☐	2 ☐	3 ☐	4 ☐	9 ☐	65
b. AIDS can cripple the body's natural protection against disease.	1 ☐	2 ☐	3 ☐	4 ☐	9 ☐	66
c. AIDS is especially common in older people.	1 ☐	2 ☐	3 ☐	4 ☐	9 ☐	67
d. The AIDS virus can damage the brain.	1 ☐	2 ☐	3 ☐	4 ☐	9 ☐	68
e. AIDS usually leads to heart disease.	1 ☐	2 ☐	3 ☐	4 ☐	9 ☐	69
f. AIDS leads to death.	1 ☐	2 ☐	3 ☐	4 ☐	9 ☐	70

4a. Where do you get most of your information about AIDS? Any other sources? *(MARK ALL MENTIONED)*

If only one source or DK in 4a, mark box without asking and skip to 5a; otherwise ask:

4b. Of the sources you just told me, from which ONE do you get the MOST information?

All Sources	Main Source		
1 ☐	1 ☐	Television	71 | 91
1 ☐	1 ☐	Newspapers	72 | 92
1 ☐	1 ☐	Brochures/Fliers/Pamphlets	73 | 93
1 ☐	1 ☐	Clergy/Church	74 | 94
1 ☐	1 ☐	Doctor/HMO	75 | 95
1 ☐	1 ☐	Company or Industry Clinic	76 | 96
1 ☐	1 ☐	Hospital Emergency Room/OP Clinic	77 | 97
1 ☐	1 ☐	Other Clinic	78 | 98
1 ☐	1 ☐	Magazines	79 | 99
1 ☐	1 ☐	Medical Journals	80 | 100
1 ☐	1 ☐	Library	81 | 101
1 ☐	1 ☐	AIDS Hot Line	82 | 102
1 ☐	1 ☐	Public Health Dept. (Local/State)	83 | 103
1 ☐	1 ☐	Red Cross/Blood Bank	84 | 104
1 ☐	1 ☐	Radio	85 | 105
1 ☐	1 ☐	Relatives	86 | 106
1 ☐	1 ☐	Friends	87 | 107
1 ☐	1 ☐	School (Class/Clinic)	88 | 108
1 ☐	1 ☐	Other Source - *(SPECIFY)* _____ _____	89 | 109
1 ☐	1 ☐	Don't Know	90 | 110

5a. If you wanted more specific information about AIDS, where would you get it? Any other sources? *(MARK ALL MENTIONED)*

If only one place or DK in 5a, mark box without asking and skip to 6; otherwise ask:

5b. Which ONE source would you MOST likely use?

All Sources	Main Source		RT 93
1 ☐	1 ☐	Television	5 | 25
1 ☐	1 ☐	Newspapers	6 | 26
1 ☐	1 ☐	Brochures/Fliers/Pamphlets	7 | 27
1 ☐	1 ☐	Clergy/Church	8 | 28
1 ☐	1 ☐	Doctor/HMO	9 | 29
1 ☐	1 ☐	Company or Industry Clinic	10 | 30
1 ☐	1 ☐	Hospital Emergency Room/OP Clinic	11 | 31
1 ☐	1 ☐	Other Clinic	12 | 32
1 ☐	1 ☐	Magazines	13 | 33
1 ☐	1 ☐	Medical Journals	14 | 34
1 ☐	1 ☐	Library	15 | 35
1 ☐	1 ☐	AIDS Hot Line	16 | 36
1 ☐	1 ☐	Public Health Dept. (Local/State)	17 | 37
1 ☐	1 ☐	Red Cross/Blood Bank	18 | 38
1 ☐	1 ☐	Radio	19 | 39
1 ☐	1 ☐	Relatives	20 | 40
1 ☐	1 ☐	Friends	21 | 41
1 ☐	1 ☐	School (Class/Clinic)	22 | 42
1 ☐	1 ☐	Other Source - *(SPECIFY)* _____ _____	23 | 43
1 ☐	1 ☐	Don't Know	24 | 44

HAND CARD A

6. After I read each statement, tell me whether you think the statement is definitely true, probably true, probably false, definitely false or you don't know if it is true or false.

	Def. True	Prob. True	Prob. False	Def. False.	Don't Know	
a. A person can be infected with the AIDS virus and not have the disease AIDS.	1☐	2☐	3☐	4☐	9☐	45
b. You can tell if people have the AIDS virus just by looking at them.	1☐	2☐	3☐	4☐	9☐	46
c. ANY person with the AIDS virus can pass it on to someone else through sexual intercourse.	1☐	2☐	3☐	4☐	9☐	47
d. A pregnant woman who has the AIDS virus can give AIDS to her baby.	1☐	2☐	3☐	4☐	9☐	48
e. There is a vaccine available to the public that protects a person from getting the AIDS virus.	1☐	2☐	3☐	4☐	9☐	49
f. There is no cure for AIDS at present.	1☐	2☐	3☐	4☐	9☐	50

HAND CARD B

7. After I read each statement, tell me if you think it is very likely, somewhat likely, somewhat unlikely, very unlikely, definitely not possible or if you don't know how likely it is that a person will get AIDS or the AIDS virus infection that way.

