WHITE HOUSE CONFERENCE FOR A DRUG FREE AMERICA

RECOMMENDATIONS

RECOMMENDATIONS FOR PREVENTION

Prev-1: Parents and guardians must assume responsibility for preventing the use of illicit drugs by all persons within their family or household.

Prev-2: The establishment and support of parent groups should be a priority for all communities.

Prev-3: The President and the Congress should emphasize prevention as the major strategy for eliminating illicit drug use in this country.

Prev-4: All prevention initiatives that target young people should include the participation of youth in a meaningful way, in the creation, development, and implementation of those programs.

Prev-5: Public and private organizations should establish mechanisms to give recognition to youngsters who are drug-free and who promote a drug-free life-style.

Prev-6: The bulk of the funding from public and private sources for prevention programs must be long-term and should be directed to the local level.

Prev-7: Congress should enact legislation to require strong accountability and evaluation for all federally funded prevention programs.

Prev-8: Service organizations, business groups, private, nonprofit agencies, parent groups, religious organizations and community coalitions should work together and with the schools to develop drug-free programs and activities for youth.

Prev-9: Prevention strategies that are designed to serve the ethnic minority populations should be relevant to the culture of the target population, should be adequately funded, should incorporate technical assistance as necessary, should take into account the community's development and history, and should adapt the approach to the environment.

Prev-10: Professional service providers (physicians, nurses, teachers, social workers) and judges should receive training in prevention and early intervention strategies to deal with illegal drug problems.

Prev-11: Concrete actions must be taken immediately to discourage all young people from using alcohol and tobacco. These actions should include clear and consistent "no use" messages concerning alcohol and tobacco, content and warning labels on alcoholic beverages, stronger enforcement of purchase and public possession of alcohol laws for minors, and restriction of alcohol and tobacco advertising according to existing industry guidelines.

Prev-12: Coordination of all efforts to prevent drug use should be encouraged at national, State, and local levels.

Prev-13: Local elected officials or other leadership should develop community-based prevention councils to develop and coordinate prevention activities, promote innovative programs, develop stable funding sources and disseminate current information.

Prev-14: The Federal Government should provide substantially greater resources for prevention research, should disseminate the translation of research findings, and should establish regional and national prevention development centers.

RECOMMENDATIONS FOR EDUCATION

Educ-1: Schools (from kindergarten through high school) and local boards of education must establish and enforce policies and procedures for students, teachers, administrators, and staff that clearly forbid the sale, distribution, possession, or use of all illicit drugs and alcohol on school property or at school-sponsored functions. Parents, students, and community officials should participate in developing and supporting these policies.

The following policies and procedures are recommended:

- Prohibiting the promotion, use or selling of any illegal substance (including alcohol, which is illegal for persons under the age of 21) at school, on school property, or at school-sponsored functions.

- Establishing and enforcing no use of tobacco rules for students.

- Developing a clear, strong, and consistent response for any violation.

- Reporting use or suspected use of drugs by students to parents and to law enforcement officials.

- Helping law enforcement officials get involved in identifying and resolving the problem.

- Using school or other facilities for student support groups such as Alcoholics Anonymous and Narcotics Anonymous.

- Enlisting the participation of students who are respected by their peers in school programs to prevent illegal drug use.

- Providing alternative education arrangements for students who are removed from school because of drug-or alcohol-related offenses.

- Ensuring that teachers, administrators, and other staff are neither abusers of alcohol nor users of illegal drugs.

- Providing a system of intervention and referral services for students, faculty, and other staff.

- Establishing methods to measure illicit drug and alcohol use among students at the school, and to evaluate the success of policies and procedures.

Educ-2: Schools must be an active part of "community-wide" efforts to end the use of illegal drugs.

To this end, the schools should take the following actions:

- Coordinate communitywide efforts.

- Work to establish a sense of community pride in which all members of the community participate.

- Actively involve youth in community outreach programs for the aged, handicapped, or other service programs.

- Encourage local businesses to provide financial support for antidrug and antialcohol initiatives. Businesses should:

  --Actively monitor and discourage sales of alcohol and tobacco to underage clients;

  --Sponsor various academic, athletic,and cultural activities for teens;

  --Sponsor contests, scholarships, work-study programs, character building programs, and summer jobs for adolescents.

- Sponsor after-school and evening activities for adolescents.

Educ-3: Schools must get parents actively involved in the prevention of drug and alcohol use.

