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Reagan Presidential Library

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LETTERS

AIDS education sanitized and badly targeted

'Let's teach people how to use condoms'

I am writing about *The Journal* article on messages about AIDS being unsuccessful (AIDS prevention will miss targets, May).

Our educational efforts to impart knowledge about AIDS will not be successful unless we take some lessons from the tobacco industry.

The tobacco industry knows well they must recruit young people to join the ranks of smokers to replace those who die or quit.

We are barking up the wrong tree at present, because functional illiterates and teenagers are at the greatest risk of AIDS. These people don't read much, and thus printed material is a waste.

Messages — to be effective — must be constantly repeated to enter one's subconscious so that they cannot be easily erased by the

brain. Education in the sense of simply delivering a package of knowledge is not enough; we must go out and hustle, using all available channels and all possible means.

Down-to-earth video-tapes and audio-cassettes could be produced and distributed through doctors' and dentists' offices at cost. When technology permits, dial-a-video with a toll-free number would allow anyone interested in AIDS to obtain graphic, scientifically-up-to-

date information at one's leisure.

Education to modify behavior is most effective when the initiative comes from the individual who wants to know and is willing to learn. To waste resources on those who are at low risk may uphold the principle of universality but is not cost-effective.

To purchase a video-tape on AIDS from the Canadian Broadcasting Corporation costs over \$100; the cost is prohibitive for the general public. We could also consider supplying video-rental outlets with suitable material on AIDS and persuade them to rent the material at a nominal charge.

An AIDS hotline number should be listed prominently in every telephone directory, both in the yellow pages and the white pages. There is no need to be pessimistic. To modify behavior, we must advertise until the message gets through.

Finally, we must develop our own education materials, not only scientifically correct and up-to-date, but also artistically stimulating or titillating to attract an audience. Marketing principles must be employed to attract the public and then hold them.

On the North American market,

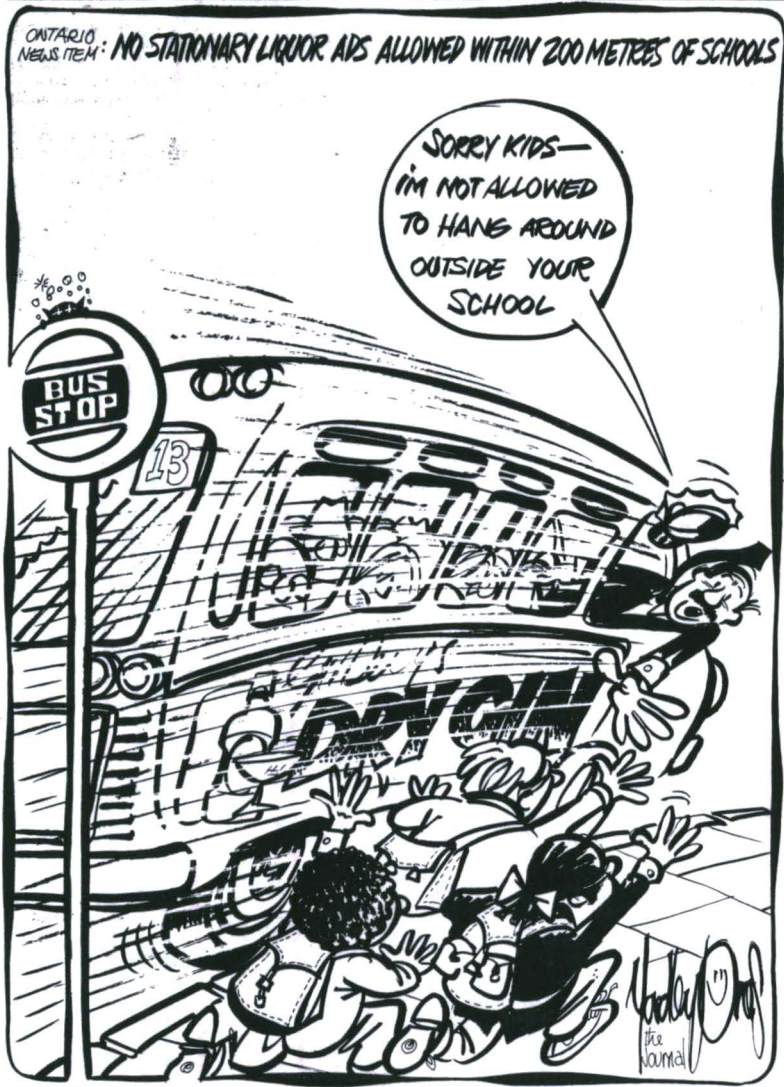
not a single video-tape is available to teach people how to use condoms properly. A pervasive Victorian attitude has inhibited a frank presentation of facts in a forceful manner. Instead, most education material has become sanitized and uses euphemisms such as, 'Avoid exchange of bodily fluids to prevent the transmission of AIDS.'

Organized medicine has done little so far, other than acting in an advisory capacity for government.

A great deal of money has to be spent for AIDS education to be effective; allotting less than \$1 per capita for Ontario won't go very far. Our Renfrew County Health Unit received a provincial Ministry of Health grant to the tune of \$60,000 for a two-year period — just enough to hire one person for two years. This is for the whole county, covering a large geographic area.

Politicians are so shortsighted they cannot see that, in the near future, the astronomical cost of caring for AIDS patients will be to the tune of \$100,000 per head. Yet, they cannot spare five dollars per capita to prevent AIDS.

Ah-Yin Eng, DPH
Pembroke, Ontario



The Journal

A monthly publication for professionals on developments, issues, and events of national and international significance in the field of alcohol and other drugs

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Warner on warnings: consider downside

I was surprised to see my picture with the caption "no label," in *The Journal* (May). The label in question is a warning label for alcoholic beverages; along with many other policy issues, it was discussed at an April meeting chaired by Lynn Kozlowski.

In the text of the article, I am not quoted as being opposed to alcohol beverage warning labels; to my recollection, I never suggested at the meeting that I opposed such labels. Rather, playing the role of devil's advocate, I was urging the seminar participants to consider the downside of various policy measures, such as a warning label.

In point of fact, I am not opposed to such labeling, and I share Dr (Dan) Beauchamp's logic in support of labeling, as described in *The Journal* article. I regret the misinterpretation, which was either the result of a lack of clarity in my presentation or excessive zeal on the part of the caption writer.

Having made much ado about nothing, I want to take this opport-

unity to thank Dr Kozlowski and his colleagues at the Addiction Research Foundation in Toronto for having convened such a stimulating seminar.

Kenneth E. Warner
Professor and chair
School of Public Health
University of Michigan
Ann Arbor, Michigan

The Journal first rate says reader

I think *The Journal* is first rate. It gives a very clear portrayal of what is happening in the alcohol and other drug field from all angles, including education and prevention.

Keep it up.

Patricia Kind
Hunt Valley, Pennsylvania

The Journal welcomes Letters to the Editor. Letters bearing the full name and address of the sender may be forwarded to: **The Journal, Addiction Research Foundation, 33 Russell St. Toronto, Canada M5S 2S1. All letters are subject to editing.**

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AIDS/IV drug use on 'epidemic curve'

Thai rate leaps to 16% in three years

STOCKHOLM — An explosion of HIV infection among intravenous (IV) drug users in Bangkok demonstrates the frightening capacity of the virus to spread.

The HIV sero-positive rate among IV addicts seeking treatment in the Thai capital was 0% in 1985/86, 1% in 1987, and is now a startling 16% in the first three months of 1988, Jonathan Mann, director, World Health Organization's global program on AIDS, told the opening of the 4th international conference on AIDS here.

"This epidemic curve — already documented in New York city, Edinburgh, and Milan — threatens every community of IV drug users in the world," he added.

He said if the virus is present in the community, "and if the behaviors that transmit infection are sufficiently common and intense, HIV has the capacity to create explosive epidemics."

James Curran, MD, of the United States Centers for Disease Control (CDC), Atlanta, Georgia, reinforced Dr Mann's projections in a report to the conference which reflected data in the latest public health report of the US government.

The report said that because of the lengthy incubation period between infection and expression of AIDS, a "silent explosion" of infection among IV drug users could occur long before a rise in IV drug-

associated AIDS cases became evident.

It also said health departments must assess and monitor the level of infection among local drug abusers to ensure appropriate priority is given to preventing HIV infection in drug abusers and their sex partners and babies.

Dr Curran said one person is becoming infected with the HIV virus every 14 minutes in the US.

Don Desjarlais, PhD, an assistant director, New York Substance Abuse Services, New York, said a problem in the US is that many IV drug users are infected with the virus but are dying before they develop the CDC surveillance definition of AIDS.

Fighting AIDS Discrimination

New laws and court decisions help those singled out by tests

When James Dorsey, an unemployed teenager from Detroit, packed his bags to go to Dayton last summer, he looked forward to a promising new beginning. He enrolled in classes at a U.S. Job Corps residential training center, hoping to qualify for a clerical job. But Dorsey had hardly started classes when he was summoned to the program's medical office for an unpleasant surprise. He was informed that he had tested positive for AIDS antibodies during his required physical exam, then dropped from the program. "The world was pulled out from under me," recalls Dorsey, who has no symptoms of AIDS. Last month he filed suit in federal court in Washington demanding reinstatement.

Dorsey, who is mounting the latest major challenge to the use of AIDS testing, is one of an estimated 1.5 million individuals known as "healthy seropositives." These are people whose blood indicates infection with the AIDS virus but who have not developed the debilitating disease that has now attacked 71,171 nationwide. His situation places him among a growing group of Americans who often have difficulty finding work, housing and even medical care solely because of their test results. Reports abound of individuals who have been forced to resign from jobs, threatened with loss of a lease, or rejected for health or life insurance.

Safety is usually the cited reason for setting apart those who test positive. Job Corps Director Peter Rell explains that his agency's exclusionary policy is meant to secure "as healthy and disease-free an environment as possible." All 36,000 participants in the agency's residential programs are warned of the test on enrollment forms, he says, and are provided with counseling if they are rejected because of the results. The high costs of treating AIDS patients is an actuarial problem for insurers, who routinely reject seropositives seeking life or medical coverage. "Once we sign on, we're there for the duration," says Emily Crandall, vice president of the Guardian Life Insurance Co. of America.

Victims of these practices counter that testing positive does not necessarily mean a person will develop AIDS. Nor does the presence of carriers, or even those who have come down with AIDS, endanger the workplace, critics insist, because medical evidence indicates that the virus cannot be transmitted by casual



The AIDS antibody test: a move from the lab to the courtroom

contact. Discrimination on the basis of the blood tests may actually harm public health, they warn. "If you fear you are going to lose your job and just about everything else in your life," says Katherine Franke of the New York City Human Rights Commission, "there is no incentive to take the test and get information about safe sex and needle use." Last week, reacting to concerns about confidentiality, the Centers for Disease Control announced that starting next year it would routinely survey one-third of the nation's newborns for AIDS antibodies, but no names will be attached to the blood samples analyzed.

The law is starting to bend in favor of those who have been singled out by the tests. Forty-two states and the District of Columbia have antidiscrimination laws against the handicapped; some state courts and executive actions have extended the protections of these statutes to people branded by their blood-test results. Delaware's attorney general recently forced the Nemours Foundation to drop its policy of transferring out seropositive patients from its Wilmington hospital. Municipalities have also been using their antidiscrimination ordinances. In New York City last March, an administrative judge awarded \$26,647 to a man who was

refused treatment by his longtime dental clinic. Some states, including California, Florida, Massachusetts and Wisconsin, have laws restricting the use of AIDS tests as an employee-screening device and directing that lab results be kept confidential. Last week New York joined the list by completing action on its version of a confidentiality bill.

Test victims are also getting help from the federal courts. Although last year one federal bench rejected a Fourth Amendment challenge to a State Department employee-testing policy, in March another decided that the mandatory testing of workers by a Nebraska health agency violates the amendment's ban on unreasonable searches. In June a federal district court in Los Angeles produced a major victory for foes of AIDS tracing in addressing the claim of a gay man who was tossed out of an alcohol rehabilitation program at Centinela Hospital in Inglewood, Calif. Judge Pamela Ann Rymer ruled that a person fingered by an AIDS test can be protected by the federal Rehabilitation Act of 1973, which bars discrimination against the handicapped by institutions receiving federal funds. "For the first time, a federal court has ruled that fear of contagion cannot form the basis for discrimination against seropositives," says Mickey Wheatley of the Lambda Legal Defense and Education Fund, a gay-rights group.

Predictably, such legal developments have encouraged a backlash. One of the most volatile battles is now raging in California. The state's stringent confidentiality law is being challenged by a proposition on the November ballot. It would require that public-health officials be informed of all positive AIDS tests and that all sexual partners of those who test positive be traced and alerted. The measure's chief proponent, Republican Congressman William Dannemeyer, says he wants to correct the state's "absurd policy" of turning a "public-health issue into a civil rights

issue." But Benjamin Schatz, a lawyer with National Gay Rights Advocates, calls the proposition an "AIDS hysteria law." The referendum measure, which has a good chance of passing, could affect the antidiscrimination movement nationwide. Few things are as influential in framing a developing legal landscape as some solid election returns.

—By **Alain L. Sanders.**
Reported by **Dan Cook/Los Angeles** and **Barbara Goldberg/New York**



James Dorsey

THE WHITE HOUSE

Office of the Press Secretary

For Immediate Release

August 2, 1988

STATEMENT BY THE PRESIDENT

Acquired Immunodeficiency Syndrome (AIDS), caused by the Human Immunodeficiency Virus (HIV), has moved through our society with tragic human consequences. It is a public health threat that has touched the lives of Americans with alarming speed and frightening consequences. It demands knowledge and attention by the best experts in our society. I am today ordering a number of actions to focus the efforts of the Government and private sector on this horrible human problem. These directives will assure compassion toward those with the HIV infection, provide dignity and kindness in treatment and medical care, and require that we inform and educate our citizens to prevent further spread of the disease.

We are today adopting a 10-point action plan to advance the battle against AIDS and HIV consistent with the recommendations of the Presidential Commission on AIDS. It is a wide-ranging plan that calls on the action and cooperation of all levels of our society. As a first step, I am today directing that every Federal agency adopt a policy based on Office of Personnel Management (OPM) guidelines on how to treat HIV infected persons in the workplace. I ask American businesses, unions and schools to examine and consider adopting education and personnel policies based on the OPM and Centers for Disease Control guidelines.

I am directing the Attorney General to provide me with an expeditious review of how the Federal government should provide direction and leadership in encouraging non-discrimination for HIV-infected individuals.

We will also proceed to improve laboratory safety, accelerate drug approvals, evaluate the health care financing system and pursue a multi-focused international initiative among other steps. I have asked Dr. Macdonald to monitor our response to the Commission's recommendations and report to me in September.

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TO THE CONGRESS OF THE UNITED STATES:

I have approved a 10-point action plan to advance the national and international response to the public health threat caused by the Human Immunodeficiency Virus (HIV) infection and the AIDS epidemic. These strong measures require compassion, cooperation, and commitment from all levels of government and all segments of society.

It is imperative that action and progress continue in the Federal government and in the private sector, as well as throughout the Nation. Those infected with the HIV must be treated with dignity and compassion as our health systems accelerate their response to the infection. To this end, my initiatives direct that every Federal agency adopt policies and guidelines on compassionate treatment of HIV-infected persons in the workplace. I ask that unions, schools, businesses, and private citizens consider adopting similar guidelines. The 10-point action plan is consistent with the fine work and recommendations of the President's Commission, which has moved the Nation forward in its understanding of the HIV infection and AIDS.

I now ask the Congress to take another important step forward; I ask you to enact the FY 1989 appropriations for HIV activities as expeditiously as possible. I further call on the Congress to adopt the FY 1990 budget request regarding HIV measures as soon as possible after the budget is submitted.

It is imperative to the future of our Nation that we move with compassion and skill to ease the tremendous human, social, and economic costs caused by the HIV infection and AIDS. I know we can work together in this matter of tremendous concern and priority for all Americans.