How likely do you think it is that a person will get AIDS or the AIDS virus infection from. . .

	Very Likely	Somewhat Likely	Somewhat Unlikely	Very Unlikely	Not Poss.	DK	
a. receiving a blood transfusion?	1☐	2☐	3☐	4☐	5☐	9☐	51
What about . . .							
b. donating or giving blood?	1☐	2☐	3☐	4☐	5☐	9☐	52
c. living near a hospital or home for AIDS patients?	1☐	2☐	3☐	4☐	5☐	9☐	53
d. working near someone with AIDS?	1☐	2☐	3☐	4☐	5☐	9☐	54

How likely do you think it is that a person will get AIDS from...	Very Likely	Somewhat Likely	Somewhat Unlikely	Very Unlikely	Not Poss.	DK	
e. eating in a restaurant where the cook has AIDS?	1☐	2☐	3☐	4☐	5☐	9☐	55
f. kissing - with exchange of saliva - a person who has AIDS?	1☐	2☐	3☐	4☐	5☐	9☐	56
g. shaking hands with or touching someone who has AIDS?	1☐	2☐	3☐	4☐	5☐	9☐	57
h. sharing plates, forks, or glasses with someone who has AIDS?	1☐	2☐	3☐	4☐	5☐	9☐	58
i. using public toilets?	1☐	2☐	3☐	4☐	5☐	9☐	59
j. sharing needles for drug use with someone who has AIDS?	1☐	2☐	3☐	4☐	5☐	9☐	60
k. kissing on the cheek a person who has AIDS?	1☐	2☐	3☐	4☐	5☐	9☐	61
l. being coughed or sneezed on by someone who has AIDS?	1☐	2☐	3☐	4☐	5☐	9☐	62
m. attending school with a child who has AIDS?	1☐	2☐	3☐	4☐	5☐	9☐	63
n. mosquitoes or other insects?	1☐	2☐	3☐	4☐	5☐	9☐	64
o. pets or animals?	1☐	2☐	3☐	4☐	5☐	9☐	65
p. having sex with a person who has AIDS?	1☐	2☐	3☐	4☐	5☐	9☐	66

8. Have you ever heard of a blood test for infection with the AIDS virus? — 1☐ Yes, 2☐ No, 9☐ Don't Know } (15) — 67

9. Does this blood test tell whether a person has the disease AIDS? — 1☐ Yes, 2☐ No, 9☐ Don't Know — 68

10. If someone has a positive blood test for infection with the AIDS virus, does this mean that they can give someone else the AIDS virus through sexual intercourse? — 1☐ Yes, 2☐ No, 9☐ Don't Know — 69

11.	Have you had your blood tested for infection with the AIDS virus?	1 ☐ Yes 2 ☐ Yes, in blood donation/transfusion 3 ☐ No (12) 9 ☐ Don't know (12) } (15) 70
12a.	Have you thought about having this blood test?	1 ☐ Yes 2 ☐ No (15) 71
12b.	Do you plan to be tested in the next 12 months?	1 ☐ Yes 2 ☐ No 9 ☐ DK 72
13.	(If you were to be tested) Where would you go to have a blood test for the AIDS virus infection? (*MARK FIRST PLACE MENTIONED*)	00 ☐ Nowhere/wouldn't take test 01 ☐ AIDS Clinic 02 ☐ Company or Industry Clinic 03 ☐ Doctor/HMO 04 ☐ Hospital/emergency room/OP Clinic 05 ☐ Other clinic 06 ☐ Public Health Dept. 07 ☐ Red Cross/blood bank 88 ☐ Other (*SPECIFY*) _____ } (15) 73-74 99 Don't know (14)
14.	Where would you go to <u>find out where</u> to have this blood test? Anywhere else? (*MARK ALL MENTIONED*)	1 ☐ Nowhere 75 1 ☐ AIDS Hot Line 76 1 ☐ AIDS Clinic 77 1 ☐ Clergy/Church 78 1 ☐ Doctor/HMO 79 1 ☐ Friends 80 1 ☐ Hospital/emergency room/OP Clinic 81 1 ☐ Public Health Dept. 82 1 ☐ Red Cross/blood bank 83 1 ☐ Relatives 84 1 ☐ Other (*SPECIFY*) _____ 85 1 ☐ Don't know 86

15. Have you donated blood since January, 1985?	1 ☐ Yes 2 ☐ No 9 ☐ Don't know	87
16. Have you ever personally known anyone who had the blood test for the AIDS virus infection?	1 ☐ Yes 2 ☐ No 9 ☐ Don't know	88
17. What are the chances of <u>someone you know</u> getting the AIDS virus, would you say high, medium, low or none?	1 ☐ High 2 ☐ Medium 3 ☐ Low 4 ☐ None 7 ☐ Refused 9 ☐ Don't know	89
18. What are <u>your</u> chances of getting the AIDS virus, would you say high, medium, low or none?	1 ☐ High 2 ☐ Medium 3 ☐ Low 4 ☐ None 7 ☐ Refused 9 ☐ Don't know	90

19. Here are methods some people use to prevent getting the AIDS virus through sexual activity.

After I read each one, tell me whether you think it is very effective, somewhat effective, not at all effective or if you don't know how effective it is in preventing getting the AIDS virus through sexual activity.
How effective is . . .