Educ-4: Chief State school officers and State boards of education must ensure that textbooks, curricula, and other materials on alcohol and drugs are accurate and current, that they clearly and consistently carry a "no use" message, and that they integrate education about illicit drugs and alcohol into the existing school curriculum from kindergarten through college.

Educ-5: Colleges and universities must adopt firm, clear, and strongly enforced drug no-use policies encompassing all members of the college community.

These policies should include the following:

- Clear prohibitions regarding the possession, use, or sale of illicit drugs by students, faculty, and other employees. For students under age 21 this prohibition would also apply to alcohol.

- Disciplinary measures for any infringement of these prohibitions.

- Procedures for reporting drug and alcohol use or sale by students, faculty, or staff.

- A special curriculum--dealing with the consequences and forms of drug use and responses to it--for persons preparing to become physicians, nurses, lawyers, social workers, teachers, ministers, and psychologists.

Educ-6: Federal grant money to colleges and universities and for student loans should be contingent upon the institution's having and enforcing "no use" drug and alcohol policies.

Educ-7: States should require all teachers to be knowledgeable about drug- and alcohol-related issues for teacher certification.

Educ-8: Amend existing Federal legislation for drug education and prevention programs to assure accountability for results; in other words, tie in continued funding to a measurable decrease in drug and alcohol use.

Educ-9: Funding for school-based drug prevention, education, and awareness efforts should be sustained over an extended period of time and should be contingent upon

the effectiveness with which programs reach their stated goals.

RECOMMENDATIONS FOR THE CRIMINAL JUSTICE SYSTEM

Enf-1: Federal, State, and local governments must allocate more resources to all segments of the criminal justice system to combat illicit drug use. In addition, Federal antidrug funds should be available over a 3-year period to allow proper planning for their use.

Enf-2: Additional funds must be appropriated for prison construction.

Enf-3: Criminal justice personnel should test all persons in their custody for illicit drug use, and the results of those tests should be used to make determinations regarding pretrial release, probation, and parole.

Enf-4: The process for seizing, liquidating, and distributing the assets of illicit drug offenders must be expedited.

Enf-5: Criminal justice agencies should adopt a strong antidrug policy for their employees, including appropriate forms of drug testing.

Enf-6: The training and education of criminal justice personnel in drug-related matters should be dramatically improved.

Enf-7: The Department of Defense should increase its assistance to Federal, State, and local law enforcement authorities in the war against illicit drugs.

Enf-8: The Federal Government should designate a unified, national law enforcement drug intelligence system.

Enf-9: Federal and State governments should develop stronger penalties for persons trafficking or distributing drugs.

These penalties should include:

- Death penalty for drug kingpins who are responsible for murder.
- Strong sanctions against criminal justice officials aiding or abetting the drug trade.

- Stiff mandatory-minimum sentences for:
  --Drug Traffickers.
  --Anyone using youth in the distribution of drugs, and
  --Those selling drugs to youth.

Enf-10: Judges should recognize all persons (adult and juveniles) found guilty of drug trafficking as serious offenders and sentence them accordingly.

Enf-11: Judges need to use more innovative measures to deal more effectively with first-time drug offenders and youth involved in drug-related crimes.

Enf-12: Prosecutors should hold illicit drug users accountable for their actions.

Enf-13: Local law enforcement agencies should develop and implement programs to reduce the demand for illicit drugs in the schools and throughout their communities.

Enf-14: Law enforcement agencies should adopt aggressive street-level enforcement of antidrug laws.

Enf-15: All persons found guilty of selling or distributing drugs should be referred to the Internal Revenue Service (IRS) for a review of their tax status. To facilitate this review, at least one IRS agent should be assigned to every Drug Enforcement Administration field office in the country.

Enf-16: Persons found to be using drugs while incarcerated should not be eligible for early release.

Enf-17: All States should adopt legislation establishing multiple-copy prescription programs.

RECOMMENDATIONS FOR TREATMENT

Trmt-1: Federal, State, and local governments must take immediate steps to increase drug treatment capacity.

These should include the following actions:

- Require clients to pay for their own treatment, whenever possible.

- Increased funding for additional treatment slots.

- Development of mechanisms to permit State government override of local zoning restrictions.

- Development and use of a wide range of drug treatment modalities and programs.

- More active involvement of the private sector.

- Better use of existing treatment sites and resources.