Ronald Reagan

THE WHITE HOUSE,

August 5, 1988.

THE WHITE HOUSE

WASHINGTON

August 5, 1988

MEMORANDUM FOR THE SECRETARY OF HEALTH AND HUMAN SERVICES

I have approved a 10-point action plan as part of my response to the Report of the Presidential Commission on the Human Immunodeficiency Virus (HIV) Epidemic. This plan addresses many issues that fall within the purview of your Department.

In carrying out your functions, I ask that you address HIV-related activities as follows:

1. Review your FY 1989 spending plans to incorporate relevant recommendations of my HIV Commission.
2. Convene a series of consensus conferences over a 12-month period involving State, local, and private groups to encourage them to adopt the specific public health measures discussed in the Commission Report, such as increased counseling and testing, reporting of HIV infection, partner notification, and health care worker safety. One conference should address restrictive measures and criminal statutes directed to HIV-infected persons who knowingly persist in maintaining behaviors that transmit their infection. Another possible topic is the serious problem of neighborhood resistance to facilities for the care of HIV patients, drug abusers, and group homes for HIV-infected infants and children.
3. Increase the number of community-based educational programs, especially programs directed to those women and members of minority groups who are at highest risk of HIV infection. These programs, and especially those directed to youth, should place greater emphasis on my Principles for AIDS Education, especially those encouraging individuals to take responsibility for their efforts to prevent the spread of HIV infection. Please collaborate with the Department of Education in developing youth-oriented programs.

4. Implement actions within the next 45 days that address the blood safety issues raised by the Commission. This plan should address: (a) the prompt notification of transfusion recipients who are at increased risk of HIV infection; (b) steps to improve HIV laboratory quality and HIV screening tests; and, (c) ways to encourage the use of autologous transfusions in appropriate circumstances.
5. Implement actions within the next 60 days to improve and accelerate further the process for development, evaluation, approval, and distribution of HIV-related vaccines, drugs, and devices. This plan should draw upon research of Federal and State governments, the private sector, academia, and national laboratories.
6. Provide me, within 120 days, with an assessment of private incentives for development and marketing of HIV products, including an evaluation of the need, if any, to have Federal authority with which to offer increased incentives in exchange for royalties, licenses, or pricing concessions. This assessment should take into consideration solutions proposed in the February 1986 report of the Tort Policy Working Group. In doing this assessment, please consult with the Departments of Justice and Defense.
7. Undertake an evaluation of our current system of health care financing to be completed within 1 year.
8. Conduct specific studies of ways to better promote out-of-hospital and case-managed care; to encourage States to establish insurance risk pools for medically uninsurable persons; and to increase the responsiveness of the public health and health services system to HIV-infected infants, children, adolescents, and to low-income disabled individuals.
9. Provide me an update by December 15, 1988, of the 1986 PHS plan for combatting HIV infection, reflecting, in part, both the Commission Report and the recent Public Health Service Charlottesville planning conference.

I am directing Donald Ian Macdonald, Deputy Assistant to the President for Drug Abuse Policy, to monitor progress on our response to the Commission's Report and provide me with status reports in September and December, 1988. Please provide Dr. Macdonald with appropriate information about your progress.

Ronald Reagan

THE WHITE HOUSE
Office of the Press Secretary

For Immediate Release

August 5, 1988

August 5, 1988

MEMORANDUM FOR HEADS OF DEPARTMENTS AND AGENCIES

I have approved a 10-point action plan as part of my response to the Report of the Presidential Commission on the Human Immunodeficiency Virus (HIV) Epidemic.

The plan expresses my concern about fair and compassionate treatment of HIV-infected individuals and directs every Federal agency to adopt a policy based on the Office of Personnel Management's (OPM's) "Guidelines for AIDS Information and Education and for Personnel Management." I also have asked American businesses, unions, and schools to examine and consider adopting education and personnel management policies based on the OPM and the Centers for Disease Control (CDC) guidelines.

Many agencies have already adopted policies based on the OPM guidelines. If your agency has not already done so, you should proceed to do so. The Office of Personnel Management is available to answer questions or provide any needed assistance. The Justice Department and the Department of Health and Human Services offer additional sources of information and assistance.

To further encourage businesses, unions, and schools as well as housing projects, correctional facilities, and others to adopt policies based on OPM and CDC guidelines and provide the education that is vital to effective implementation, I also ask each of you to communicate through your programs the value of this approach.

I am directing Donald Ian Macdonald, Deputy Assistant to the President for Drug Abuse Policy, to monitor progress on our response to the Commission's Report and provide me with status reports in September and December, 1988. Please provide Dr. Macdonald with appropriate information about your progress.

RONALD REAGAN

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THE WHITE HOUSE
Office of the Press Secretary

For Immediate Release

August 5, 1988

August 5, 1988

MEMORANDUM FOR THE SECRETARY OF HEALTH AND HUMAN SERVICES

I have approved a 10-point action plan as part of my response to the Report of the Presidential Commission on the Human Immunodeficiency Virus (HIV) Epidemic. This plan addresses many issues that fall within the purview of your Department.

In carrying out your functions, I ask that you address HIV-related activities as follows:

1. Review your FY 1989 spending plans to incorporate relevant recommendations of my HIV Commission.
2. Convene a series of consensus conferences over a 12-month period involving State, local, and private groups to encourage them to adopt the specific public health measures discussed in the Commission Report, such as increased counseling and testing, reporting of HIV infection, partner notification, and health care worker safety. One conference should address restrictive measures and criminal statutes directed to HIV-infected persons who knowingly persist in maintaining behaviors that transmit their infection. Another possible topic is the serious problem of neighborhood resistance to facilities for the care of HIV patients, drug abusers, and group homes for HIV-infected infants and children.
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more

(OVER)

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7. Undertake an evaluation of our current system of health care financing to be completed within 1 year.
8. Conduct specific studies of ways to better promote out-of-hospital and case-managed care; to encourage States to establish insurance risk pools for medically uninsurable persons; and to increase the responsiveness of the public health and health services system to HIV-infected infants, children, adolescents, and to low-income disabled individuals.
9. Provide me an update by December 15, 1988, of the 1986 PHS plan for combatting HIV infection, reflecting, in part, both the Commission Report and the recent Public Health Service Charlottesville planning conference.

I am directing Donald Ian Macdonald, Deputy Assistant to the President for Drug Abuse Policy, to monitor progress on our response to the Commission's Report and provide me with status reports in September and December, 1988. Please provide Dr. Macdonald with appropriate information about your progress.

RONALD REAGAN

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THE WHITE HOUSE

Office of the Press Secretary

For Immediate Release

August 5, 1988

August 5, 1988

MEMORANDUM FOR THE DIRECTOR OF THE
OFFICE OF MANAGEMENT AND BUDGET

I have approved a 10-point action plan as part of my response to the Report of the Presidential Commission on the Human Immunodeficiency Virus (HIV) Epidemic. As you know, I am committed to ensuring that the Federal government's HIV-related activities receive appropriate resources and support, and that no impediments to their efficient use exist, consistent with good management.

In carrying out your functions, I ask that you address HIV-related activities as follows:

1. Consult with the General Services Administration, the Office of Personnel Management, and the Department of Health and Human Services to ensure that HIV activities included in the FY 1989 and FY 1990 budgets reflect appropriate funding, personnel levels, and office and laboratory space. The budget, as well as other management initiatives, should also address the removal of both administrative and statutory impediments to efficient use of these resources including grant, contract, and hiring procedures. OMB should take a positive role in removing any unnecessary administrative and management impediments to the agencies' attack on HIV infection.
2. Ensure that my FY 1990 budget for HIV-related activities is submitted to the Congress in a timely manner, and that the Congress is encouraged to act on it quickly.

I am directing Donald Ian Macdonald, Deputy Assistant to the President for Drug Abuse Policy, to monitor progress on our response to the Commission's Report and provide me with status reports in September and December, 1988. Please provide Dr. Macdonald with appropriate information about your progress.

RONALD REAGAN

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THE WHITE HOUSE
Office of the Press Secretary

For Immediate Release

August 5, 1988

August 5, 1988

MEMORANDUM FOR THE ATTORNEY GENERAL

I have approved a 10-point action plan as part of my response to the Report of the Presidential Commission on the Human Immunodeficiency Virus (HIV) Epidemic. This plan expresses my concern about fair and compassionate treatment of HIV-infected individuals.

To carry this out, please provide me with an expeditious review and response to the Commission's recommendations on how the Federal government should provide direction and leadership in encouraging nondiscrimination for HIV-infected individuals, including a review of current Federal and State laws in this area.

I am directing Donald Ian Macdonald, Deputy Assistant to the President for Drug Abuse Policy, to monitor progress on our response to the Commission's Report and provide me with status reports in September and December, 1988. Please provide Dr. Macdonald with appropriate information about your progress.

RONALD REAGAN

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THE WHITE HOUSE
Office of the Press Secretary

For Immediate Release

August 5, 1988

August 5, 1988

MEMORANDUM FOR THE SECRETARY OF STATE

I have approved a 10-point action plan as part of my response to the Report of the Presidential Commission on the Human Immunodeficiency Virus (HIV) Epidemic. This plan includes developing a multi-focused international initiative involving: encouragement and assistance to international HIV efforts, with emphasis on less-developed countries; a heightened U.S. commitment to international technical assistance within established technology transfer laws; and the development of a 3-year plan for international efforts against HIV infection.

In carrying out your functions, I ask that you address HIV-related activities as follows:

1. Review your FY 1989 spending plans to incorporate relevant recommendations of my HIV Commission;
2. Include in your FY 1990 budget submissions appropriate funds for the United States regular and special contributions to international HIV efforts, especially those in less-developed countries;
3. Continue to emphasize our commitment to international technical assistance; and,
4. Propose, within 120 days, a 3-year plan for international efforts against HIV infection.

I am directing Donald Ian Macdonald, Deputy Assistant to the President for Drug Abuse Policy, to monitor progress on our response to the Commission's Report and provide me with status reports in September and December, 1988. Please provide Dr. Macdonald with appropriate information about your progress.

RONALD REAGAN

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THE WHITE HOUSE
Office of the Press Secretary

For Immediate Release

August 5, 1988

August 5, 1988

MEMORANDUM FOR THE DIRECTOR OF THE
OFFICE OF PERSONNEL MANAGEMENT

I have approved a 10-point action plan as part of my response to the Report of the Presidential Commission on the Human Immunodeficiency Virus (HIV) Epidemic. The plan directs every Federal agency to adopt a policy based on your Office's "Guidelines for AIDS Information and Education and for Personnel Management."

To carry this out, you should offer Federal departments and agencies the assistance of your Office in helping develop any necessary agency modifications.

I am directing Donald Ian Macdonald, Deputy Assistant to the President for Drug Abuse Policy, to monitor progress on our response to the Commission's Report and provide me with status reports in September and December, 1988. Please provide Dr. Macdonald with appropriate information about your progress, including an update at regular intervals on agency actions on the guidelines.

RONALD REAGAN

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THE WHITE HOUSE

Office of the Press Secretary

For Immediate Release

August 2, 1988

IMPLEMENTING RECOMMENDATIONS OF THE PRESIDENTIAL COMMISSION
ON THE HUMAN IMMUNODEFICIENCY VIRUS EPIDEMIC

Fact Sheet

President Reagan today directed all Federal agencies to protect HIV-infected persons against discrimination in the Federal workplace. He instructed agencies to adopt a policy based on Office of Personnel Management (OPM) guidelines developed in March. They state: ". . . HIV-infected employees should be allowed to continue working as long as they are able to maintain acceptable performance and do not pose a safety or health threat to themselves or others in the workplace."

President Reagan's directive to Federal agencies is part of a 10-point plan he put in place today that will advance the battle against Acquired Immunodeficiency Syndrome (AIDS) and Human Immunodeficiency Virus (HIV) infection. The plan calls for actions to assure compassion towards those with HIV infection, to allow for their care with dignity and kindness, and to inform and educate citizens to prevent further spread of the disease.

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As part of his review, Dr. Macdonald agreed with the commission's recommendation that attention be focused on the threat from HIV infection rather than on AIDS, the most advanced stage of the infection. An estimated 1 million to 1.5 million Americans are infected with HIV. Since 1981, there have been 68,000 cases of AIDS.

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The President's plan was developed through a review process that involved consultation with executive branch agencies, the Office of Management and Budget, White House staff and a cross-section of private groups and individuals, including the National Academy of Sciences. That group recently released an AIDS report with conclusions similar to those of the commission.

The review determined that 40 percent of the commission's recommendations with a Federal component have already been completed, are underway or are planned. Another 30 percent are under consideration as part of the FY 1990 agency budget plans.

--MORE--

The 10-Point Plan

Under the action plan, the President:

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3. Emphasizes his concern about drug abuse and its relation to HIV infection and continues his call for bipartisan efforts to enact his anti-drug proposals.
4. Begins action in and out of Government that will accelerate development, approval and distribution of vaccines and drugs.
5. Reaffirms his commitment to provide adequate resources (dollars, staff, office and laboratory space) to combat the HIV epidemic and directs the Office of Management and Budget to make certain there are no impediments to efficient use of these resources.
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In addition, the President referred to the Attorney General for expeditious review and response the commission's recommendations as to how the Federal Government should provide direction and leadership to encourage non-discrimination for HIV infected persons.

Accomplishments in Combatting HIV

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THE WHITE HOUSE

Office of the Press Secretary

For Immediate Release

August 2, 1988

IMPLEMENTING RECOMMENDATIONS OF THE PRESIDENTIAL COMMISSION
ON THE HUMAN IMMUNODEFICIENCY VIRUS EPIDEMIC

Fact Sheet

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The Changing Face of AIDS

More and more victims are black or Hispanic

Late morning, Harlem Hospital. Doris White (not her real name), 32, pulls her thin robe across her narrow, bony chest and lights a cigarette. Her dark arms are riddled with small, round scars, the hieroglyphs of chronic heroin abuse. She is here for the seventh time in two years. In 1982 she brought her four-year-old son Rashan to this same hospital. The boy was listless, losing weight; he had white spots on his lips and tongue. The boy's father, a drug addict, had recently come out of prison and was not at all well himself.

For the next few years, Rashan fought a battle he did not understand. "Mostly, my mother took care of him," says Doris, crossing her skinny legs. "It was hard. I'd have to get high before I could go see him." Rashan died a year and a half ago of AIDS, about the same time Doris was diagnosed as having the disease and two months after the boy's father succumbed to the illness, known in the ghetto as "the AIDS." She squeezes her brimming eyes shut. "I will feel the guilt the rest of my life," she says. A month ago Doris' five-year-old daughter Jamille received the

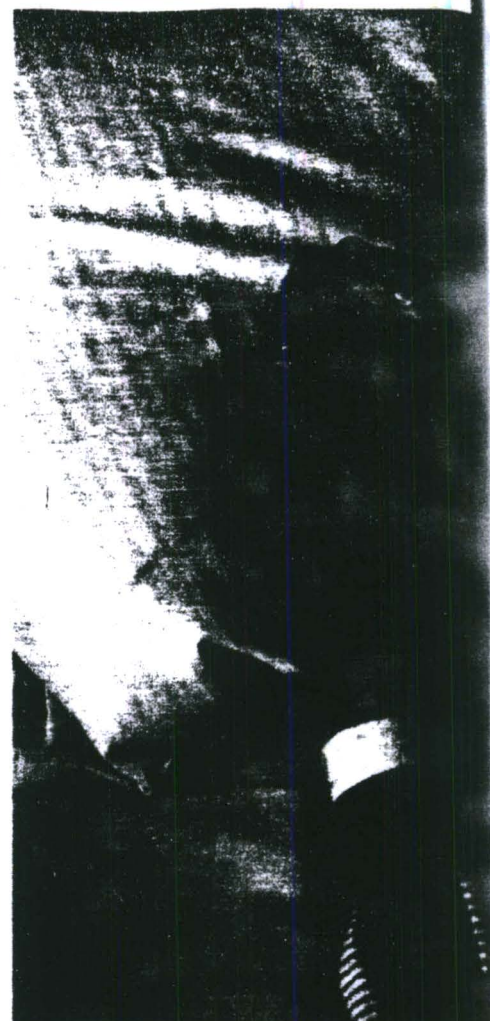
deadly diagnosis. So far, only her 15-year-old daughter has been spared. Doris says the disease has changed her; she no longer shares needles. "It seems like every day someone else I got high with is sick," she says. But she still shoots up. "If I can get high," she explains, "I can push things to the back of my mind."