	Very effective	Somewhat effective	Not At All	Don't know how effective	Don't know method	
a. Using a diaphragm?	1 ☐	2 ☐	3 ☐	4 ☐	9 ☐	91
b. Using a condom?	1 ☐	2 ☐	3 ☐	4 ☐	9 ☐	92
c. Using a spermicidal jelly, foam, or cream?	1 ☐	2 ☐	3 ☐	4 ☐	9 ☐	93
d. Being celibate, that is, not having sex at all?	1 ☐	2 ☐	3 ☐	4 ☐	9 ☐	94
e. Two people who do not have the AIDS virus having a completely monogamous relationship, that is, having sex <u>only</u> with each other?	1 ☐	2 ☐	3 ☐	4 ☐	9 ☐	95

20. Have you ever discussed AIDS with a friend or relative?	1 ☐ Yes 2 ☐ No 9 ☐ Don't know } (22)	96
21. When was the last time you discussed AIDS with a friend or relative?	_____ number 001 ☐ Today 2 ☐ days ago 3 ☐ weeks ago 4 ☐ months ago 5 ☐ years ago 999 ☐ don't know	97-99
22. Do you have any children aged 10 through 17?	1 ☐ Yes 2 ☐ No (26)	100
23. How many do you have?	_____	101-102
24. Have you ever discussed AIDS with [your child/any of these children]?	1 ☐ Yes 2 ☐ No	103
25. [Has your child/Have your children] had instruction at school about AIDS?	1 ☐ Yes 2 ☐ No 9 ☐ Don't know	104
26. Have you ever personally known anyone with the AIDS virus?	1 ☐ Yes 2 ☐ No 9 ☐ Don't know if someone had/has AIDS virus	105
27. Have you ever personally known anyone with AIDS?	1 ☐ Yes 2 ☐ No 9 ☐ Don't know if someone had/has AIDS	106
28. The U.S. Public Health Service has said that AIDS is one of the major health problems in the country but exactly how many people it affects is not known. The Surgeon General has proposed that a study be conducted and blood samples be taken to help find out how widespread the problem is. **If you were selected in this national sample of people to have their blood tested with assurances of privacy of test results, would you have the test?**	1 ☐ Yes 2 ☐ No (*END INTERVIEW*) 8 ☐ Other response (*SPECIFY*) _____ 9 ☐ Don't know (*END INTERVIEW*)	107
29. Would you want to know the results of the blood test?	1 ☐ Yes 2 ☐ No 9 ☐ Don't know	108

AIDS AWARENESS MONTH

In 1987 the U.S. Public Health Service through the CDC, together with a prominent public relations firm and in cooperation with numerous other federal, state and local agencies and organizations, launched a nationwide public education campaign on AIDS which was concentrated in the month of October -- "AIDS Awareness Month." Starting with a presidential proclamation, it featured TV and radio spots all through the month and all over the country. In addition, local initiatives were encouraged to take advantage of this opportunity to tell the public about AIDS and to promote appropriate programs.

In order to give an impression of this broadly based, nationwide effort, the following pages offer reproductions of some planning papers as well as an example of a local initiative tying into the overall effort (New York City).

National AIDS Information Campaign Overview

AMERICA
RESPONDS
TO AIDS

Centers for Disease Control

Office of the Deputy Director (AIDS)

National AIDS Information/Education Program

1600 Clifton Road N.E.

Building 1, Room B-68, M/S A-24

Atlanta, GA 30333

(404) 329-2384

National AIDS Information Campaign Overview

PURPOSE: To add a national dimension to the goal of reducing the incidence of HIV infection in the United States through changes in social norms and behaviors.

CHALLENGE: Achieving the goal is made more complex because no single campaign strategy or element can be expected to address the diversity of the American response to AIDS.

Therefore, included in the national campaign is the objective of learning more about the opinions certain target audiences hold about AIDS so that appropriate strategies to reach those diverse groups can be devised.

CONCEPT: Hundreds of volunteers, researchers, health care professionals, and families have been working tirelessly over the last five years to inform people about AIDS, search for a cure, and help stop the spread of the disease.

To focus attention on AIDS information and prevention this Fall, a National Public Information Campaign will be launched in October to introduce these people to the general public and report on their activities.

Under the umbrella theme, AMERICA RESPONDS TO AIDS, the public will see that dedicated people across the country are not only working hard on AIDS but also have important things to say about it.

Americans, will be encouraged to join them in responding to AIDS by expanding their own knowledge and understanding of the situation.

OBJECTIVES:

- To motivate people to take action to understand and prevent AIDS.
- To have national significance and visibility.
- To reach both the general population and specific target audiences.
- To create a testing laboratory for future campaign strategies.

ORGANIZATION:

- A broad-based, multi-faceted, national public information campaign.
- Presented in three waves of integrated activities which will increase:
  - o General public awareness of the need to take action.