Trmt-2: The Federal Government--through the Alcohol, Drug Abuse and Mental Health Administration (ADAMHA)--should develop a standardized, objective method for determining drug treatment outcome and objective measures for assessing drug treatment success.

Trmt-3. Funds for drug treatment programs should be based primarily on their efficacy and efficiency, and on the percentage of clients who remain drug-free following treatment.

Trmt-4. Research findings and other data and statistics on effective drug treatment programming should be expeditiously synthesized and disseminated by ADAMHA.

Trmt-5. The Department of Health and Human Services should establish a multidisciplinary task force to assess the current and future human resource needs of the treatment field.

Trmt-6. Funding sources should ensure that drug treatment professionals cooperate with the family, school, legal, and social service systems in the treatment process.

Trmt-7. State and local governments should assure that funds are made available for all court-ordered treatment.

Trmt-8. All jails and prisons should establish drug-treatment programs.

Trmt-9. Comprehensive training for diagnosis and treatment of illicit drug use should be integrated into the curricula of medical schools and other health professional courses of study.

Trmt-10. The Federal Government should develop a mandatory training course on AIDS for all persons working in drug treatment programs.

Trmt-11. An independent organization should evaluate the efficacy of methadone treatment.

RECOMMENDATIONS FOR THE WORKPLACE

RECOMMENDATIONS FOR THE WORKPLACE

Work-1: Every private and public workplace must have a strong antidrug work policy that covers every employee. Federal, State and local governments should encourage such policies.

The elements that make up a comprehensive, anti-drug-use work policy are as follows. (These elements reflect minimum guidelines; individual business or industry requirements may be stronger.)

- Prohibit the use, possession, and distribution of all illicit drugs by employees, whether on or off the job.
- Include preemployment, "for cause," and random drug testing where necessary.
- Provide for employee drug education, prevention, and public awareness programs.
- Include an employee rehabilitation program.
- Guarantee confidentiality to the fullest extent possible.
- Specify the consequences for illicit drug use, up to and including dismissal for employees who do not adhere to the antidrug policy.
- Establish training programs for supervisors to identify employees showing behavioral and physiological evidence of drug use.
- Establish data collection and recordkeeping procedures to assess the effectiveness of the antidrug policy.

Work-2: Labor unions and employee associations must promote a drug-free life-style in their membership and in their communities.

Work-3: The Small Business Administration, with the support of other appropriate Federal agencies and private organizations, must help small businesses adopt and implement drug-free workplace policies.

Work-4: The Secretary of Commerce should direct an effort by business and trade associations to work with together and with the community to promote a drug-free workplace.

Work-5: Workplace liability and health insurers and worker's compensation carriers should consider offering reduced premiums, associated with the reduced risk, for companies adopting antidrug policies and programs.

Work-6: Any comprehensive health insurance plan should make available coverage for illegal drug use treatment and rehabilitation programs.

RECOMMENDATIONS FOR TRANSPORTATION

Trans-1: Every private and public transportation organization should have a strong antidrug-policy that is developed and implemented by both labor and management and covers all employees.

The elements of the antidrug-use policy for the transportation industry are very similar to those specified in the Drug-Free Workplace chapter. They are as follows:

- Prohibit the use, possession, and distribution of all illicit drugs by employees, whether on or off the job.
- Provide for employee drug education, prevention, and public awareness programs.
- Provide for employee assistance with treatment and rehabilitation options.
- Include appropriate forms of drug testing.
- Guarantee confidentiality to the fullest extent possible.
- Specify the consequences for illicit drug use up to and including dismissal for employees who do not adhere to the antidrug policy.
- Establish training requirements for supervisors to identify employees showing behavioral and physiological evidence of drug use.
- Require data collection and recordkeeping to determine the effectiveness of the antidrug policy.

Trans-2: Transportation industry liability and health insurers and workers compensation carriers should offer reduced premiums, associated with the reduced risk, for companies adopting effective antidrug policies and programs.

Trans-3: The transportation industry should promote public awareness, especially among young people, that illicit drug use is not tolerated among workers in the transportation industry.

Trans-4: The Federal Government should pass legislation to encourage States to set "no use" of illicit drugs as the standard for all transportation operators, whether commercial or private (not-for-hire), and to assess penalties toward States that do not comply.

Trans-5: The Department of Transportation should establish a clearinghouse to collect, identify, and disseminate information about model antidrug policies, regulations, legislation, and standards.