The face of AIDS in America is changing; it is getting younger, darker, more feminine. Stories like Doris White's are becoming common in inner-city ghettos: every day someone else who got high is getting sick. So are their lovers, and so are their children. Although nearly two-thirds of AIDS victims so far have been homosexual men, the rate of new infection among gays has declined. At the same time, the rate among blacks and Hispanics, particularly those who are intravenous drug users, is rising alarmingly. Medical experts warn that unless urgent actions are taken, AIDS may become a predominantly minority disease. That prospect is frightening not only to health officials but also to civil rights advocates, who fear a backlash of racism.

This past weekend the Centers for



Born into suffering: infected babies of drug-addicted mothers



A place to die: a 30-year-old former U.S. Navy sailor

Disease Control in Atlanta held its first national conference on AIDS and minorities. According to CDC statistics, although blacks and Hispanics constitute only 12% and 6% of the U.S. population, respectively, they currently account for a disproportionate 24% and 14% of the more than 39,200 reported AIDS cases in the U.S. For women with AIDS, the numbers are even more striking: some 52% of them are black and 20% Hispanic. Nearly 80% of all children with AIDS are either black or Hispanic.

In absolute numbers the problem of AIDS among minorities hardly compares with other enduring inner-city health-care problems such as hypertension, drug abuse and teenage pregnancy. But the future may tell a different tale. Testing of military-service applicants for exposure to the AIDS virus has revealed an incidence that is four times greater for blacks than for whites. If present trends continue, blacks and Hispanics might constitute as much as 40% of the predicted 54,000 AIDS deaths in 1991. Warns Dr. Wayne Greaves, chief of infectious diseases at Howard University Hospital: "Unless we can interrupt this pattern of transmission, this disease could potentially affect the size of the black population."

While the largest percentage of minority AIDS victims have been homosex-



REINIGER-CONTACT

of Ecuadorian extraction languishes at a Veterans Administration hospital

uals or bisexuals (40% for blacks, 49% for Hispanics), the growing infection rate among IV drug abusers threatens to alter those proportions. The National Institute on Drug Abuse (NIDA) estimates that 70% of the nation's 1.28 million IV addicts are black or Hispanic, and according to the CDC, about a third of AIDS cases among those minorities have been linked to drug abuse, in contrast to just 5% of cases among whites. The virus spreads easily in urban shooting galleries, where a contaminated needle may be passed among a dozen addicts. Some 70% of New York City's quarter-million IV addicts may already be infected. The skyrocketing incidence among IV drug abusers worries experts because of the difficulties of bringing information to this notoriously recalcitrant community. "Their lives are relatively disorganized," observes Surgeon General C. Everett Koop, "and they are not the best recipients of any educational programs." While the nation's homosexual communities, particularly in New York and San Francisco, have effectively mobilized to confront AIDS by lobbying for federal funds, creating group homes for AIDS sufferers and recruiting volunteers to staff hot lines, there is almost no support for AIDS sufferers who are addicts. A 34-year-old black homosexual in Manhattan says he was able to "plug into" gay

support groups "for emotional and physical help." But in Harlem, he laments, afflicted addicts "just wait for death, which often comes on the street because so many of them are homeless."

Organizations that traditionally offer aid and support to minorities, such as civil rights groups and the church, have been sluggish in acknowledging the epidemic. For them AIDS presents a disturbing di-

lemma: the disease threatens to increase racial discrimination and further distance blacks and Hispanics from full participation in mainstream society. "We don't want to get to the point," says Dr. Reed Tuckson, public health commissioner of Washington, "where people say to any black, 'You can't come into my restaurant, and you damned sure can't come into my swimming pool.'"

It was not until January of this year that the National Urban League addressed the problem in a report on AIDS and American blacks by Dr. Beny J. Primm, executive director of Brooklyn's Addiction Research and Treatment Corp. Primm is furious about the foot dragging and denial among blacks. "There is a complacency," he charges, "and perhaps a fear of being called a racist if they point the finger at their own. Better to be called racist now than conspiratorially genocidal five years from now."

For the church, so often a source of strength and shelter in the black and Hispanic communities, AIDS is a prickly subject. Both the black churches and the Roman Catholic Church have traditionally been bastions of conservative values on sexual and social matters, and the idea of preaching the use of condoms and clean needles is difficult for many clergymen. In the Hispanic community, moreover, where the cult of machismo still reigns, men regard even the discussion of condoms as a diminishment of manhood.

But some groups are gearing up for action. The Southern Christian Leadership Conference has held two national seminars on AIDS in the black community. Last week 40 clergy, under the auspices of the Congress of National Black Churches, met with federal public health officials to discuss what they could do to stem the spread of the disease. This fall both the Congressional Black Caucus and the N.A.A.C.P. will explore the issue at conferences.

Various efforts around the country are targeted on IV drug abusers, though most of them are small and poorly funded. In San Francisco, Vicente ("Chente") Matius, an ex-addict who now works for Mid-



Testing for infection: a doctor takes a blood sample from a New York City prostitute

STUBBS-FESTER/REUTERS

city Consortium to Combat AIDS, ambles along the rough-and-tumble streets of the city's Mission District, his white plastic bag bursting with 1-oz. bottles of household bleach and packets of condoms. His message to IV addicts is blunt and simple: Don't share needles, but if you have to, clean the "works" twice with bleach, a procedure that reduces the risk of exposure to the virus. While the rate of new infection among the city's mostly white homosexual community has slowed to about 4%, the rate among San Francisco's estimated 18,000 IV addicts is 15%, up 50% since 1985.

In New York City, with the nation's largest IV addict population, Stephan Sorrell, a streetwise physician at St. Luke's-Roosevelt Hospital Center, calls for more radical interventions. "If we want to stem the tide of this epidemic," he says, "we have to open more methadone-treatment slots. I'd suggest that we go to Needle Park and give away methadone and syringes rather than letting the dealers sell heroin." Currently, there are only 30,000 methadone slots for the city's 200,000 or more IV addicts. Last week New York Governor Mario Cuomo announced that the state would be expanding the number of openings by 5,000.

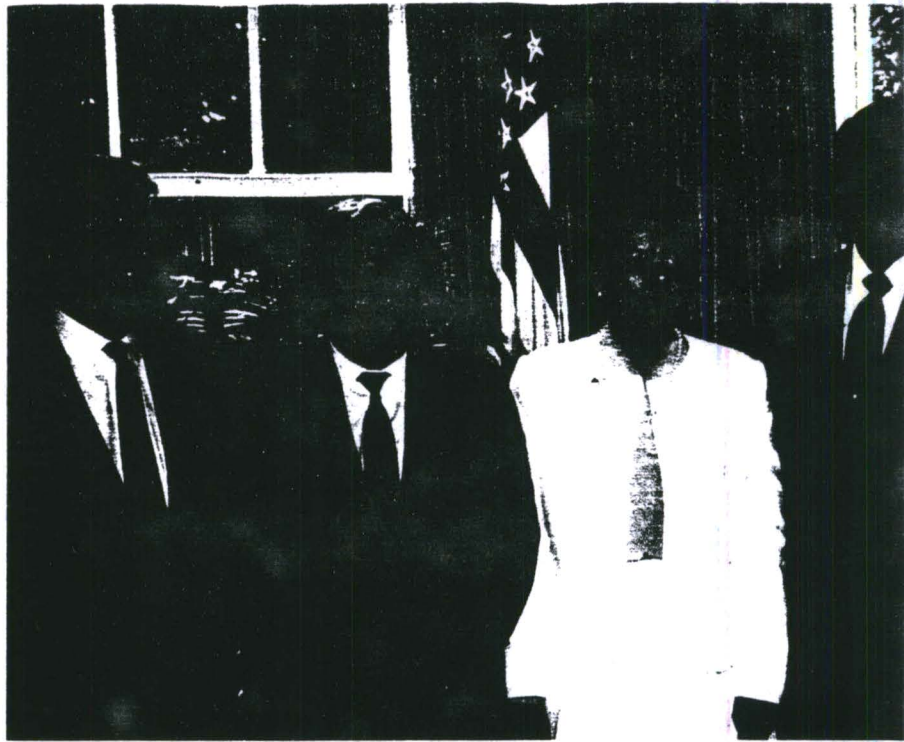
Federal efforts to reach drug abusers are just beginning. This October NIDA will embark on a three-year pilot program in 15 cities aimed at reaching IV drug users, their sex partners and prostitutes. They will be urged to enter methadone-treatment programs, use condoms and get AIDS-virus testing and counseling. Some black leaders complain, however, that too much of the federal AIDS-education programs and funds is aimed at white, middle-class students, rather than at the young, inner-city IV addicts and their sexual partners, who are much more at risk. For the moment the Reagan Administration resists the notion that it should appropriate funds for programs designed specifically for minorities. "We are strongly opposed to earmarking funds in that way," says White House Domestic Policy Adviser Gary Bauer.

Among those working hardest to contain the spread of AIDS in the urban ghettos, there is often a sense of despair. Drug addicts are tough subjects for reform. "We need to stop the recruitment of young people into IV drug use in the first place," says Don Des Jarlais, of the New York State division of substance abuse services. Working with youths who are sniffing but not yet injecting heroin, Des Jarlais says, "We get them thinking about AIDS and what to do to prevent themselves from becoming exposed."

For Doris White the message is far too late, but she prays that her 15-year-old daughter will learn from her family's tragedy. "I try to point out everything about drugs as clearly and truthfully as I can," she says. "She understands. She says, 'Mom, why you mess with drugs? You got to be strong. You can't be weak.'"

—By Richard Stengel.

Reported by Mary Cronin/New York and Steven Holmes/Washington



In the Oval Office: President Reagan, flanked by *Contra* Leaders Alfonso Robelo, Aristides Sa

Not Just One Peace Plan For Nicaragua, but Two

Reagan and Central Americans unveil proposals

At a meeting in the White House Oval Office, Ronald Reagan and George Shultz sealed a surprising accord with House Speaker Jim Wright and other congressional leaders. Three days later, in a grand reception room at the National Palace in Guatemala City, five Central American Presidents, including Nicaragua's Daniel Ortega Saavedra, proclaimed they had reached their own "historic compromise." And so, after six years of undeclared war between the U.S.-backed *contras* and the Sandinista government of Nicaragua, the battle last week suddenly became one between two rival peace plans for the region.

The only group left out of the flurry was one that could be most dramatically affected. The political and military leaders of the *contras* happened to be in Washington to start the process of seeking a new round of U.S. aid, when they were blindsided by the peace talks. But the issue of *contra* aid, which will run out at the end of September unless renewed, was very much on everyone's mind. Indeed, the White House had launched its effort as a blend of diplomacy and political gamesmanship designed to influence Congress if the peace process falters.

Although Secretary of State Shultz proclaimed that the Reagan-Wright plan was "not a ploy," there was reason for

skepticism. The Administration has a history of announcing peace initiatives whenever *contra* funding is up for renewal. Late in 1984 a memo from John Poin-dexter, then Deputy National Security Adviser, to his boss, Robert McFarlane, set out a deceptive scheme: "Continue active negotiations but agree on no treaty and act to work out some way to support the *contras* either directly or indirectly. Withhold true objectives from staffs."

Nevertheless, Speaker Wright felt the time was ripe on all sides for a sincere diplomatic push: the Administration knew it could have trouble winning more *contra* aid; Congress was looking for ways to avoid a bruising clash; the rebels appeared to be making little headway on the battlefield; and the Sandinistas were experiencing severe economic problems and the prospect of waning Soviet support.

Wright, who has a mixed voting record on *contra* aid, was receptive when visited last month by the Administration's new lobbyist on the issue, Tom Loeffler, a former Texas Republican Congressman. The two Texas pols, longtime friends despite their partisan differences, produced a plan that in effect offered the Sandinistas a stark choice: join in serious negotiations now or face a possible new infusion of U.S. military aid to the *contras*.

The Pennsylvania Avenue shuttle di-



AIDS victim Charles Johnson: "I have to keep going for my sons"

The uneven odds

Minorities are afflicted with AIDS in significantly disproportionate numbers

■ *Angel Garcia thought it could never happen to him. He hadn't shot drugs since 1979, he was married, the father of two sons. In the wastes of the South Bronx, he was even holding down a steady job. AIDS? No way. Then earlier this year, he started running a fever, coughing and losing weight. Doctors gave him the news: He had a rare form of pneumonia that afflicts those with AIDS. Worse, his wife soon contracted another form of the disease, and last week, a few miles away from her husband in a Bronx hospital, she died from it. Angel Garcia had infected his wife, and now, at age 33, dazed and distraught, he was burying her. "I want to be cremated," Angel Garcia says. "Funerals are very expensive."*

The Garcias are two of the newest victims of AIDS—blacks and Hispanics, who are twice as likely as whites to be

ravaged by the fatal disease that strikes first at the body's immune system. Already, about 40 percent of the nation's 38,000 diagnosed AIDS cases are black or Hispanic, although these minorities make up less than a fifth of the population. Nearly half of those minorities with AIDS are heterosexuals (page 34), mostly intravenous drug users or their sex partners. The inequality is most striking among babies: For instance, black babies are 25 times more likely to get the disease than are whites. The disease, says Surgeon General C. Everett Koop, is a "catastrophe" in black and Hispanic communities.

Finally, the U.S. seems to be coming to grips with the dimensions of that catastrophe. At a national conference on AIDS and minorities last week, authorities were expected to announce that, for the first time, they would spend money—\$7 million—that will go

to minority organizations for use in AIDS prevention and education programs. With such measures, the uneasy silence over the link between AIDS and race is beginning to be broken. But for many in the ghettos, the timing will seem like a cruel joke. "In certain parts of our cities," says Dr. Herbert Nickens, director of the Public Health Service's Office of Minority Health, "prevention will be too late."

The appalling prospects

In the impoverished neighborhoods of Harlem, Miami or the South Bronx, AIDS, with an incubation period as long as 10 years, is a silent killer. "It's not in their face like the knife or the eviction notice," says Ernest Drucker, the director of community health at Montefiore Medical Center in the Bronx. Drucker estimates that in some of the poorest, drug-plagued neighborhoods of New York as many as 25

percent of the men are now infected with the AIDS virus; about 50 percent will ultimately contract the disease. More than half of the city's 200,000 intravenous drug users are infected with the virus. Indeed, the percentage of homosexuals accounting for the disease has dipped from over 70 percent to about half—while drug abusers have risen to about a third of the cases in New York. Now, 54 percent of the city's AIDS cases are black or Hispanic. "The future face of this health crisis in most other cities," says David Dinkins, Manhattan borough president, "is here today in New York."

For minorities in some cities, the face of AIDS is often that of families: Addicts, their mates and children. But few addicts are aware that they have the virus—and while some have taken steps to protect themselves, too many continue to spread the disease by sharing needles or having sex without condoms. For children with AIDS, the fight is already lost. There are over 500 of them now, and perhaps three times as many with the virus—about 80 percent of whom are black or Hispanic. They are, by and large, the children of addicts, and their numbers are doubling every 14 months. "It is," says Dr. James Oleske, an AIDS specialist at Newark's Children's Hospital, "like our own, self-initiated holocaust." "I want to die"

The children not only suffer but often they are orphaned or abandoned—another sign of AIDS' devastating toll on minorities. Most of the eight to 12 AIDS children in Harlem Hospital don't have families to take them in.