- o Individual and organizational commitment to strategic prevention action.

- o Access to and education of the general population as well as specific target audiences, including young adults, Blacks, Hispanics, low-income women, Asians, high risk individuals, university & college communities, health care professionals (including physicians), hospitals, public safety workers, religious organizations, and national corporations.

- Phase I Fall 1987 Aug. to Dec. 1987

*** National AIDS Prevention Month - October 1987 ***

- Phase II Spring 1988 Feb. to Apr. 1988

- Phase III Summer 1988 Jun. to Aug. 1988

THEME:

AIDS is a mounting and deadly serious national health problem. Already a devastating experience for many American families, the disease and its ramifications will affect far greater numbers for many years to come. At the same time, America's reactions to it are as widely varied as the country itself. Large numbers of groups and individuals across the country have responded to the AIDS epidemic in a responsible, caring, and compassionate way that leads to the prevention and control of further spread of the disease, and to easing the burden on people with AIDS and their families. Many more must move beyond fear and ignorance and follow the lead.

Therefore, a single, unifying campaign theme has been chosen. It suggests that the American people are responding; that everyone - parent, teacher, student, minister, community leader, rich, poor, black, brown, white, young, old, worker, professional - has a contribution to make and a role to play in preventing AIDS; that by working together, the American people are taking personal and organizational action to disseminate appropriate information, to educate and be educated, and that in this way, AIDS can be prevented.

In addition, the theme must prompt feelings of pride, patriotism, and reflect the American mosaic, connoting the scope of the national situation as well as the feelings and actions of the individual.

AMERICA
RESPONDS
TO AIDS

STRUCTURE:

National Information Outreach National events and products designed to address the issues surrounding AIDS to reduce fear, to increase awareness, to personalize and humanize the crisis, and to prompt group and individual prevention action.

Government in Partnership A series of events and educational activities, planned in cooperation with State and local agencies, national groups, American business, and various Federal agencies, all designed to reach people through their organizational affiliations. The enthusiastic reception given this program demonstrates widespread national interest in collaborative efforts to deal with AIDS.

Americans Respond To lay the groundwork for future campaign activities and to encourage the participation of additional groups, two types of pre-campaign meetings will be convened to discuss current AIDS issues. American Leadership Responds to AIDS will draw key leadership from national organizations which represent specific target audiences, while Listening to the American Response to AIDS will bring together representatives from the target audiences from across the nation.

Test Programs Several tactics will be used in five different states to evaluate possible future strategies for delivering prevention information and education more effectively.

EVALUATION:

To monitor the acceptance and effectiveness of the program and its messages, several evaluation tools will be used, including:

- o Testing of campaign materials prior to distribution, using traditional market research methods;
- o On-going evaluation of the campaign itself with pre- and post-activity national polls, as well as localized surveys in the specific target areas;
- o Process evaluation.

STAFFING:

In addition to permanent employees, the Campaign staff is supplemented with:

- o Other Federal employees on detail;
- o A national advertising agency (as of Aug. 1);
- o Consultants as required for specific projects.

DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service
Centers for Disease Control

Memorandum

te August 10, 1987

om Director, National AIDS Information Campaign

bject Campaign Update

AIDS Coordinators

AMERICA RESPONDS TO AIDS

Campaign Purpose and Objectives:

AIDS (acquired immunodeficiency syndrome) is the most important public health problem in the United States.

The Fall National AIDS Information Campaign has been organized to spotlight participation by groups and individuals throughout the country. A National Information Outreach includes events and materials designed to reduce fear of AIDS, to increase awareness, and to prompt preventive action; the Government in Partnership on AIDS reaches people through their organization affiliations, with cooperative efforts of Federal, State, and local agencies and of national organizations and business groups; Listening to the American Response lays the groundwork for future campaign activities that involve target audiences across the nation; and a Test Program evaluates future strategies for delivering prevention information and education most effectively.

This Memo will be sent weekly during the months of August and September to keep you informed of current and planned activities as America Responds to AIDS. In the weeks to come, we will talk more about the theme of the Campaign and plans for 1988.

Ogilvy & Mather:

On August 1, 1987, CDC awarded a $4.6 million contract to the advertising/public relations firm of Ogilvy & Mather to inform the general public about AIDS prevention. With 600 employees, Ogilvy & Mather is the third largest public relations company in the United States and has offices located across the country. The Washington office will take the lead in public relations for the CDC program.

Together with their partner, the American Social Health Association, Ogilvy & Mather has formed an AIDS Communication Task Force dedicated to the AIDS Public Information project. This Task Force will access the resources of Ogilvy & Mather Worldwide as well as those available in the medical, education, public information, research, ethnic, and general business communities.

CDC has the complex communications task of determining the most appropriate target audiences, developing the best messages for those audiences, and ensuring that messages are delivered and received. Materials produced in conjunction with the Campaign Staff of CDC's AIDS Information and Education Program will be used in the Fall Campaign and during 1988.

DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service
Centers for Disease Control

Memorandum

Date • August 17, 1987

From Director, National AIDS Information Campaign

AMERICA RESPONDS TO AIDS

Subject Campaign Update

To AIDS Coordinators

America Responds to AIDS:

The theme, "America Responds to AIDS," has been chosen for the National AIDS Information Campaign of the Centers for Disease Control (CDC). Although AIDS has only been with us a few years, much has already been accomplished in meeting the challenges of this devastating disease. Much more remains to be done. America has responded to AIDS in a responsible, caring, and compassionate way through many groups and individuals across the land who have come together to combat the AIDS epidemic. Progress has been made to control spread of the disease and to ease burdens on AIDS patients and their families.

As the costs, caseloads, and challenges of AIDS mount steadily, however, it is obvious that a united effort will be necessary if we are to conquer AIDS. Many programs need more focus and more funding; more people need to understand that AIDS is everyone's problem. The unifying theme of the campaign embodies the American spirit and signifies that everyone--parent, teacher, student, minister, community leader, rich, poor, black, brown, white, young, old, worker, professional--has a role to play and a contribution to make in preventing AIDS. The country must be moved to understand that AIDS is preventable. With the help of respected professionals, recognized as experts in their fields, the campaign is designed to provide information and to create a cultural climate in which people can change their behaviors appropriately.

Working together, the American people can take individual and group action to disseminate appropriate information and to educate and be educated. We invite participation as America Responds to AIDS.

National Information Outreach:
As we indicated last week, October 1987 will be a focal period for AIDS prevention activities throughout the country. CDC is planning an extensive media campaign for that month, with the help of the Ogilvy & Mather advertising agency.

- To focus attention on AIDS information and prevention, public service announcements are being planned for distribution to 1,000 TV and 7,000 radio stations around the country.

- National satellite news feeds are being readied for TV and radio broadcast. These will consist of short segments that outline basic information on transmission and prevention and will feature recognized medical professionals to share their knowledge on these important subjects. The feeds will be available in October for use by medical reporters on news stations.

Government in Partnership on AIDS:
Various state and local groups are planning their activities to coincide with the CDC campaign. Listed below are a few more of the events being scheduled.

- Working with Family Planning Clinics, CDC will have AIDS-information brochures available for distribution through the more than 4,000 FPC clinics across the country. These brochures are expected to reach an audience of approximately 4.3 million.

- An AIDS awareness seminar for the entertainment industry in New York is being planned by the National Institute on Drug Abuse (NIDA). This is scheduled for September 30 or October 1 to coincide with the start of the CDC campaign. The seminar is designed to get the entertainment community involved in communicating important messages to the public in addition to its already active fund raising activities for AIDS treatment and research.

- In cooperation with CDC, the California Medical Association is coordinating a wide variety of events to take place during October, which will be AIDS Education Month in the state. Under the theme, "You CAN Prevent AIDS," their positive prevention message will emphasize that AIDS is avoidable, explain how AIDS is transmitted and how it is not transmitted, and indicate where individuals can find resources.

- CDC will provide technical assistance to Scholastic, Inc., the largest publisher of supplementary, English-language, education material in the world. Scholastic plans to provide age-appropriate coverage of AIDS in the October 1987 issues of several of its 28 classroom magazines, which reach nearly half (about 23 million) of America's school children.

- American business responds to AIDS: Allstate Insurance with Hill & Knowlton Public Relations will conduct a major conference in Chicago of Fortune 500 companies to set the business agenda on AIDS. The conference is scheduled for early October with follow through meetings. Fortune Magazine has agreed to conduct a survey of top corporations about their response to AIDS.

Join the Campaign:

Let us know about the activities you have planned for your group or area, and share with us any suggestions you may have. To do this, you may call Frank Newman at Campaign headquarters: (404) 329-2384.

Laurie Sherman

DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service
Centers for Disease Control

Memorandum

ate • August 24, 1987

om Director, National AIDS Information Campaign

bject Campaign Update #3

AIDS Coordinators

AMERICA RESPONDS TO AIDS

Campaign Purpose and Objectives:

AIDS is the most important public health problem in the United States.

The Fall National AIDS Information Campaign has been organized to spotlight participation by groups and individuals throughout the country. National Information Outreach includes events and materials designed to reduce fear of AIDS, to increase awareness, and to prompt preventive action; Government in Partnership on AIDS reaches people through their organizational affiliations, with the cooperative efforts of Federal, State, and local agencies and of national organizations and business groups; Listening to the American Response lays the groundwork for future campaign activities that involve target audiences across the nation; and Strategic Development evaluates future strategies for delivering education and prevention information most effectively.

This information Memo will be sent weekly during the months of August and September.

We welcome your suggestions.

National Information Outreach:
Several more groups have indicated plans for disseminating AIDS information.

- The Hour Magazine program has scheduled a 60-minute special on AIDS for its first broadcast in October. This will give basic background information on the disease and its modes of transmission and will also spotlight volunteers around the country who are working to combat the spread of AIDS. Additional 1-minute segments produced in cooperation with CDC will be broadcast on each of the programs aired throughout the month of October.

- A national TV program entitled "National AIDS Test" will be scheduled for airing in mid-September, with a format similar to the popular National Driver's Tests.