Trans-6: The Department of Transportation should establish a Drug-Free Transportation Working Group composed of public and private sector experts, including operations personnel, to address the long-range issues involving drug use and transportation.

RECOMMENDATIONS FOR SPORTS

Sport-1: Athletes at all levels must make a personal commitment to become and remain drug-free.

Sport-2. Organized sports institutions should design and implement comprehensive antidrug policies.

Sport-3. Sports organizations, amateur and professional, should ensure that their activities and their members do not promote, endorse, or condone the illegal consumption of alcohol or the abuse of alcohol.

Sport-4. Parents and guardians should be involved in every aspect of their children's athletic development.

RECOMMENDATIONS FOR PUBLIC HOUSING

Hous-1: Public Housing Authorities (PHAs), in cooperation with residents, local government officials, law enforcement, authorities, and support groups in the private sector should develop and implement procedures that are designed to end drug use and sales in public housing developments.

These policies should include the following:

- Making drug treatment and prevention information and resources available to all PHA residents and employees.

- Offering PHA employees who use drugs access to treatment services before taking punitive action.

- Notifying police immediately of any employees involved in drug trafficking.

- Screening potential PHA employees for previous drug-related arrests and convictions. Priority should be given to applicants without such offenses.

- Screening potential PHA residents for past illegal or disruptive behavior.

- Establishing procedures for the active involvement of PHA residents in creating drug-free public housing developments.

- Establishing and implementing procedures to ensure that PHA residents can be immediately evicted for being convicted of drug-related offenses or for allowing their units to be used for illegal activities.

- Allocating space for meetings of Alcoholics Anonymous, Narcotics Anonymous, Al-Anon, and other related service groups.

- Immediate boarding up or rerental of vacant apartments.

Hous-2: Public housing residents must take every action to keep their housing units and their developments free of drugs.

Hous-3: Municipalities and county governments should provide the same level of municipal services to public housing developments that they provide to every other part of the community.

Hous-4: Community groups should establish programs for youth emphasizing drug-free life-styles in public housing.

Hous-5: The State, county, and municipal governments should provide adequate law enforcement services to public housing developments.

Hous-6: At least two percent of the Department of Housing and Urban Development's (HUD) Comprehensive Improvement Assistance Program (CIAP) funds should be made available to PHAs for antidrug initiatives.

Hous-7: The Department of Housing and Urban Development and associations such as the National Association of Housing and Redevelopment Officials, the Council of Large Public Housing Authorities, the Public Housing Association, the Public Housing Authorities Directors Association, and the National Tenants Organization should provide training on drug-free public housing techniques to PHA staff, residents, drug treatment and prevention experts, law enforcement officials, and the private sector.

RECOMMENDATIONS FOR MEDIA AND ENTERTAINMENT

Media-1: Every segment of the news media and entertainment industries must ensure that its programming avoids any positive portrayal of illicit drug use, and that responsible industry executives reject as unacceptable any programming that does not meet this standard.

Media-2: Every segment of the media must establish a comprehensive public campaign against illicit drug use.

Media-3: Media employers must adopt for all media workplaces a strong antidrug work policy that covers every employee.

Media-4: Local media must work closely with community leaders and citizen groups to combat the use of illicit drugs.

Media-5: Media messages must also increasingly target people who do not now use illicit drugs and minority populations.

Media-6: The movie rating system, conducted by the Motion Picture Association of America, must take a stronger stance against illegal drugs.

Media-7: The media must adhere to guidelines prohibiting alcohol and tobacco advertising that targets youth.

Media-8: Student-run media, including high school newspapers and college print and broadcast outlets, must actively disseminate accurate information about illicit drug use.

RECOMMENDATIONS FOR INTERNATIONAL DRUG CONTROL

Intnl-1: International illicit-drug-related issues must be given a much higher priority in the formulation of United States foreign policy.

Intnl-2: United States drug eradication programs overseas must be refocused and strengthened.

Intnl-3: Congress should review legislation creating the narcotics certification process.

Intnl-4: The activities of United States law enforcement officials engaged in narcotics enforcement overseas should be strengthened.

Intnl-5: The U.S. Department of Treasury should convene a meeting, or series of meetings, on international drug money laundering to develop specific suggestions for improving international cooperation in the investigation and confiscation of illicit-drug-related assets and profits.