Plagued by guilt and addiction, some of the mothers of these "boarder babies" simply stop showing up. "They can't handle it," says pediatrician Dr. Elaine Abrams.

For the mothers who try to raise their AIDS-afflicted children, the price can be enormous. For AIDS victim Willie Mae Williams of Fort Lauderdale, Fla.—33, black, blind, emaciated and dying in a rented hospital bed—her pain so mixes with guilt that she has but one overriding wish: "I want to die," she told her mother, Doris Copeland. Williams's 4-month-old daughter died in March of AIDS-related pneumonia. "I killed my baby, Mama," Copeland recalls her daughter saying. "If I had known this would happen, I would have never started shooting up drugs."



Intravenous drug users learn to clean needles with bleach and alcohol

Like Willie Mae Williams, too many are unaware of just how endangered they really are. And those most at risk—low-income drug addicts and their mates—are the least likely to be reached by prevention messages. At Detroit Receiving Hospital, Dr. Prantharthi Chandrasekar tells stunned addicts they've become infected with AIDS. "I break the news to them, and they don't understand what I'm talking about. You tell them they have AIDS and they say, 'What's that?'"

Even people—particularly women—who don't engage in obviously danger-

ous activities are at risk. In New York, where AIDS is now the leading cause of death among women age 25 to 34, about a fifth of female AIDS victims contracted it from being a drug user's sex partner. Says one AIDS specialist: "They're innocent bystanders." Not surprisingly, more than 70 percent of women with AIDS are minorities.

For many blacks and Hispanics, says Montefiore's Drucker, "AIDS is a plague for people who are already plagued." Without the financial or personal resources of middle-class white gays, they have to struggle for social services when they become ill, and their health deteriorates more quickly. As a result, the average life expectancy of a minority person with AIDS is as little as 19 weeks after diagnosis, compared with two years for a white person.

Just as devastating is the spread of the disease to some minorities who don't appear to be in high-risk groups. In Dade County, in South Florida, Charles Johnson, 33, a black former postal worker, and his wife Debra both have AIDS—and they blame each other. Neither used drugs, and he says he has been faithful. Now, her family won't let him visit her in a local hospital, and he has become a neighborhood outcast. "I have never been so alone in my life," he says.

It is even more painful for those without money or a home. At Harlem Hospital, over half of the 40 to 60 AIDS patients are homeless, according to Dr. Jay Dobkin, chief of infectious diseases. "When they get sick, everything falls apart," he says. For minorities not used to dealing with bureaucracies, the fight to get help only adds to the ordeal.



An AIDS victim in a Los Angeles shelter

"There is no special treatment because you're ill," says Bobby, a 30-year-old frail, thin black man with AIDS who spends his days at "Dignity House," a Los Angeles residence for homeless victims of the disease. After getting AIDS last summer, he lost his job as a cosmetologist and then his apartment. "I couldn't get to the welfare," he says, "because I was sick."

For Spanish-speaking people, particularly illegal aliens, their outsider status only compounds their difficulties and their risk. "They don't know the symptoms or the disease," says Daniel Lara, a member of the AIDS Project Los Angeles.

The AIDS crisis among minorities is hardly an overnight phenomenon: The incidence of AIDS among blacks and Hispanics has been disproportionately high for years. Then why the tardy response by public and private groups? On the government's side, many experts say, failure to reach minorities has been part of broader weaknesses in education programs. But black and Hispanic leaders, by and large, haven't done much on their own—partly out of concern over a racial backlash by the majority white community. (Gay organizations, in contrast, lobbied for government action, helped the sick and launched vigorous education efforts that have paid off in declining infection rates.) Still, for minority groups, late may be better than never. Ronald Turner, director of the Community Health Awareness Group in Detroit, points to a 1 percent drop in the percentage of minority AIDS cases in the last year and says, "I feel the message is getting out."



Laura Mabry: "No reason to chill out"

But getting the AIDS message to addicts and then convincing them to change isn't easy. Laura Mabry, now an AIDS patient, continued to shoot drugs even after seeing her cousin die of the disease and being diagnosed with AIDS-related complex, or ARC, herself. "Getting high was not out of my system," she says. "I wasn't seeing reasons to chill out." Frank Tardalo, an ex-addict volunteer, admits, "You can't really do anything with them until they're in [drug] treatment." One possible alternative—distribution of clean needles by health workers—has been stalled so far by political opposition. So treatment remains the best bet. But even then, there are no guarantees. Fewer than a quarter of the addicts referred recently to a New York treatment center actually showed up to get help. And one addict, Roberto, after learning that he had the AIDS virus, dropped out of a methadone program—methadone is a heroin substitute—and left his family to sleep in a heroin hangout. "I felt like I'm going to die anyway," he says.

Turning the tables

Most addicts aren't even fortunate enough to find places in treatment facilities. Others, like Roberto, fail to follow through or drop out of programs—and most addicts in treatment still shoot drugs occasionally.

Still, there are some signs of progress. Surveys have found as many as 69 percent of addicts in treatment reducing injections and needle-sharing, for instance. "Patient education can make a difference," says Dr. Paul Casadonte, assistant chief of psychiatry at the Veterans Administration medical center. Casadonte also finds a high portion of methadone patients willing to use condoms after testing positive for the virus.

Such individual behavioral changes—reinforced with prevention and education efforts—are likely the best hope for slowing the spread of the disease among minorities. Health experts, however, are not optimistic about the chances for dramatic success. "We'll take our victories where we can," says the CDC's Walter Dowdle.

The larger question is whether Americans are willing to spend what it takes to help those who are outcasts in their own communities—gays and drug users—to live. Mayor Ed Koch of New York, for one, isn't sure of the answer. As he told *New York Newsday* last month, "The fear I have is that the drive to find the cure and to treat all of these people is going to diminish because the population that is at risk is not part of the majority." ■

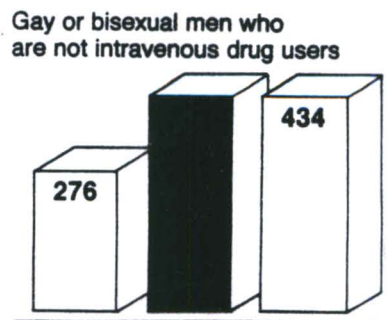
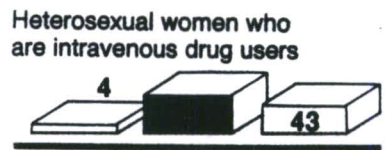
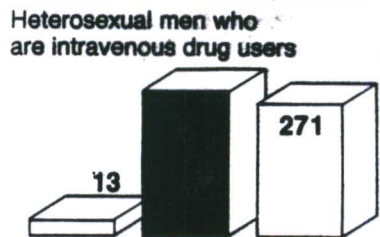
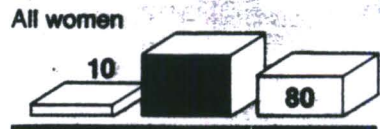
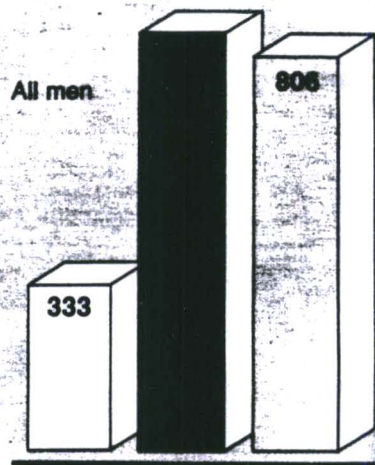
by Art Levine with Barbara Quick, Luisa Yanez in Miami and bureau reports

AN UNEQUAL BURDEN

AIDS

Though most AIDS victims in the U.S. are white, the virus affects a higher proportion of blacks and other minorities

Cases per million of population
 □ Whites ■ Blacks □ Hispanics



USN&WR—Basic data: Dr. Roger Bakeman of Georgia State University; Centers for Disease Control

AIDS and 'straights': Unsettling questions

■ First came the warning that AIDS was about to "break out" into the heterosexual community. Now comes word that the threat to "straights" was exaggerated. Heterosexuals, once victims of scare propaganda, now find themselves being pacified with reassurances no more founded in reality.

To be sure, the percentage of Americans who have gotten AIDS through heterosexual transmission has remained at 4 percent since 1984. But that 4 percent represented only 324 cases then, as compared with 1,500 today. All that's ancient history anyway. If you're a heterosexual frequenting singles bars, for example, the big question is not who has AIDS but who is carrying the virus without manifesting

The number of heterosexuals who contract AIDS is rising—but no one knows how many are unwittingly carrying the virus

are directly or indirectly tied to intravenous drug use. San Francisco, which has the highest incidence of AIDS but a relatively small drug problem, has reported only a handful of heterosexually transmitted AIDS cases.

Women who love men who use drugs

New York City, with its high number of heroin addicts, is another story. Statistics through June of this year show that 66 percent of women infected with the AIDS virus were intravenous drug

cases. For example, of 51 patients who tested positive at a New York City venereal-disease clinic, 10 percent of the cases were attributed to heterosexual transmission, either with an intravenous drug addict or a bisexual. At VD clinics in Denver and Seattle, far fewer heterosexuals test positive.

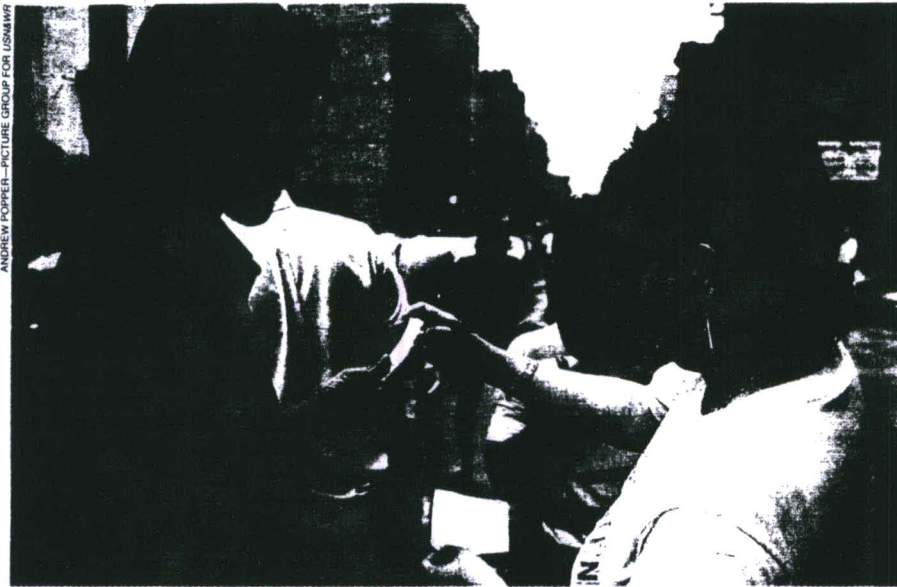
"The worst-case scenario for heterosexuals," says Rand Stoneburner, AIDS research director for the New York City Department of Health, "has not been borne out."

Others aren't so sure of even this modest dose of "good news." "It's too soon to be seeing a second wave," says Dr. Neal Steigbigel of New York City's Montefiore Medical Center, a leading AIDS-treatment center. He cites studies in New York and Miami of the regular heterosexual partners of AIDS victims. About 50 percent tested positive for the AIDS virus, and male partners were infected just as often as female partners. The rate for wives of infected hemophiliacs was only 17 percent, according to a study by James Goedert, AIDS coordinator at the National Cancer Institute. But the results don't conflict, he says, because the hemophiliacs were not yet sick—unlike the partners tested in the other studies. Translation: Infected partners who have not yet passed the virus to others are likely to do so in the future.

A time-bomb scenario

Another troubling sign comes from studies of heterosexuals in Africa, where heterosexual intercourse seems to be the primary mode of transmission. British researchers have found what they say is a genetic vulnerability to the AIDS virus among black Africans, but the results have not been confirmed elsewhere. In any event, new findings suggest that syphilis and a venereal disease common in Africa, chancroid, highly correlate with AIDS infection. That could spell bad news for the U.S., which recorded a 23 percent jump in syphilis cases during the first three months of 1987. That was the largest increase in a decade, but the really bad news is that most of the cases involved minority heterosexuals at high risk for AIDS. If it turns out that these new syphilis cases *do* correlate with AIDS infection, the bad news will be apparent in the very near future. "The next six months," says Surgeon General C. Everett Koop, "will tell whether we have to be as concerned about heterosexual transmission as many people think." ■

by Kathleen McAuliffe



An AIDS worker, Yolanda Serano, explains the disease on a street in Brooklyn

the symptoms. The answer is hardly reassuring. Some 57,000 people have become infected through heterosexual intercourse, and at least 225,000 more through intravenous drug use.

This is not to say that AIDS is "exploding" in the heterosexual population the way it did among homosexuals in the early '80s. Experts concur that heterosexuals on average are much less sexually active compared with homosexuals in the pre-AIDS era. The scattered evidence available suggests that the disease is spreading slowly among heterosexuals. But the numbers *are* climbing. During 1986, AIDS cases transmitted through heterosexual contact increased by 135 percent—a much bigger gain than was seen in any of the traditional risk groups.

Usually, heterosexual cases of AIDS

users; 22 percent contracted the disease from sex with "high-risk" males—mostly intravenous drug users.

So far, there are fewer documented cases of men getting AIDS from female sexual partners who are intravenous drug users. This may reflect a trend often noted by drug counselors: Many women who don't use drugs will remain in relationships with men who do, while the reverse relationship—between a "clean" male and a drug-abusing female—is far less common.

At present, there is little evidence in the U.S. for the much feared "second wave," in which partners of people in high-risk groups infect people who have nothing to do with such groups. Results of millions of tests on military applicants, blood donors and sexually active heterosexuals show few "surprise"

As Agencies Bicker, Some Funds Go Unspent

Infighting Hampers Anti-Drug War

By KENNETH B. NOBLE

WASHINGTON

LIKE the angler who has hauled in a big fish, Attorney General Edwin Meese 3d flew to Chicago the other day to pose for pictures before fruit boxes loaded with nearly three tons of uncut cocaine, believed to be the largest shipment ever seized by law-enforcement officials.

"This case represents the very best in coordination among agencies," Mr. Meese declared.

When Customs Service agents found the cocaine aboard a ship docked in Miami last month, hidden in 130 boxes under a thin layer of plantains, standard procedure would have been to seize it then and there. But this time, they allowed the cache to be loaded and followed it on a journey that ended in a Chicago warehouse, where officials of a different agency, the Drug Enforcement Administration, arrested the people who came to meet it.

"What we've found in recent years," Mr. Meese said, "is that while no single agency can put together a huge case like this alone, a lot of agencies working closely together can be extremely effective."

A Debatable Point

But many members of Congress, as well as critics outside Government, would retort that it doesn't work out that well most of the time. The Customs Service, the Federal Bureau of Investigation and the D.E.A. are among more than three dozen Federal agencies responsible for halting the flow of drugs into the United States. Because of jurisdictional boundaries created decades ago, rivalries are endemic.

Customs officials, for example, have long voiced frustration about not being able to pursue cases based on evidence they turn up in border searches. In February, disputes

among Federal officials even blocked publication of the annual estimate of the nation's drug problem — a report that the Administration has called key to its "national crusade" against drugs.

"The lack of a clear lead role by any one agency," said a recent report by the House Government Operations Committee, "is the major contributing cause of the current state of Federal anti-drug abuse efforts, characterized by overlapping jurisdictions, uncertain leadership, and 'turf battles' that frustrate the success of many narcotics programs."

If anything, the longstanding interagency disputes appear to have worsened since President Reagan signed the sweeping Anti-Drug Abuse Act of 1986. Even before the bill became law, agencies were maneuvering for a larger slice of the \$1.7 billion the act provided. Several agencies are still bickering, for example, over what kind of radar balloons to spend \$71 million on. The blimp-like balloons carry radar aloft to detect smugglers' low-flying airplanes.