Government in Partnership on AIDS:
Several further activities in the partnership program are listed below.

- On October 16, the Medical-Surgical Nursing Department of the University of South Carolina College of Nursing will hold a conference called "AIDS: A Nursing Perspective" to discuss the questions that nurses have in dealing with AIDS patients.

- An HBO special with Drs. Koop and Windom is scheduled for airing four times in October. Drs. Koop and Windom are also slated to appear on "Good Morning, America" to discuss the AIDS problem and the importance of preventive actions.

- In conjunction with their annual meeting in Louisville, Kentucky, on October 11-14, the American Association of Homes for the Aging will hold two seminars designed to inform administrators and other interested personnel about AIDS as it affects their work. These seminars are entitled: "Caring for AIDS Patients: Will the Long-Term Care Provider Meet this Challenge?" and "AIDS: Ethical and Legal Dilemmas."

- On August 19, CDC hosted a workshop on AIDS in the Workplace. Representatives from General Electric, the American Cancer Society, AIDS Project Los Angeles, Transamerica Corporation, and the National Institute for Occupational Safety and Health/CDC attended. Additional workshops are scheduled for the coming weeks to solicit input from other interested parties.

- Talks are under way with 25 groups throughout the country to schedule partnership activities during the month of October. These groups include the American Blood Commission, The National Black Nurses' Association, the American Dental Association, the American Nurses' Association, and the American Association of Nurse Attorneys.

Please let us know of the activities planned by your group, particularly those activities that can be enhanced by our working together. To do this, please call Frank Newman, (404) 329-2384.

Laurie Sherman

OCTOBER

AIDS AWARENESS MONTH

The U.S. Public Health Service has designated October as AIDS Awareness Month. Under the theme "America Responds to AIDS", the Public Health Service is highlighting the work being done by volunteers and health care workers around the country. One very special event is a reception at the French Embassy in Washington at which the Surgeon General will acknowledge the outstanding contributions of community volunteers from around the country. Several GMHC volunteers will be saluted.

As part of AIDS Awareness month, GMHC has prepared a special calendar of events for the month of October. While some of the events listed are open only to our clients, volunteers or selected audiences, other events, which are indicated in bold type, are available to the general public. We urge you to participate or attend. We could not include every GMHC activity or event around the city but this special calendar will give you a sense of the breadth of the activities.

We have also included a complimentary copy of "When a Friend Has AIDS" which is very helpful to people who are uncertain how to act towards a friend, colleague or neighbor who has AIDS. While we hope you will never have to apply the principles contained in this brochure, we want you to have a copy.

Richard D. Dunne
Executive Director

OCTOBER

AIDS AWARENESS MONTH

SUNDAY	MONDAY	TUESDAY	WEDN
MHC Outreach: **rooklyn's Fifth Avenue Mer-** **ıants Association Fall Fiesta** **nd Sheridan Square** MHC Recreation: rop-In 4:00 - 9:00 ilm Appreciation 6:00	**"Dancing for Life"** **A benefit for GMHC, American Foundation for AIDS Research and the National AIDS Network, New York State Theater 8:00 pm**	GMHC Financial Advocacy: Question & Answer Clinic for PWA's and PWARC's who are still employed GMHC Speakers Bureau: Kingston Psychiatric Center, Brooklyn	**GMHC AIDS Pre** **"Chance of a Li** **film workshop a** **Sauna**
:arch on Washington for **esbian & Gay Rights** **MHC Speakers Bureau:** **ast Quogue United Methodist** **hurch 11:00 am** **80 Old Montauk Highway**	**GMHC Outreach:** **FDR General Post Office, James Farley General Post Office and Bronx Post Office** **GMHC's A-Team:** **Peer Counseling at Community Health Project 208 West 13th St., 7 pm - 9 pm**	GMHC AIDS Prevention: Safer Sex Forum for community based organizations GMHC Speakers Bureau: American Society for Public Administration Regional Conference	GMHC Speakers International Ce Disabled GMHC Recreatic Nutritional coun
MHC Outreach: **utumn Jubilee Second Avenue** **estival 2nd Avenue** MHC Volunteers: arty for Crisis Intervention ervices volunteers and Buddies, t The Saint, 8 pm - 10 pm, Spon- ored by Buddies for Buddies of outh Hampton	GMHC In-Service Training: Financial Advocacy training for Crisis Intervention Services volunteers GMHC Group Services: Supervision and training for group leaders	GMHC/St. Peter's Lutheran Church: Stress management program for PWA's GMHC Group Services: **Drop-in support group for GMHC volunteers 5:30 pm - 7:00 pm, 155 West 23rd Street, 9th Floor**	GMHC Speakers American Public tion Annual Con Orleans GMHC Research Education Interv Island for inmate
MHC Volunteer Training: ay 2 of three-day orientation for ew volunteers at Memorial Sloan ettering **MHC Outreach:** **heridan Square and** **6th Street & Broadway**	GMHC Recreation: Art Workshop and Nutritional counselling for PWA's **GMHC Outreach:** **FDR General Post Office, James Farley General Post Office and Bronx Post Office**	GMHC Research: "Night School" education intervention for gay and bisexual men AIDS Prevention: Forum for College Residents Assistants, Bronx Community College	GMHC Research "Night School" e vention for gay GMHC Group Se Couples Worksh Significant Othe **GMHC AIDS Pre** **"Chance of a Li** **at the East Side**