Intnl-6: The United States should intensify its efforts to exchange expertise and information with other countries on effective prevention and treatment programs to combat illegal drug use.

RECOMMENDATIONS FOR FEDERAL REORGANIZATION

Reorg-1: Legislation should be proposed and enacted to create the Cabinet-rank position of National Drug Director.

Reorg-2: Legislation should be proposed and enacted to create an Independent National Drug Prevention Agency.

Reorg-3: The Department of Defense should be designated as the primary agency to conduct air and sea antidrug surveillance.

Reorg-4: Strong consideration should be given to transferring the law enforcement activities relating to international drug control currently conducted by the State Department to the Drug Enforcement Administration.

Reorg-5: Strong consideration should be given to establishing an international antidrug fleet of planes, helicopters, other vehicles, and necessary equipment to help with eradication, intelligence, and enforcement efforts in source countries.

Reorg-6: Strong consideration should be given to legislation that would create the position of Under Secretary of State for Drugs, Terrorism, and Insurgency.

Reorg-7: An independent evaluation of the National Institute on Drug Abuse should be conducted.

SYSTEMWIDE RECOMMENDATIONS

Wide-1: Legalization of illicit drugs must be vigorously opposed by government at all levels and by all segments of society.

Wide-2: Use of illicit drugs must not be considered a victimless crime.

Wide-3: Federal, State, and local governments need to allocate more resources for the war against drugs. (Also see Prevention, Treatment, Law Enforcement, Education)

Wide-4: Federal, State, and local drug funds should be expended on programs of proven effectiveness, expended expeditiously, allocated for more than one year, when appropriate and tied to a policy of zero tolerance for illegal drugs.

Wide-5: The Federal Government should deny justice assistance to all States and localities that do not develop and implement a plan for sanctions against drug users.

Wide-6: The White House and Government agencies at Federal, State and local levels should develop and implement awards programs to provide recognition to individuals and organizations that have made exemplary contributions in the fight against illicit drugs.

Wide-7: Research on the use of illicit drugs must be conducted in several areas: education, prevention, media/entertainment, law enforcement, sports, treatment, and transportation.

Wide-8: The President should appoint a bipartisan Blue Ribbon Committee composed of Conferees and other representatives of public and private sectors, public interest groups, citizens, youth, the professional and scientific communities, sports, media and entertainment, and the clergy to monitor the implementation of the recommendations of the White House Conference for a Drug-Free America.

Wide-9: Information from the Federal Government on illicit drugs should be centrally disseminated.

Wide-10: The religious community--its leaders and members--must become actively involved in fighting illicit drug use in this country.

Wide-11: The Federal Government should set standards for, and the state government should license and monitor the performance of all drug-testing laboratories.

Wide-12: The Federal excise taxes on beer, wine, liquor, and tobacco should be increased to support antidrug programming.

Bush Endorses AIDS Antibias Efforts

Panel Proposed Legislation, Executive Order to Protect Carriers

By David S. Broder
Washington Post Staff Writer

SAN FRANCISCO, June 28—Vice President Bush today endorsed a presidential commission's call for legislation and an executive order barring discrimination against AIDS carriers.

Deliberately stepping out ahead of President Reagan on a controversial social policy issue, Bush said "discrimination based on unfounded medical fears" is abhorrent to his conscience.

On Monday, Reagan accepted the report of his 13-member commission on acquired immune deficiency syndrome, but withheld comment on its recommendations pending a 30-day staff review.

Bush, who attended the White House meeting, read portions of the 201-page report while flying here this morning and came to the back of his plane to tell reporters he was "very much persuaded" by its conclusion that additional steps in the form of legislation and an executive order are needed to protect AIDS carriers from discrimination.