Last May, in an effort to "add new vigor and a more comprehensive approach" to the Government's anti-drug efforts — and in response to the 1986 law, which required a plan to end fighting among the agencies — the Reagan Administration designated the Customs Service as the lead agency in the effort to halt drugs at the border and assigned the Coast Guard the main role against maritime narcotics smuggling. The two were to share responsibility for intercepting airborne drug shipments.

But the approach has not satisfied critics in Congress who have long sought the appointment of a Cabinet-level "drug czar" to oversee all Federal initiatives.

Both the House and the Senate approved bills to create such a position in 1983, but the Justice Department insisted it would be counterproductive, and President Reagan

vetoed the legislation. Senator Joseph R. Biden Jr., the Delaware Democrat who is seeking his party's Presidential nomination, re-introduced the bill this spring, saying drug-control money was being wasted because of "an acute lack of leadership."

'A Wacky Idea'

But Stephen Trott, the Associate Attorney General, called the proposal "a wacky idea that's not going to solve the problem."

"You don't need some person coming in and trying to tell Cabinet secretaries what to do," he said. "It completely upsets the Cabinet form of government we now have."

Despite the successful coordination of the Chicago seizure, Mr. Trott says it is far too early to tell whether the Administration plan will solve the jurisdictional disputes. "Come back in six months," he said, "and we'll be able to show you what we've got."

But critics say Congress is losing patience with the Administration, and if results are not forthcoming soon, there is enough sentiment in the Democratic-controlled Congress to override the President's veto.

Representative John Conyers Jr., a Michigan Democrat, for example, has in the past opposed the drug-czar proposal. But now he believes the fight against drugs needs someone who could make the Cabinet cooperate and alleviate disputes over domain.

"The agencies are still fighting among themselves, and it sometimes gets pretty nasty," Mr. Conyers complained.

Still, the basic question is how much the Government can hope to accomplish through law enforcement alone. A General Accounting Office report released in June said the Government spent \$822 million last year to intercept drugs, seizing 27 tons of cocaine, 1,106 tons of marijuana, 9 tons of hashish and substantial amounts of heroin. But it was still just a fraction of the illegal narcotics smuggled into the country.

U.S. Officials Criticized on Efforts To Curb AIDS Among Minorities

By JON NORDHEIMER

Special to The New York Times

ATLANTA, Aug. 9 — Federal health officials were accused today of snubbing black and Hispanic community workers who could offer valuable assistance in fighting AIDS, which has spread disproportionately in minority communities.

Many of the black and Hispanic delegates to a two-day conference on AIDS

and minorities sponsored by the Federal Centers for Disease Control here also complained that the conference was an example of what they called the Federal Government's slow and bureaucratic response to the AIDS crisis.

"An observable deficiency of this conference has been the lack of dissemination of important and practical resources and tools to enable the participation of minorities in the fight to stop the spread of AIDS," read a resolution adopted by nearly 100 of the black delegates and read aloud today at the final session of the conference.

"They gave us a lesson in AIDS 101 when all of us traveled here for a graduate course," said Brandy Moore, spokesman for the conference's black caucus.

Rate Among Minority Children

Although nearly half of the AIDS cases in the United States involve white homosexual men, statistics show that acquired immune deficiency syndrome strikes black and Hispanic people at twice the rate of whites.

The disease is claiming an even higher rate among minority children born with AIDS, officials said, noting that 94 per cent of pediatric cases in New York City involved black or Hispanic children.

The black caucus as well as a similar group of Hispanic delegates proposed that members of minority groups with experience in health care and drug abuse work, as well as AIDS victims themselves, be recruited by the Centers for Disease Control to help develop strategies to control the alarming increase of the disease. AIDS is spread primarily through sexual contact and the sharing of needles among intravenous drug users.

There were also individual calls at the conference for minorities to take political action to seek Federal money for education and prevention efforts in minority communities.

On Saturday the disease control agency announced that \$7 million in public money would be made available soon to minority groups for AIDS education and prevention. The groups must apply to state agencies for the funds, which next year will increase to \$10 million next year.

Officials Cite Success

Despite the criticism, Federal health officials, already seasoned veterans of confrontations with homosexual groups over control and financing of AIDS efforts, hailed the weekend meeting as a success and promised to use minority talent and experience.

NYT
8/10/87

Dr. James O. Mason, the director of the centers, said the airing of minority concerns was "one of the best things to take place this weekend."

When he asked the approximately 1,000 delegates assembled today if they thought another conference on AIDS and minorities should be held next year, he heard a chorus of shouts that a year was too long to wait. Individual delegates called for another conference in six months in which minorities would be given more responsibility for its planning.

As the risk from AIDS is better understood, minority community workers want to get involved but find it difficult to obtain the resources for relatively minor expenses like mail and telephone costs, said Ravinia Hayes-Cozier, a leader in the New York City Health Department's AIDS program.

She said minorities should demand access to public funds made available to state and local health departments through grants from the Centers for Disease Control and other agencies.

Changing the behavior of drug addicts, was a particularly thorny challenge, other speakers said. Experts said many high-risk drug abusers shunned the use of condoms during sexual intercourse for many reasons, including their belief that condoms stigmatized them as possible carriers of the disease.

"It is tempting to say we can't deal with the addict problem of infection," said Dr. Harold Jaffee, the chief AIDS epidemiologist with the centers. "But there is no choice. We must do it."

However many of the community workers who attended the conference were skeptical of the promises of support.

"The C.D.C. needed us for this conference," said Dr. Shirley Gross, who directs drug abuse and other minority programs in parts of San Francisco. In perhaps one of the harshest views of why this weekend's conference was held she suggested that the Centers for Disease Control needed the meeting to demonstrate to Congress that it was getting minority input to assure continued money for its programs.

"So when people back home ask me what I got out of the conference I'll tell them I got exactly what the C.D.C. wanted to give us."

Sex abuse reports fuel AIDS fears

By Julie Morris
and Jennifer Carroll
USA TODAY

MARLIN, Texas — AIDS has this central Texas town's 7,099 residents on edge.

The fear stems from the discovery that an AIDS carrier molested at least 54 children in three states — 10 in Marlin.

County administrator Bob Cunningham said he'll distrib-

ute AIDS information to local officials this week.

"It's a very alarming situation," he said. "All we can do is try to get educated."

Last week, local officials found the children's names on computer disks in the home of slain insurance salesman Jimmy Etheridge, 38, found shot to death June 30 in his home.

Police said a computer disk included a telephone directory

with notations of sexual encounters in Texas, Louisiana, Arkansas and Mexico.

State health officials, who have taken over the investigation, say about 45 more disks may yield more victims.

"We've never had anything like this," said Dr. Charles Webb, regional health director. "The United States just isn't geared up to handle this kind of thing."



AP

ETHERIDGE: State health department is taking over case.

TELEVISION

NEWS, PROGRAMMING AND PERSONALITIES

INSIDE TV / BY MATT ROUSH

A national AIDS quiz will test our awareness ✓

A two-hour, prime-time AIDS special, patterned after the *National Drivers Test* and *National Health Test* shows of the '60s and '70s, will be syndicated in most USA markets Sept. 15. *National AIDS Awareness Test* is underwritten by Metropolitan Life Insurance and will air without commercials. The format includes 50 questions on AIDS, followed by answers based on the latest research. Co-anchors are Steve Bell, formerly with *Good Morning America*, and Morgan Fairchild, with Susan Dey, John Forsythe and Louis Gossett Jr. also on hand.

Experts include U.S. Surgeon General C. Everett Koop and Health and Human Services Secretary Otis Bowen. Besides the crucial facts, the special will include a poll from Louis Harris & Associates such issues as blood testing and AIDS victims in the school and workplace.

SAFELY SPEAKING: CBS says it "will keep vigilant" about safe sex and social responsibility in these AIDS-plagued days. A *Designing Women* episode will deal with AIDS and sex education in high schools. The prime-time soaps probably will have less off-the-cuff coupling. Kim LeMasters, vice president of programs, says the shows by necessity will remain steamy, but stories probably will involve more established couples who stay together longer. ✓

USA TODAY

8/10/87

THE WHITE HOUSE

Office of the Press Secretary

For Immediate Release

August 2, 1988

STATEMENT BY THE PRESIDENT

Acquired Immunodeficiency Syndrome (AIDS), caused by the Human Immunodeficiency Virus (HIV), has moved through our society with tragic human consequences. It is a public health threat that has touched the lives of Americans with alarming speed and frightening consequences. It demands knowledge and attention by the best experts in our society. I am today ordering a number of actions to focus the efforts of the Government and private sector on this horrible human problem. These directives will assure compassion toward those with the HIV infection, provide dignity and kindness in treatment and medical care, and require that we inform and educate our citizens to prevent further spread of the disease.

We are today adopting a 10-point action plan to advance the battle against AIDS and HIV consistent with the recommendations of the Presidential Commission on AIDS. It is a wide-ranging plan that calls on the action and cooperation of all levels of our society. As a first step, I am today directing that every Federal agency adopt a policy based on Office of Personnel Management (OPM) guidelines on how to treat HIV infected persons in the workplace. I ask American businesses, unions and schools to examine and consider adopting education and personnel policies based on the OPM and Centers for Disease Control guidelines.

I am directing the Attorney General to provide me with an expeditious review of how the Federal government should provide direction and leadership in encouraging non-discrimination for HIV-infected individuals.

We will also proceed to improve laboratory safety, accelerate drug approvals, evaluate the health care financing system and pursue a multi-focused international initiative among other steps. I have asked Dr. Macdonald to monitor our response to the Commission's recommendations and report to me in September.

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THE WHITE HOUSE

Office of the Press Secretary

For Immediate Release

August 2, 1988

IMPLEMENTING RECOMMENDATIONS OF THE PRESIDENTIAL COMMISSION
ON THE HUMAN IMMUNODEFICIENCY VIRUS EPIDEMIC

Fact Sheet

President Reagan today directed all Federal agencies to protect HIV-infected persons against discrimination in the Federal workplace. He instructed agencies to adopt a policy based on Office of Personnel Management (OPM) guidelines developed in March. They state: ". . . HIV-infected employees should be allowed to continue working as long as they are able to maintain acceptable performance and do not pose a safety or health threat to themselves or others in the workplace."

President Reagan's directive to Federal agencies is part of a 10-point plan he put in place today that will advance the battle against Acquired Immunodeficiency Syndrome (AIDS) and Human Immunodeficiency Virus (HIV) infection. The plan calls for actions to assure compassion towards those with HIV infection, to allow for their care with dignity and kindness, and to inform and educate citizens to prevent further spread of the disease.

The plan is based on recommendations of the Presidential Commission on the Human Immunodeficiency Virus Epidemic. The President received the commission's report on June 27, 1988, from the chairman, Admiral James D. Watkins, and praised it as an impressive effort that significantly increases our understanding of AIDS.

After reviewing the report, the President asked Dr. Donald Ian Macdonald, his Special Assistant and Director of the Drug Abuse Policy Office, to evaluate the commission's 20 summary recommendations and 597 recommendations and develop a course of action that addresses the most pressing problems posed by HIV infection. The plan announced today results from Dr. Macdonald's evaluation and recommendations.

As part of his review, Dr. Macdonald agreed with the commission's recommendation that attention be focused on the threat from HIV infection rather than on AIDS, the most advanced stage of the infection. An estimated 1 million to 1.5 million Americans are infected with HIV. Since 1981, there have been 68,000 cases of AIDS.

Comprehensive Review

The President's plan was developed through a review process that involved consultation with executive branch agencies, the Office of Management and Budget, White House staff and a cross-section of private groups and individuals, including the National Academy of Sciences. That group recently released an AIDS report with conclusions similar to those of the commission.

The review determined that 40 percent of the commission's recommendations with a Federal component have already been completed, are underway or are planned. Another 30 percent are under consideration as part of the FY 1990 agency budget plans.

--MORE--

The 10-Point Plan

Under the action plan, the President:

1. Directs the Department of Health and Human Services (HHS) to develop a series of consensus conferences with representatives from all levels of government and the private sector to intensify public health measures to reduce the spread of HIV infection. The President instructs HHS to increase the number of community based education programs directed to those at increased risk of HIV infection.
2. Requires the Food and Drug Administration (FDA) to improve laboratory quality and blood screening tests immediately and within 45 days begin notification of transfusion recipients. In addition, FDA should encourage self-donated blood before surgery.
3. Emphasizes his concern about drug abuse and its relation to HIV infection and continues his call for bipartisan efforts to enact his anti-drug proposals.
4. Begins action in and out of Government that will accelerate development, approval and distribution of vaccines and drugs.
5. Reaffirms his commitment to provide adequate resources (dollars, staff, office and laboratory space) to combat the HIV epidemic and directs the Office of Management and Budget to make certain there are no impediments to efficient use of these resources.
6. Asks Congress to accelerate enactment of his FY 1989 HIV appropriations request and adopt the FY 1990 budget request for HIV activities as early as possible after the budget is submitted. The President will seek a special HIV emergency fund for unanticipated problems and opportunities in the FY 1990 budget request.
7. Instructs the Secretary of HHS to evaluate the current system of health care financing; and directs HHS to conduct specific studies of ways to promote out-of-hospital care; encourage states to establish insurance risk pools for medically uninsurable persons; and increase the public health response to HIV infected infants, children, adolescents and low income disabled individuals.
8. Directs the Secretary of State to develop a multi-focused international initiative to combat HIV, particularly in less-developed countries; increase U.S. commitment to international technical assistance; and seek development of a three-year plan for international efforts against HIV infection.
9. Requires the Public Health Service to update the 1986 Public Health Service plan for combatting HIV infection. The President has asked Dr. Macdonald to provide him with status reports in September and December on progress to implement the commission's recommendations.
10. Calls on all sectors of society to respond equitably and compassionately to those with HIV infection and to their families. In addition to directing all Federal agencies to adopt a policy based on OPM guidelines, the President requests that American businesses, unions and schools examine and consider adopting education and personnel policies based on the OPM and Centers for Disease Control guidelines.

In addition, the President referred to the Attorney General for expeditious review and response the commission's recommendations as to how the Federal Government should provide direction and leadership to encourage non-discrimination for HIV infected persons.

Accomplishments in Combatting HIV

Over the past seven years, this Administration has committed more than \$5.3 billion to biomedical research, drug trials, prevention education, treatment, financial assistance programs, and other measures to protect public health against HIV. State and local governments and our nation's charitable institutions have also spent generously. The President has commissioned two major reports on the epidemic: the Surgeon General's Report on AIDS and the Report of the Presidential Commission on the HIV Epidemic. Over the past seven years, real advances have been made:

- o Discovery of HIV, the virus that causes AIDS.
- o Determination of HIV incidence, prevalence and disease transmission.
- o Development of a screening test which has virtually eliminated virus transmission through the blood supply.
- o Establishment of a HIV prevention program in every state.
- o Establishment of clearinghouses in the Department of Health and Human Services and the Department of Justice for distribution of information on HIV infection.
- o Distribution of Understanding AIDS, an educational booklet, to 105 million American households.
- o Development of recommendations and guidelines to protect the public against infection in the workplace, schools and the community at large.
- o Clearance in record time of one significant drug therapy (AZT) and substantial progress on a number of others.
- o Production of two HIV vaccines now being tested in human volunteers.
- o Support of international AIDS efforts and funding for the World Health Organization's Global Programme on AIDS.

#

- o This brochure is provided as education for all segments of the population ... to replace misconceptions and myth with accurate information.
- o The brochure clearly states that the HIV (AIDS) virus is not transmitted through saliva, sweat, tears or urine and that you can not contract the virus from a kiss. The virus is only transmitted through blood exchange.
- o Health care providers have been given special instructions to be particularly cautious however, since a presence of blood to some degree exists in most medical procedures and they may inadvertently come into contact with HIV contaminated blood in the patient's saliva, etc.
- o For example, dentists have been advised to wear gloves to avoid possible contact with the AIDS virus in bleeding gums or the natural bleeding which occurs during dental work.
- o The American Dental Association, the American Medical Association, the American Hospital Association and numerous others have endorsed this brochure while simultaneously advocating stricter cautionary measures for their membership -- not as a reflection of doubt regarding saliva, tears, feces, etc., but because of the frequency with which these professionals come into contact with bodily fluids mixed with blood.