BOLD TYPE indicate

	THURSDAY	FRIDAY	SATURDAY
	GMHC's Cable Show: ***Living With AIDS* — Channel J** **Manhattan Cable 9:30 pm** **Paragon Cable 11:30 pm** **GMHC Outreach:** **Covenant House Health Fair** GMHC Research: Focus group for adolescents at Rikers Island Correctional Facility	GMHC Recreation Program for PWA's: Massage 1 pm - 3 pm Exercise 6 pm - 7 pm	**GMHC Outreach:** **Sheridan Square, East Side Sauna and LaGuardia Airport** GMHC Recreation: Libra Birthday Party 3 pm
r sex 'de	**GMHC's Cable Show:** ***Living With AIDS* — Channel J** **Manhattan Cable 9:30 pm** **Paragon Cable 11:30 pm** GMHC Research: Focus Group with residents of Project Return Residential Drug	GMHC Speakers Bureau: Special Services for Children GMHC Financial Advocacy: Benefits Clinic for PWA's Americans Who Care Awards Ceremony, saluting AIDS volunteers, French embassy, Washington, D.C.	**GMHC Outreach:** **East Side Sauna, Sheridan Square and Tower Records** GMHC Financial Advocacy: Training for new volunteers
VA's	**GMHC's Cable Show:** ***Living With AIDS* — Channel J** **Manhattan Cable 9:30 pm** **Paragon Cable 11:30 pm** **GMHC Benefit: Cocktail Party at Sotheby's, previewing Diana Vreeland's jewelry collection on auction, 6 pm - 8 pm**	**Public Forum:** ***Minority Women In Crisis: AIDS*** **8:30 am - 4:00 pm** **John Jay College** **445 West 59th Street** **New York City**	GMHC In-Service Training: "Working with Clients in Crisis" for Financial Advocacy staff and volunteers GMHC Recreation: Halloween Party for children with AIDS and children of PWA's
ocia- kers	**GMHC's Cable Show:** ***Living With AIDS* — Channel J** **Manhattan Cable 9:30 pm** **Paragon Cable 11:30 pm** **"Too Little, Too Late"** **Channel 13,10:00 pm**	GMHC Financial Advocacy: Benefits Clinic for PWA's GMHC Recreation: Massage 1 pm - 3 pm Exercise 6 pm - 7 pm Candlelight Dinner 7 pm - 9 pm	GMHC Volunteer Training: Day 1 of three day orientation for new volunteers at Sloan Kettering GMHC Volunteers: Fall Party for Financial Advocacy volunteers **GMHC Outreach:** **West 76th Street Flea Market (at Columbus Avenue)**
ter- l men .'s and **wing**	**GMHC's Cable Show:** ***Living With AIDS* — Channel J** **Manhattan Cable 9:30 pm** ***Paragon Cable 11:30 pm*** GMHC Speakers Bureau: Special Touch Homecare Services	**GMHC AIDS Prevention co-hosted with Men of All Colors: Dating 101: Negotiating Safer *Sex (for Men Only)*, 7:45 pm, Gay and Lesbian Community Center, 208 West 13th Street** GMHC Speakers Bureau: "Legal Issues of PWA's", Yale University	**Public Forum:** ***A Community Dialogue on AIDS*** **9:00 am - 4:00 pm** ***City College, 138 & Convent Ave*** Completion of American Run for the End of AIDS, 10,000 mile cross-country fundraising run

n to the public

On the night of November 8th we will make music history.
And for people with AIDS, we will make a difference.

LEONARD BERNSTEIN
MARILYN HORNE
JAMES LEVINE
YO-YO MA
LUCIANO PAVAROTTI
MURRAY PERAHIA
LEONTYNE PRICE
SAMUEL RAMEY

CHAMBER MUSIC SOCIETY OF LINCOLN CENTER

with

A Symphony Orchestra Comprised of Members of New York's Leading Orchestras

CARNEGIE HALL BOX OFFICE OPENS
MONDAY, SEPTEMBER 14
Call (212) 247-7800.
Major credit cards accepted.
Tickets: $1,000 (Patron); $500 (Benefactor);
$250; $100; $75; $50

All ticket prices include a tax-deductible contribution.

For information on Carnegie Hall Boxes, Patron or Benefactor tickets, and Souvenir Program Book Advertising call (212) 977-4180.

Chairpersons: Joanne Woodward and Edgar Bronfman, Jr.

Gay Men's Health Crisis, Inc. is the largest private agency formed specifically to deal with the epidemic of Acquired Immune Deficiency Syndrome. GMHC provides psychosocial services to all persons with AIDS, conducts professional education programs, disseminates information, and promotes research into the causes and treatments of the disease.

A benefit concert for GMHC for the care of people with AIDS.