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Understanding AIDS

A Message From The Surgeon General

This brochure has been sent to you by the Government of the United States. In preparing it, we have consulted with the top health experts in the country.

I feel it is important that you have the best information now available for fighting the AIDS virus, a health problem that the President has called "Public Enemy Number One."

Stopping AIDS is up to you, your family and your loved ones.

Some of the issues involved in this brochure may not be things you are used to discussing openly. I can easily understand that. But now you must discuss them. We all must know about AIDS. Read this brochure and talk about it with those you love. Get involved. Many schools, churches, synagogues, and community groups offer AIDS education activities.

I encourage you to practice responsible behavior based on understanding and strong personal values. This is what you can do to stop AIDS.



A handwritten signature of C. Everett Koop in black ink.

C. Everett Koop, M.D., Sc.D.
Surgeon General

**Este folleto sobre el SIDA se publica en Español.
Para solicitar una copia, llame al 1-800-344-SIDA.**

U.S. Department of Health
& Human Services
Public Health Service
Centers for Disease Control
P.O. Box 6003
Rockville, MD 20850

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POSTAL CUSTOMER

What AIDS Means To You

AIDS is one of the most serious health problems that has ever faced the American public. It is important that we all, regardless of who we are, understand this disease.

AIDS stands for *acquired immunodeficiency syndrome*. It is a disease caused by the Human Immunodeficiency Virus, HIV—the AIDS virus.

The AIDS virus may live in the human body for years before actual symptoms appear. It primarily affects you by making you unable to fight other diseases. These other diseases can kill you.

Many people feel that only certain "high risk groups" of people are infected by the AIDS

virus. This is untrue. *Who you are has nothing to do with whether you are in danger of being infected with the AIDS virus. What matters is what you do.*

People are worried about getting AIDS. Some should be worried and need to take some serious precautions. But many are not in danger of contracting AIDS.

The purpose of this brochure is to tell you how you can, and just as important, how you can't become infected with the AIDS virus.

Your children need to know about AIDS. Discuss it with them as you would any health concern.

How Do You Get AIDS?

There are two main ways you can get AIDS. First, you can become infected by having sex—oral, anal or vaginal—with someone who is infected with the AIDS virus.

Second, you can be infected by sharing drug needles and syringes with an infected person.

Babies of women who have been infected with the AIDS virus may be born with the infection because it can be transmitted from the mother to the baby before or during birth.

In addition, some persons with hemophilia and others have been infected by receiving blood (see page 3).



"Obviously women can get AIDS. I'm here to witness to that. AIDS is not a 'we,' 'they' disease, it's an 'us' disease."

— Carolé has AIDS

Can You Become Infected?

Yes, if you engage in risky behavior.

The male homosexual population was the first in this country to feel the effects of the disease. But in spite of what you may have heard, the number of heterosexual cases is growing.

People who have died of AIDS in the U.S. have been male and female, rich and poor, white, Black, Hispanic, Asian and American Indian.

How Do You Get AIDS From Sex?

The AIDS virus can be spread by sexual intercourse whether you are male or female, heterosex-

ual, bisexual or homosexual.

This happens because a person infected with the AIDS virus may have the virus in semen or vaginal fluids. The virus can enter the body through the vagina, penis, rectum or mouth.

Anal intercourse, with or without a condom, is risky. The rectum is easily injured during anal intercourse.

Remember, AIDS is sexually transmitted, and the AIDS virus is not the only infection that is passed through intimate sexual contact.

Other sexually transmitted diseases, such as gonorrhea, syphilis, herpes and chlamydia, can also be contracted through oral, anal and vaginal intercourse. If you are infected with one of these diseases and engage in risky behavior (see page 3), you are at greater risk of getting AIDS.

You Won't Get AIDS From Insects—Or A Kiss

No matter what you may have heard, the AIDS virus is hard to get and is easily avoided.

You won't just "catch" AIDS like a cold or flu because the virus is a different type. The AIDS virus is transmitted through sexual intercourse, the sharing of drug needles, or to babies of infected mothers before or during birth.

You won't get the AIDS virus through everyday contact with the people around you in school, in the workplace, at parties, child care centers, or stores. You won't get it by swimming in a pool, even if someone in the pool is infected with the AIDS virus. Students attending school with someone infected with the AIDS virus are not in danger from casual contact.

You won't get AIDS from a mosquito bite. The AIDS virus is not transmitted through a mosquito's salivary glands like other diseases such as malaria or yellow fever. You won't get it from bed bugs, lice, flies or other insects, either.

You won't get AIDS from saliva, sweat, tears, urine or a bowel movement.

You won't get AIDS from a kiss.

You won't get AIDS from clothes, a telephone, or from a toilet seat. It can't be passed by using a glass or eating utensils that someone else has used. You won't get the virus by being on a bus, train or crowded elevator with a person who is infected with the virus, or who has AIDS.

The Difference Between Giving And Receiving Blood

1. Giving blood. You are not now, nor have you ever been in danger of getting AIDS from giving blood at a blood bank. The needles that are used for blood donations are brand-new. Once they are used, they are destroyed. There is no way you can come into contact with the AIDS virus by donating blood.

2. Receiving blood. The risk of getting AIDS from a blood transfusion has been greatly reduced. In the interest of making the blood supply as safe as possible, donors are screened for risk factors and donated blood is tested for the AIDS antibody. Call your local blood bank if you have questions.

What Behavior Puts You At Risk?

You are at risk of being infected with the AIDS virus if you have sex with someone who is infected, or if you share drug needles and syringes with someone who is infected.

Since you can't be sure who is infected, your chances of coming into contact with the virus increase with the number of sex partners you have. Any exchange of infected blood, semen or vaginal fluids can spread the virus and place you at great risk.

The following behaviors are risky when performed with an infected person. You can't tell by looking if a person is infected.

RISKY BEHAVIOR

Sharing drug needles and syringes.

Anal sex, with or without a condom.

Vaginal or oral sex with someone who shoots drugs or engages in anal sex.

Sex with someone you don't know well (a pickup or prostitute) or with someone you know has several sex partners.

Unprotected sex (without a condom) with an infected person.

SAFE BEHAVIOR

Not having sex.

Sex with one mutually faithful, uninfected partner.

Not shooting drugs.

What About Dating?

Dating and getting to know other people is a normal part of life. Dating doesn't mean the same thing as having sex. Sexual intercourse as a part of dating can be risky. One of the risks is AIDS.

How can you tell if someone you're dating or would like to date has been exposed to the AIDS virus? The bad news is, you can't. But the good news is, as long as sexual activity and sharing drug needles are avoided, it doesn't matter.

You are going to have to be careful about the person you become sexually involved with, making your own decision based on your own best judgment. That can be difficult.

Has this person had any sexually transmitted diseases? How many people have they been to bed with? Have they experimented with drugs? All these are

sensitive, but important, questions. But you have a personal responsibility to ask.

Think of it this way. If you know someone well enough to have sex, then you should be able to talk about AIDS. If someone is unwilling to talk, you shouldn't have sex.



"Talk to your teenagers about AIDS. It is primarily a sexually transmitted disease. So if you're going to talk about AIDS, there's no way you can avoid talking about sex."

— Sally Jue
AIDS Counselor

Do Married People Get AIDS?

Married people who are uninfected, faithful and don't shoot drugs are not at risk. But if they engage in risky behavior (see page 3), they can become infected with the AIDS virus and infect their partners. If you feel your spouse may be putting you at risk, talk to him or her. It's your life.

What Is All The Talk About Condoms?

Not so very long ago, condoms (rubbers or prophylactics) were things we didn't talk about very much.

Now, they're discussed on the evening news and on the front page of your newspaper, and displayed out in the open in your local drug-store, grocery, and convenience store.

For those who are sexually active and not limiting their sexual activity to one partner, condoms have been shown to help prevent the spread of sexually transmitted diseases. That is why the use of condoms is recommended to help reduce the spread of AIDS.

Condoms are the best preventive measure against AIDS besides not having sex and practicing safe behavior (see page 3).

But condoms are far from being foolproof. You have to use them properly. And you have to use them every time you have sex, from start to finish. If you use a condom, you should remember these guidelines:

(1) Use condoms made of latex rubber. Latex serves as a barrier to the virus. "Lambskin"

or "natural membrane" condoms are not as good because of the pores in the material. Look for the word "latex" on the package.

(2) A condom with a spermicide may provide additional protection. Spermicides have been shown in laboratory tests to kill the virus. Use the spermicide in the tip and outside the condom.

(3) Condom use is safer with a lubricant. Check the list of ingredients on the back of the lubricant package to make sure the lubricant is water-based. Do not use petroleum-based jelly, cold cream, baby oil or cooking shortening. These can weaken the condom and cause it to break.



"Condoms can be most effective when they are used correctly, and there is a right way and a wrong way to use one. Always use a latex condom."

— Drew Sisselman
AIDS Volunteer

What Does Someone With AIDS Look Like?

It is very important that everyone understands that a person can be infected with the AIDS virus without showing any symptoms at all.

It is possible to be infected for years, feel fine, look fine and have no way of knowing you are infected unless you have a test for the AIDS virus.

During this period, however, people infected with the AIDS virus can pass the virus to sexual partners, to people with whom drug needles are shared, and to children before or during birth. That is one of the most disturbing things about AIDS.

Once symptoms do appear, they are similar to the symptoms of some other diseases. As the disease progresses, they become more serious. That is because the AIDS virus keeps your body's natural defenses from operating correctly.

If you are concerned whether you might be infected, consider your own behavior and its effects on others. If you feel you need to be tested for the AIDS virus, talk to a doctor or an AIDS counselor for more information. (*See below.*)



"You can't tell if someone has been infected by the AIDS virus by looking at him or her. But you aren't in danger of getting the disease unless you engage in risky behavior with someone who is infected."

— Anthony S. Fauci, M.D.
Director, National
Institute of Allergy and
Infectious Diseases and
Coordinator of the
National Institutes of
Health AIDS Research

Is There A Cure For AIDS?

There is presently no cure for AIDS.

Medicines such as AZT have prolonged the lives of some people with AIDS. There is hope that additional treatments will be found.

There is also no vaccine to prevent uninfected people from getting the infection. Researchers believe it may take years for an effective, safe vaccine to be found.

The most effective way to prevent AIDS is avoiding exposure to the virus, which you can control by your own behavior.

Should You Get An AIDS Test?

You have probably heard about the "AIDS Test." The test doesn't actually tell you if you have AIDS. It shows if you have been infected with the virus. It looks for changes in blood that occur after you have been infected.

The Public Health Service recommends you be confidentially counseled and tested if you have had any sexually transmitted disease or shared needles; if you are a man who has had sex with another man; or if you have had sex with a prostitute, male or female. You should be tested if you have had sex with anyone who has done any of these things.

If you are a woman who has been engaging in risky behavior (*see page 3*), and you plan to have a baby or are not using birth control, you should be tested.

Your doctor may advise you to be counseled and tested if you are a hemophiliac, or

have received a blood transfusion between 1978 and 1985.

If you test positive, and find you have been infected with the AIDS virus, you must take steps to protect your partner.

People who have always practiced safe behavior (*see page 3*) do not need to be tested.

There's been a great deal in the press about problems with the test. It is very reliable if it is done by a good laboratory and the results are checked by a physician or counselor.

If you have engaged in risky behavior, speak frankly to a doctor who understands the AIDS problem, or to an AIDS counselor.

For more information, call your local public health agency. They're listed in the government section of your phone book. Or, call your local AIDS hotline. If you can't find the number, call 1-800-342-AIDS.

The Problem Of Drugs And AIDS

Today, in some cities, the sharing of drug needles and syringes by those who shoot drugs is the fastest growing way that the virus is being spread.

No one should shoot drugs. It can result in addiction, poor health, family disruption, emotional disturbances and death. Many drug users are addicted and need to enter a drug treatment program as quickly as possible.

In the meantime, these people must avoid AIDS by not sharing any of the equipment used to prepare and inject illegal drugs.

Sharing drug needles, even once, is an extremely easy way to be infected with the AIDS virus. Blood from an infected person can be trapped in the needle or syringe, and then injected directly into the bloodstream of the next person who uses the needle.

Other kinds of drugs, including alcohol, can also cause problems. Under their influence, your judgment becomes impaired. You could be exposed to the AIDS virus while doing things you wouldn't otherwise do.

Teenagers are at an age when trying different things is especially inviting. They must understand how serious the drug problem is and how to avoid it.

Drugs are also one of the main ways in which prostitutes become infected. They may share needles themselves or have sex with people who do. They then can pass the AIDS virus to others.

For information about drug abuse treatment programs, contact your physician, local public health agency or community AIDS or drug assistance group.

AIDS And Babies

An infected woman can give the AIDS virus to her baby before it is born, or during birth. If a woman is infected, her child has about one chance in two of being born with the virus.

If you are considering having a baby, and think you might have been at risk of being infected with the AIDS virus, even if it was years ago, you should receive counseling and be tested before you get pregnant.

You must have a long talk with the person with whom you're planning to have a child. Even if you have known this person for a long time, there's no way to be sure he or she hasn't been infected in the past, possibly without realizing it. That person needs to think hard and decide if an AIDS test might be a good idea. So should you.



"I quit using drugs five years before my baby was born. I didn't know I was infected with AIDS until he was diagnosed. You have to find out."

— Carmen Reyes has AIDS

Talking With Kids About AIDS

Children hear about AIDS, just as we all do. But they don't understand it, so they become frightened. They are worried they or their friends might get sick and die.

Children need to be told they can't get AIDS from everyday contact in the classroom, cafeteria or bathrooms. They don't have to worry about getting AIDS even if one of their schoolmates is infected.

Basic health education should be started as early as possible, in keeping with parental and community standards. Local schools have the responsibility to see that their students know the facts about AIDS. It is very important that middle school students — those entering their teens — learn to protect themselves from the AIDS virus.

Children must also be taught values and responsibility, as well as skills to help them resist peer pressure that might lead to risky behavior. These skills can be reinforced by religious and community groups. However, final responsibility rests with the parents. As a parent, you should read and discuss this brochure with your children.

Helping A Person With AIDS

If you are one of the growing number of people who know someone who is infected, you need to have a special understanding of the problem.

No one will require more support and more love than your friend with AIDS. Feel free to offer what you can, without fear of becoming infected.

Don't worry about getting AIDS from everyday contact with a person with AIDS. You need to take precautions such as wearing rubber gloves only when blood is present.

If you don't know anyone with AIDS, but you'd still like to offer a helping hand, become a volunteer. You can be sure your help will be appreciated by a person with AIDS.

This might mean dropping by the supermarket to pick up groceries, sitting with

the person a while, or just being there to talk. You may even want to enroll in a support group for caregivers. These are available around the country. If you are interested, contact any local AIDS-related organization.

Above all, keep an upbeat attitude. It will help you and everyone face the disease more comfortably.



"If you want more information about AIDS or what you can do to help, contact your physician, community organizations in your area, or the local public health agency."

—James O. Mason, M.D.
Director, Centers for
Disease Control

Do You Know Enough To Talk About AIDS? Try This Quiz

It's important for each of us to share what we know about AIDS with family members and others we love. Knowledge and understanding are the best weapons we have against the disease. Check the boxes. Answers below.

1. If you are not in a "high risk group," you still need to be concerned about AIDS.

True False

2. The AIDS virus is not spread through

- A. insect bites.
- B. casual contact.
- C. sharing drug needles.
- D. sexual intercourse.

3. Condoms are an effective, but not foolproof, way to prevent the spread of the AIDS virus.

True False

4. You can't tell by looking that someone has the AIDS virus.

True False

5. If you think you've been exposed to the AIDS virus, you should get an AIDS test.

True False

6. People who provide help for someone with AIDS are not personally at risk for getting the disease.

True False

ANSWERS

1. True. It is risky behavior that puts you at risk for AIDS, regardless of any "group" you belong to. See page 2.

2. A & B. The AIDS virus is not spread by insects, kissing, tears, or casual contact. See page 3.

3. True. However, the most effective preventive measure against AIDS is not having sex or shooting drugs. Condoms are discussed in detail on page 4.

4. True. You cannot tell by looking if someone is infected. The virus by itself is completely invisible. Symptoms may first appear years after you have been infected. See page 5.

5. True. You should be counseled about getting an AIDS test if you have been engaging in risky behavior or think you have been exposed to the virus. There is no reason to be tested if you don't engage in this behavior. See page 5.

6. True. You won't get AIDS by helping someone who has the disease. See page 7.



Under- standing AIDS

What Do You Really Know About
AIDS?

Are You At Risk?

AIDS And Sex

Why No One Has Gotten AIDS
From Mosquitoes



OTIS R. BOWEN, M.D.,
Secretary

U.S. Department of Health and Human Services

**AMERICA
RESPONDS
TO AIDS**



ROBERT E. WINDOM, M.D.,
Assistant Secretary for Health

U.S. Department of Health and Human Services

This brochure has been prepared by the Surgeon General and the Centers for Disease Control, U.S. Public Health Service. The Centers for Disease Control is the government agency responsible for the prevention and control of diseases, including AIDS, in the United States.



How Prisons Punish AIDS Victims

NYT 07JUN88

By Adam Starchild

WDANBURY, Conn. Without passing any laws, the Federal Government has made it a crime for prison inmates to test positive to AIDS virus exposure — an offense for which inmates are being punished without recourse.

After President Reagan signed an executive order last year that required mandatory AIDS testing of Federal prisoners, the Federal Bureau of Prisons has made the test a condition for furlough or release. As a result, prisoners who normally would

Adam Starchild is serving a 4-year sentence for postal fraud at the Federal Prison Camp in Danbury, Conn.

be released on parole are instead held until the end of their full sentence simply because they tested positive.

Official prison policy states that a positive AIDS test is not an automatic reason for denial of parole, furloughs or participation in work-release programs. But the Parole Commission and the Bureau of Prisons have made public assurances that prisoners who test positive will not be released except at the end of their terms.

I have already seen this happen to inmates here. Even prisoners who are granted emergency furloughs because of serious illness or a death in the family must be escorted by guards at the prisoner's expense if the AIDS virus test has not been done before the furlough. This is a financial burden that few inmates can meet.

Parole in the Federal prison system is determined by a complex set of guidelines established by statute,

so it is a right not a privilege. A person serving a 9-year sentence might normally be released after 3 years. But if he tests positive to the AIDS virus, he may instead be held until his mandatory release date in 6 years. Thus, for 6 years that inmate is imprisoned solely because he tested positive for exposure to the AIDS virus. Bear in mind, a positive test result does not mean the inmate has actually contracted the disease.

Even more disturbing is a recent study, conducted by the Centers for Disease Control, which showed that the AIDS tests being used by the Federal Government were giving false positives as much as 90 percent of the time for certain low-risk groups.

People shouldn't have their lives determined by something that works only 10 percent of the time, quite apart from the issue of incarceration for exposure to a virus. Moreover, the prison violates the patient's right to

Parole is denied to those who test positive.

confidentiality by notifying the inmate's family of the test results without the inmate's consent.

One recent case involved a young man who was due to be released on April 25. When he went to have his routine release papers signed by all prison departments on April 22, the prison doctor refused to sign because of his positive test result. The inmate was scheduled to go to a halfway house for 6 months (the last 25 per-

cent of his sentence), and his wife and children had been told to expect him on the 25th. Since the test result had been discussed with the parole officer and the halfway house months before his scheduled release date, this sudden cancellation of his release was especially cruel.

To make matters worse, on April 28, prison officials transferred him to a higher security prison, speculating that he might attempt to escape because his release had been canceled. This is hard to believe; with only 6 months left, and nowhere to go but home, he would have no reason to escape. Besides, the transfer came nearly a week after he received the bad news.

We inmates urge those people on the outside to help change this practice in Federal prisons. Not only is it discriminatory, but it also is cruel punishment imposed by prison officials, not the courts. □

IN THE NATION | Tom Wicker

THE WHITE HOUSE
Office of the Press Secretary

For Immediate Release

August 5, 1988

August 5, 1988

MEMORANDUM FOR THE SECRETARY OF HEALTH AND HUMAN SERVICES

I have approved a 10-point action plan as part of my response to the Report of the Presidential Commission on the Human Immunodeficiency Virus (HIV) Epidemic. This plan addresses many issues that fall within the purview of your Department.

In carrying out your functions, I ask that you address HIV-related activities as follows:

1. Review your FY 1989 spending plans to incorporate relevant recommendations of my HIV Commission.
2. Convene a series of consensus conferences over a 12-month period involving State, local, and private groups to encourage them to adopt the specific public health measures discussed in the Commission Report, such as increased counseling and testing, reporting of HIV infection, partner notification, and health care worker safety. One conference should address restrictive measures and criminal statutes directed to HIV-infected persons who knowingly persist in maintaining behaviors that transmit their infection. Another possible topic is the serious problem of neighborhood resistance to facilities for the care of HIV patients, drug abusers, and group homes for HIV-infected infants and children.
3. Increase the number of community-based educational programs, especially programs directed to those women and members of minority groups who are at highest risk of HIV infection. These programs, and especially those directed to youth, should place greater emphasis on my Principles for AIDS Education, especially those encouraging individuals to take responsibility for their efforts to prevent the spread of HIV infection. Please collaborate with the Department of Education in developing youth-oriented programs.
4. Implement actions within the next 45 days that address the blood safety issues raised by the Commission. This plan should address: (a) the prompt notification of transfusion recipients who are at increased risk of HIV infection; (b) steps to improve HIV laboratory quality and HIV screening tests; and, (c) ways to encourage the use of autologous transfusions in appropriate circumstances.
5. Implement actions within the next 60 days to improve and accelerate further the process for development, evaluation, approval, and distribution of HIV-related vaccines, drugs, and devices. This plan should draw upon research of Federal and State governments, the private sector, academia, and national laboratories.

more

(OVER)

THE WHITE HOUSE

Office of the Press Secretary

For Immediate Release

August 5, 1988

August 5, 1988

MEMORANDUM FOR HEADS OF DEPARTMENTS AND AGENCIES

I have approved a 10-point action plan as part of my response to the Report of the Presidential Commission on the Human Immunodeficiency Virus (HIV) Epidemic.

The plan expresses my concern about fair and compassionate treatment of HIV-infected individuals and directs every Federal agency to adopt a policy based on the Office of Personnel Management's (OPM's) "Guidelines for AIDS Information and Education and for Personnel Management." I also have asked American businesses, unions, and schools to examine and consider adopting education and personnel management policies based on the OPM and the Centers for Disease Control (CDC) guidelines.

Many agencies have already adopted policies based on the OPM guidelines. If your agency has not already done so, you should proceed to do so. The Office of Personnel Management is available to answer questions or provide any needed assistance. The Justice Department and the Department of Health and Human Services offer additional sources of information and assistance.

To further encourage businesses, unions, and schools as well as housing projects, correctional facilities, and others to adopt policies based on OPM and CDC guidelines and provide the education that is vital to effective implementation, I also ask each of you to communicate through your programs the value of this approach.

I am directing Donald Ian Macdonald, Deputy Assistant to the President for Drug Abuse Policy, to monitor progress on our response to the Commission's Report and provide me with status reports in September and December, 1988. Please provide Dr. Macdonald with appropriate information about your progress.

RONALD REAGAN

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THE WHITE HOUSE
Office of the Press Secretary

For Immediate Release

August 5, 1988

August 5, 1988

MEMORANDUM FOR THE ATTORNEY GENERAL

I have approved a 10-point action plan as part of my response to the Report of the Presidential Commission on the Human Immunodeficiency Virus (HIV) Epidemic. This plan expresses my concern about fair and compassionate treatment of HIV-infected individuals.

To carry this out, please provide me with an expeditious review and response to the Commission's recommendations on how the Federal government should provide direction and leadership in encouraging nondiscrimination for HIV-infected individuals, including a review of current Federal and State laws in this area.

I am directing Donald Ian Macdonald, Deputy Assistant to the President for Drug Abuse Policy, to monitor progress on our response to the Commission's Report and provide me with status reports in September and December, 1988. Please provide Dr. Macdonald with appropriate information about your progress.

RONALD REAGAN

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THE WHITE HOUSE
Office of the Press Secretary

For Immediate Release

August 5, 1988

TO THE CONGRESS OF THE UNITED STATES:

I have approved a 10-point action plan to advance the national and international response to the public health threat caused by the Human Immunodeficiency Virus (HIV) infection and the AIDS epidemic. These strong measures require compassion, cooperation, and commitment from all levels of government and all segments of society.

It is imperative that action and progress continue in the Federal government and in the private sector, as well as throughout the Nation. Those infected with the HIV must be treated with dignity and compassion as our health systems accelerate their response to the infection. To this end, my initiatives direct that every Federal agency adopt policies and guidelines on compassionate treatment of HIV-infected persons in the workplace. I ask that unions, schools, businesses, and private citizens consider adopting similar guidelines. The 10-point action plan is consistent with the fine work and recommendations of the President's Commission, which has moved the Nation forward in its understanding of the HIV infection and AIDS.

I now ask the Congress to take another important step forward; I ask you to enact the FY 1989 appropriations for HIV activities as expeditiously as possible. I further call on the Congress to adopt the FY 1990 budget request regarding HIV measures as soon as possible after the budget is submitted.

It is imperative to the future of our Nation that we move with compassion and skill to ease the tremendous human, social, and economic costs caused by the HIV infection and AIDS. I know we can work together in this matter of tremendous concern and priority for all Americans.

RONALD REAGAN

THE WHITE HOUSE,
August 5, 1988.

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THE WHITE HOUSE
Office of the Press Secretary

For Immediate Release

August 5, 1988

August 5, 1988

MEMORANDUM FOR THE DIRECTOR OF THE
OFFICE OF PERSONNEL MANAGEMENT

I have approved a 10-point action plan as part of my response to the Report of the Presidential Commission on the Human Immunodeficiency Virus (HIV) Epidemic. The plan directs every Federal agency to adopt a policy based on your Office's "Guidelines for AIDS Information and Education and for Personnel Management."

To carry this out, you should offer Federal departments and agencies the assistance of your Office in helping develop any necessary agency modifications.

I am directing Donald Ian Macdonald, Deputy Assistant to the President for Drug Abuse Policy, to monitor progress on our response to the Commission's Report and provide me with status reports in September and December, 1988. Please provide Dr. Macdonald with appropriate information about your progress, including an update at regular intervals on agency actions on the guidelines.

RONALD REAGAN

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THE WHITE HOUSE

Office of the Press Secretary

For Immediate Release

August 5, 1988

August 5, 1988

MEMORANDUM FOR THE SECRETARY OF STATE

I have approved a 10-point action plan as part of my response to the Report of the Presidential Commission on the Human Immunodeficiency Virus (HIV) Epidemic. This plan includes developing a multi-focused international initiative involving: encouragement and assistance to international HIV efforts, with emphasis on less-developed countries; a heightened U.S. commitment to international technical assistance within established technology transfer laws; and the development of a 3-year plan for international efforts against HIV infection.

In carrying out your functions, I ask that you address HIV-related activities as follows:

1. Review your FY 1989 spending plans to incorporate relevant recommendations of my HIV Commission;
2. Include in your FY 1990 budget submissions appropriate funds for the United States regular and special contributions to international HIV efforts, especially those in less-developed countries;
3. Continue to emphasize our commitment to international technical assistance; and,
4. Propose, within 120 days, a 3-year plan for international efforts against HIV infection.

I am directing Donald Ian Macdonald, Deputy Assistant to the President for Drug Abuse Policy, to monitor progress on our response to the Commission's Report and provide me with status reports in September and December, 1988. Please provide Dr. Macdonald with appropriate information about your progress.

RONALD REAGAN

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THE WHITE HOUSE
Office of the Press Secretary

For Immediate Release

August 5, 1988

August 5, 1988

MEMORANDUM FOR THE DIRECTOR OF THE
OFFICE OF MANAGEMENT AND BUDGET

I have approved a 10-point action plan as part of my response to the Report of the Presidential Commission on the Human Immunodeficiency Virus (HIV) Epidemic. As you know, I am committed to ensuring that the Federal government's HIV-related activities receive appropriate resources and support, and that no impediments to their efficient use exist, consistent with good management.

In carrying out your functions, I ask that you address HIV-related activities as follows:

1. Consult with the General Services Administration, the Office of Personnel Management, and the Department of Health and Human Services to ensure that HIV activities included in the FY 1989 and FY 1990 budgets reflect appropriate funding, personnel levels, and office and laboratory space. The budget, as well as other management initiatives, should also address the removal of both administrative and statutory impediments to efficient use of these resources including grant, contract, and hiring procedures. OMB should take a positive role in removing any unnecessary administrative and management impediments to the agencies' attack on HIV infection.
2. Ensure that my FY 1990 budget for HIV-related activities is submitted to the Congress in a timely manner, and that the Congress is encouraged to act on it quickly.

I am directing Donald Ian Macdonald, Deputy Assistant to the President for Drug Abuse Policy, to monitor progress on our response to the Commission's Report and provide me with status reports in September and December, 1988. Please provide Dr. Macdonald with appropriate information about your progress.

RONALD REAGAN

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Jack W. Owen

Don't Let Them Ambush That AIDS Bill

The House of Representatives soon will have a historic opportunity to take the first important legislative step toward addressing what is emerging as the century's most serious public health threat. Any further delay of the much-needed package under consideration would be tragic for a nation that has waited too long for a national AIDS policy.

The AIDS Federal Policy Act of 1988 (H.R. 5142) constitutes a fair, balanced approach to AIDS-associated public health problems. It

"Those at risk of infection must be encouraged to seek testing and counseling in an environment that protects the confidentiality of sensitive medical information."

would primarily authorize grants to states and health care facilities serving patients with high-risk behavior patterns. Grants would pay for prevention counseling, testing and post-test counseling for those testing positive.

H.R. 5142 also would establish essential confidentiality protections.

The bill's premise is sound: those at risk of infection must be encouraged to seek testing and counseling in an environment that protects the confidentiality of sensitive medical information. The measure is endorsed by major medical and hospital groups, including the American Hospital, American Medical and American Nurses' associations.

But a misguided amendment threatens to sidetrack this measured response to a grave national emergency. Proponents of the change hope to ambush the bill on the House floor, having been unsuccessful at subcommittee and committee levels. The objectionable amendment would require hospitals to "routinely test" virtually all patients between 15 and 49

for human immunodeficiency virus (HIV).

Make no mistake, routine testing is prohibitively expensive, yet the amendment displays a disturbing naiveté with respect to the already substantial financial burden AIDS has imposed on hospitals. Though estimates vary greatly, depending on the extent of counseling and follow-up, testing the population covered by the amendment could cost more than \$1 billion. Is this how we want to allocate scarce health resources in an era of fiscal restraint? And who's to pay? Because most of this testing wouldn't be medically indicated, coverage by government and other third-party payers could be problematic.

Costs aside, the amendment is cavalier in the manner it glosses over the ramifications of inaccurate test results. False findings can give patients and health care workers a false sense of security that diminishes the importance of preventive practices. A false-positive test result can have dire social and psychological consequences for patients.

And the risk of such results is formidable. In clinical trials in a low-risk population, as much as 20 percent of HIV test results were inconclusive. I urge Congress not to pass a law that would so greatly distress so many hospital patients.