Carnegie Hall • November 8, 1987 at 8PM

FDA CONDOM INFORMATION

A final example of U.S. Public Health Service activity, the following pages offer an FDA report on condoms and their use in the context of AIDS prevention.

DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

Food and Drug Administration
Rockville MD 20857

APR 7 1987

To: All U.S. Condom Manufacturers, Importers and Repackagers

Because of the heightened interest in reducing the risks of acquiring sexually transmitted diseases (STDs), including Acquired Immune Deficiency Syndrome (AIDS), the Food and Drug Administration (FDA) is providing this guidance to manufacturers, importers and repackagers of condoms.

If designed, manufactured and tested properly, the condom is a barrier that may prevent the transmission of STDs. With the spread of STDs, it has become very important that users be fully aware that latex condoms provide protection, but do not guarantee it, and that protection is lost if condoms are not used properly. Given the urgent public health concerns regarding this issue, FDA urges your cooperation in informing consumers about realistic expectations they should have regarding the protection afforded by condoms, and in educating them about how condoms should be used to maximize protection against STDs.

If you are currently marketing a latex condom and wish to claim that your product provides protection against STDs, you should include appropriate labeling that reflects accurately the realistic expectations a consumer should have about the condom's effectiveness. An example of such labeling appears in Attachment A.

Natural membranes may have a different permeability than latex and may not lend themselves to the same degree of uniformity in manufacture as synthetic materials such as latex. In the interest of prudence, therefore, FDA is requesting that you not label natural membrane condoms for protection against STDs.

FDA is also requesting that all condoms, whether they are labelled for protection against STDs or not, and whether made from latex, natural membrane, or any other material, include adequate instructions for use to maximize the degree of protection they afford. An example of such instructions for use to provide protection against STDs appears in Attachment B.

If you are currently marketing a condom you may change the labeling and instructions for use of your product to implement the guidance provided in this letter without seeking clearance from FDA. However, you must obtain clearance from FDA if you wish to modify significantly your condom's design or manufacturing, or if you wish to use labeling significantly different from that shown in the attachments.

For example, you will need FDA clearance if you wish to make claims that your condom is better than other condoms or that it is specifically designed for AIDS. All new manufacturers of condoms are also required to obtain FDA clearance.

FDA is urging all condom manufacturers to be particularly vigilant in ensuring that their manufacturing and quality control are in keeping with the best available practices. In order to ensure adequate and uniform manufacturing and quality control practices of this industry, FDA intends to strengthen its inspection of domestic and foreign manufacturers for compliance with good manufacturing practices. The Agency will also strengthen its programs for sampling and testing of all marketed condoms, including imported products. By these actions, FDA will help ensure that domestic and imported products meet the same uniform quality. FDA also intends to monitor carefully the labeling, instructions for use, and other information provided to consumers by condom manufacturers to ensure that such information is accurate, balanced, and useful.

In view of the urgency of this matter, I look forward to receiving your full cooperation. If you have any questions, please contact Dr. Lillian Yin on (301) 427-7555.

Sincerely,

John C. Villforth
Director
Center for Devices and Radiological Health

Attachments

Attachment A

An acceptable statement of intended use for the prevention of transmission of sexually transmitted diseases follows:

> "When used properly, the latex condom may prevent the transmission of many sexually transmitted diseases (STDs) such as syphilis, gonorrhea, chlamydial infections, genital herpes, and AIDS. It cannot eliminate the risk. For maximum protection, it is important to follow the accompanying instructions. Failure to do so may result in loss of protection. During intimate contact, lesions and various body fluids can transmit STDs. Therefore, the condom should be applied before any such contact."

Different wording may be employed, but the wording should convey a balanced description of risks and benefits, and there should be a warning about the loss of protection resulting from improper use.

An acceptable statement of intended use for prevention of pregnancy could be similarly constructed.

Attachment B

The following constitute an acceptable set of instructions if protection against sexually transmitted diseases is claimed. You may wish to add additional instructions appropriate for your specific product.

"* Use a new condom every time you have sexual intercourse or other acts between partners which involve contact with the penis.

* Put the condom on after the penis is erect and prior to intimate contact, because lesions, pre-ejaculate secretions, semen, vaginal secretions, saliva, urine, and feces can contain STD organisms.

* Place the condom on the head of the penis and unroll or pull it all the way to the base.

* Leave an empty space at the end of the condom to collect semen. Remove any air remaining in the tip of the condom by gently pressing the air out towards the base of the penis.

* If a lubricant is desired, use water-based lubricants such as _____. Do not use oil-based lubricants, such as those made with petroleum jelly, mineral oil, vegetable oil, or cold cream, as these may damage the condom.

* If the condom breaks or semen spills or leaks out during use, partners should douche or cleanse themselves wherever contact may have occurred, as soon as possible.

* After ejaculation, carefully withdraw the penis while it is still erect. Hold onto the rim of the condom as you withdraw so that the condom does not slip off.

* Store condoms in a cool, dry place.

* If the rubber material is sticky or brittle or obviously damaged do not use it.

* Do not reuse condoms."

An acceptable set of instructions for use for prevention of pregnancy could be similarly constructed.