In short, this amendment ignores medical

reality. The general hospital population isn't at high risk for HIV infection, and to require hospitals to test all patients misallocates limited resources. Instead, testing of high-risk populations and expeditious voluntary testing should take priority.

Despite what the amendment's sponsors would have us believe, protection of health care workers isn't the issue either. Use of protective measures such as gloves, gowns, masks and protective eyewear is recognized as the best safeguard against HIV transmission. These universal precautions are rapidly becoming routine at hospitals across the nation. To suggest that patient screening be viewed as a viable substitute for such precautions demonstrates a callous disregard for health care workers' safety.

The amendment mandates routine testing, an option unanimously rejected by the health care community. Such a mandate would place hospital personnel in the untenable position of having to pressure patients already in an unsettled state of mind to submit to testing, whether medically indicated or not.

The medical facts speak for themselves and in so doing raise questions about motivation. Do the amendment's sponsors really want to protect hospital workers and Americans from AIDS? Or is their motive further isolation of AIDS victims?

As responsible members of Congress attempt to fashion a reasoned response to AIDS-associated public health problems, we ask them not to let unfounded fears influence their actions. Medical professionals urge the House to vote "aye" on H.R. 5142 and "nay" on irresponsible amendments.

The writer is executive vice president of the American Hospital Association and director of its Washington office.



**REPORT OF THE PRESIDENTIAL COMMISSION
ON THE
HUMAN IMMUNODEFICIENCY VIRUS EPIDEMIC**

**Status of Recommendations
August 4, 1988**

Federal Responsibility

126	34.81%	Completed/Ongoing (A)
32	8.84%	Planned: FY89 (B)
108	29.83%	Under consideration: FY90 (C)
36	9.94%	Disagree (D)
62	17.13%	Other (E)
<u>364</u>	<u>60.97%</u>	Total Federal

Non-Federal Responsibility

210	89.36%	Agree (F)
3	1.28%	Disagree (G)
9	3.83%	Neutral (H)
11	4.68%	Other (I)
<u>233</u>	<u>39.03%</u>	Total Non-Federal

597 TOTAL

REPORT OF THE PRESIDENTIAL COMMISSION ON THE HIV EPIDEMIC
STATUS OF RECOMMENDATIONS

<u>STATUS</u>	<u>REC #</u>
A	01-002
	01-004
	01-005
	01-007
	01-008
	01-009
	01-011
	01-012
	01-013
	01-016
	01-017
	01-018
	01-019
	01-020
	01-021
	01-022
	01-023
	01-024
	01-025
	01-026
	02-004
	02-011
	02-014
	02-017
	02-018
	03-001
	03-006
	03-025
	03-026
	03-028
	03-034
	03-035
	03-037
	03-046
	03-051
	03-053
	04-001
	04-016
	04-029
	04-035
	04-039
	04-042
	04-043
	04-048
	04-049
	04-050
	04-051
	04-053
	04-064
	04-066
	04-074

REPORT OF THE PRESIDENTIAL COMMISSION ON THE HIV EPIDEMIC
STATUS OF RECOMMENDATIONS

<u>STATUS</u>	<u>REC #</u>
A	04-082
	04-093
	04-096
	04-097
	04-099
	04-100
	04-101
	04-105
	04-108
	04-110
	04-113
	05-004
	05-006
	05-007
	05-017
	06-003
	06-025
	06-028
	06-039
	07-008
	07-009
	07-011
	07-012
	07-016
	07-017
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	07-020
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	07-024
	07-027
	07-028
	07-029
	07-034
	07-035
	08-002
	08-007
	08-020
	08-022
	08-027
	08-030
	08-032
	08-033
	08-035
	08-037
	08-056
	08-065
	08-067
	08-069
	08-071
	08-072
	08-077

REPORT OF THE PRESIDENTIAL COMMISSION ON THE HIV EPIDEMIC
STATUS OF RECOMMENDATIONS

<u>STATUS</u>	<u>REC #</u>
A	08-078
	08-080
	08-094
	09-029
	09-034
	09-057
	09-078
	09-079
	09-092
	10-001
	10-002
	10-003
	10-005
	10-025
	11-001
	11-019
	11-020
	11-022
	11-026
	11-029
	11-033
	11-035
	11-043
	11-046

Count: 126

B	01-014
	02-012
	03-039
	03-047
	03-052
	04-003
	04-011
	04-021
	04-023
	04-036
	04-069
	04-103
	04-104
	04-109
	04-115
	04-116
	04-118
	04-119
	05-005
	06-029
	07-010
	07-013
	07-018
	08-018

REPORT OF THE PRESIDENTIAL COMMISSION ON THE HIV EPIDEMIC
STATUS OF RECOMMENDATIONS

<u>STATUS</u>	<u>REC #</u>
B	08-021
	08-026
	08-051
	08-073
	10-007
	11-023
	11-031
	11-032

Count: 32

C	01-001
	01-006
	02-008
	02-015
	03-005
	03-008
	03-023
	03-029
	03-040
	03-043
	04-004
	04-005
	04-006
	04-007
	04-008
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	04-010
	04-013
	04-014
	04-017
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	04-030
	04-032
	04-033
04-037	
04-038	
04-044	
04-054	
04-056	
04-057	
04-059	
04-060	

REPORT OF THE PRESIDENTIAL COMMISSION ON THE HIV EPIDEMIC
STATUS OF RECOMMENDATIONS

<u>STATUS</u>	<u>REC #</u>
C	04-063
	04-065
	04-067
	04-070
	04-072
	04-075
	04-076
	04-077
	04-078
	04-079
	04-080
	04-084
	04-086
	04-088
	04-089
	04-090
	04-091
	04-092
	04-094
	04-095
	04-102
	04-106
	05-001
	05-002
	05-003
	05-009
	05-010
	05-011
	06-008
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	06-030
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	06-034
	06-035
	06-036
	06-043
	07-014
	07-015
	07-038
	08-004
	08-006
	08-014
	08-023
	08-025
	08-052
	08-053
	08-058
	09-001
	09-002
	09-003

REPORT OF THE PRESIDENTIAL COMMISSION ON THE HIV EPIDEMIC
STATUS OF RECOMMENDATIONS

<u>STATUS</u>	<u>REC #</u>
C	09-005
	09-006
	09-007
	09-036
	09-058
	09-063
	10-011
	10-013
	10-014
	10-016
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	11-036
	11-037
	11-038
	11-039
	11-040
	11-044

Count: 108

D	02-005
	02-009
	03-010
	03-021
	03-022
	03-024
	03-027
	03-032
	04-012
	04-015
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	04-045
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	04-047
	04-058
	04-083
	04-085
	05-008
	05-012
	06-027
	07-004
	07-007
	08-003
	08-057
	08-059
	08-068
	08-070
	09-028
09-053	
10-006	
10-008	

REPORT OF THE PRESIDENTIAL COMMISSION ON THE HIV EPIDEMIC
STATUS OF RECOMMENDATIONS

<u>STATUS</u>	<u>REC #</u>
D	10-018
	10-019
	10-023
	10-024
	11-028

Count: 36

E	03-009
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	03-018
	03-019
	03-020
	03-038
	04-002
	04-031
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	04-061
	04-068
	04-071
	04-073
	04-081
	04-087
	04-098
	04-107
	04-111
	04-112
	04-114
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	04-121
	05-018
	05-019
	06-031
	06-032
	08-001
08-015	
08-019	
08-024	
08-055	
08-066	
08-083	
08-090	
09-004	
09-008	
09-052	

REPORT OF THE PRESIDENTIAL COMMISSION ON THE HIV EPIDEMIC
STATUS OF RECOMMENDATIONS

<u>STATUS</u>	<u>REC #</u>
E	09-055
	10-009
	10-010
	10-012
	10-015
	10-017
	10-020
	10-022
	11-002
	11-018
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	11-045
	11-047
	12-001
	12-002

Count: 62

F	01-015
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	02-007
	02-010
	03-002
	03-004
	03-007
	03-014
	03-030
	03-031
	03-036
	03-042
	03-044
	03-045
	03-048
	03-049
	03-054
	03-055
	04-040
	04-041
	04-062
05-013	
05-014	
05-015	
05-016	
05-020	

REPORT OF THE PRESIDENTIAL COMMISSION ON THE HIV EPIDEMIC
STATUS OF RECOMMENDATIONS

<u>STATUS</u>	<u>REC #</u>
F	06-001
	06-004
	06-005
	06-006
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	06-013
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	08-013
	08-016
	08-017
	08-028
	08-029
	08-031
	08-034
	08-036
	08-038
	08-039

REPORT OF THE PRESIDENTIAL COMMISSION ON THE HIV EPIDEMIC
STATUS OF RECOMMENDATIONS

<u>STATUS</u>	<u>REC #</u>
F	08-040
	08-041
	08-042
	08-043
	08-044
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	08-046
	08-047
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	09-025
	09-026
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	09-030
	09-031
	09-032
	09-033

REPORT OF THE PRESIDENTIAL COMMISSION ON THE HIV EPIDEMIC
STATUS OF RECOMMENDATIONS

<u>STATUS</u>	<u>REC #</u>
F	09-035
	09-037
	09-038
	09-039
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	09-042
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	09-085
	09-086
	09-087
	09-088
	09-089
	09-090
	09-091
	09-093
	09-094
	09-095

REPORT OF THE PRESIDENTIAL COMMISSION ON THE HIV EPIDEMIC
STATUS OF RECOMMENDATIONS

<u>STATUS</u>	<u>REC #</u>
F	09-096
	09-097
	09-098
	09-099
	09-100
	09-101
	09-102
	09-103
	09-104
	09-105
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	11-008
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	11-017
	11-025
11-027	
Count:	210
G	02-013
	04-052
	06-021
Count:	3
H	02-016
	03-003
	03-033
	03-041
	03-050
	06-010
	08-061
	08-064
	08-079
Count:	9
I	01-003
	01-010

REPORT OF THE PRESIDENTIAL COMMISSION ON THE HIV EPIDEMIC
STATUS OF RECOMMENDATIONS

<u>STATUS</u>	<u>REC #</u>
I	06-002
	06-011
	06-014
	06-026
	07-030
	08-008
	08-010
	08-060
	11-007

Count: 11

Count: 597

SUNDAY
JULY 24 88
1

W. POST

CTON POST

Koop Fears Retribution Against AIDS Patients

Surgeon General Cites Public Response to Smokers, Drunk Drivers

Associated Press

A wave of "retribution" against smokers, drunken drivers and others whose actions are seen as a public health threat could spread to people with AIDS by the next decade, Surgeon General C. Everett Koop said yesterday.

"Such a response would be tragic but not unexpected to the health profession," Koop said.

He cited the recent passing of laws to segregate smokers and public "retribution against drunk drivers, teen-agers who become pregnant, drug addicts and wife beaters."

The antismoking attitude, he said, is being expressed in laws setting up no-smoking areas in restaurants and banning smoking from office buildings and workplaces.

"These are examples of public retribution exercised against smokers," he said, adding, "Most Americans would like to see all smokers stop."

Koop said it is possible that the American people, "already traveling the road of retribution," will extend that retribution to people with AIDS in the 1990s, "when the annual health bill for the disease reaches \$5 billion."

He did not speculate on what retribution might be taken against people with the fatal disease.

The challenge to health professionals, he said, will be to move the reaction to more responsive, productive and tolerant attitudes toward those with acquired immune deficiency syndrome.

The surgeon general commented in a speech after receiving an hon-

orary fellowship from the American College of Legal Medicine.

Asked if there were any good news to report about AIDS, Koop replied: "Nothing that you can see on the horizon."

But he said that one unexpected but potentially beneficial result of AIDS research is that it is likely to produce "spinoffs" useful in treating other diseases.

"I think this will have tremendous benefits on other diseases if we can shake the scientists loose enough to use them," he said.

As of July 4, AIDS had been diagnosed in 66,464 Americans, of whom more than half, or 37,535, have died since June 1981, according to the Centers for Disease Control. No one is known to have recovered from AIDS.

THE FEDERAL PAGE

Ruling on AIDS Drugs: Dangerous Trap for Research?

By Michael Specter
Washington Post Staff Writer

The federal government may have set a dangerous trap for itself with its decision to permit people with AIDS to bring unapproved drugs into the country for personal use.

Food and Drug Administration chief Frank E. Young has struggled to cope with the growing hostility of desperate AIDS patients who regard the federal response to the AIDS epidemic as inadequate. But many researchers and activists say the shift will do little to improve the outlook for patients and may harm research progress.

NEWS
ANALYSIS

"As a practical reality I just don't know what other position he could have taken," said Dr. Samuel I. Broder, director of the clinical oncology program at the National Cancer Institute and a leading AIDS researcher. "But we are not going to conquer the AIDS virus by using this approach."

The problem, as Broder and other researchers acknowledge, is that so few other approaches exist for the more than 1 million Americans believed to be infected with HIV, the virus that causes acquired immune deficiency syndrome. Only one drug, AZT, has been licensed by the FDA to treat people with AIDS, and that drug has many toxic side effects.

Because there has been so little tangible help available for people with AIDS, the FDA has tried to refrain from enforcing rules that prevent the distribution of drugs that have not been approved. But in its attempt to offer compassion, some scientists say, the government may be offering false hope instead of none.

"I don't want to be the one to rob people of their hope," Young said yesterday in an interview. "All right, the drug they are using may not be safe and effective. But if you are dying, should the government stop you from exercising free choice? It is a very tough line to draw."

An entire underground industry that produces and distributes other drugs has evolved to fill the vacuum. Although it is most visible in



the cities hit hardest by the epidemic—New York, San Francisco and Los Angeles—the network has slowly spread across the country.

Young's announcement Saturday, at the National Lesbian and Gay Health Conference, came before a group of the harshest critics of the federal government's AIDS policies. For years, AIDS advocates have urged the government to move faster to approve drugs under study and to cast its net wider in seeking potential treatments.

By making this decision, many AIDS activists say federal health officials are simply acknowledging reality. Thousands of people infected with the AIDS virus have been treating themselves with homemade remedies for years.

"Nobody should be deceived into thinking that this policy is any solution to the problem of access to experimental therapies for the overwhelming majority of people with AIDS," said Jeffrey Levi, executive director of the National Gay and Lesbian Task Force. "Most

people do not have access to the underground market and cannot afford the drugs if they do have access."

The immediate result of the FDA ruling will be that many people will now have greater access to dextran

"We are not going to conquer the AIDS virus with this approach."

— Dr. Samuel I. Broder

sulfate, a drug being tested for safety and effectiveness in treating AIDS.

The drug is used in Japan to treat several disorders, including high cholesterol, and it will now be possible for people to bring it from that country for personal use.

Scientists are concerned that if enough of those infected with HIV

begin to treat themselves without the advice of physicians, they will never be able to sort out which drugs work and which do not.

With AZT, for example, it was necessary to compare its effectiveness to people who took no drug before scientists could say with certainty that the drug could prolong the lives of AIDS patients.

If people in trials of new drugs are also giving themselves unapproved medication, it could become nearly impossible to make those determinations, many scientists say.

But AIDS advocates say that being realistic is part of the mandate of the Public Health Service and that sick people are going to continue to try whatever they think will improve their health.

"The reality is that people with HIV are going to be treating themselves with whatever they can get hold of," said Joseph Brewer, codirector of Project Inform, a San Francisco-based organization that collects and distributes information

and treatments for infected people. "The research community has got to accept that as its basic challenge. They have to find a way to do credible, reliable research in that context."

That may prove an impossible goal to achieve. The greater number of treatments a patient has been exposed to, the greater the difficulty any researcher will have in deciding what worked and what didn't.

For the moment, all sides agree that little has worked so far. Researchers are excited about several drugs that are under development—but could be years away from approval. That is not good enough for the tens of thousands who will die while the testing is under way.

In the meantime, the government will be forced to try to placate people with gestures.

"What other approach can you take without turning a humanitarian arm of government into a police agency?" asked NCI's Broder.