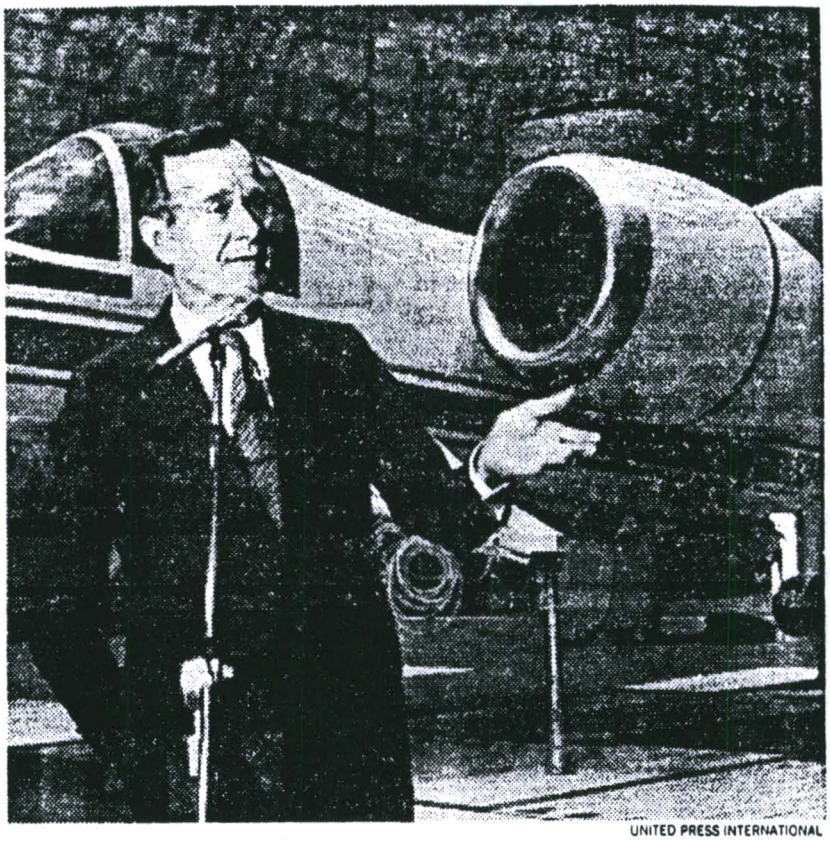
"They are not going to come forward," he said, "if they think they are going to be thrown out of their jobs."

Although AIDS cases are concentrated among male homosexuals, Bush said, "This should not be seen as a gay-rights problem. This is a national health problem with many innocent victims."

Officials of gay-rights groups praised the unexpected support from Bush. "I think it's a dramatic step and one that reflects a recognition of the link between public health and civil rights," said Jeffrey Levi, executive director of the National Gay and Lesbian Task Force. "I hope Mr. Bush will be able to bring the administration of which he is still a part along with him."

Robert Bray, spokesman for the Human Rights Campaign Fund, a Washington-based gay political action committee, agreed. "It appears that finally someone in the White House is willing to stop fighting people and start fighting the disease," he said.

Bush said his wife, Barbara, had seen "what they call throwaway ba-



UNITED PRESS INTERNATIONAL

Bush talks to press in NASA's Ames Research Center wind tunnel in California.

to go out and bury them because they don't have a mother or father anywhere around," Bush said.

In his comments and a brief written statement, Bush reiterated his support for "widespread testing . . . with strict confidentiality and antidiscrimination provisions," and pledged to give "the highest priority" to seeking a cure for AIDS.

He told reporters that he did not favor an immediate increase in federal research funds because Dr. Anthony S. Fauci of the National Institutes of Health told him at a dinner at his home two nights ago that the funding allocated to NIH for that purpose now is "about right." More than $700 million of the Public Health Service's requested $1.3 billion budget for the AIDS effort is for research.

Bush's AIDS comments are the latest, and perhaps most dramatic, in a series of stands over the last six weeks in which he has dissented from or moved ahead of White House policy on the environment, education and drug interdiction—all areas where polls show Reagan's record is viewed critically by many

gesting that the White House response was slow. "I've got a different role here" as a presidential candidate, he said. "I have a responsibility to say what I think."

White House officials have expressed skepticism about the likelihood of Reagan issuing such an executive order, and the issue is controversial enough on Capitol Hill that congressional Democrats dropped an antidiscrimination provision from an AIDS bill last month.

Bush said he had discussed the AIDS issue with Surgeon General C. Everett Koop, retired admiral James D. Watkins, the head of the presidential commission, and Fauci.

But he added, "My conscience advises me on AIDS . . . . I abhor discrimination against innocent people . . . . There's a human dimension . . . . and I would hate for a grandchild of mine who got a blood transfusion [with AIDS-infected blood] to be discriminated against."

Bush also told reporters he believes the Watkins commission report will "do a lot to lay to rest some of the fears" people have about AIDS. "Little kids, you know,

Bush Backs Protection Of AIDS Victim Rights

By GERALD M. BOYD
Special to The New York Times

SAN FRANCISCO, June 28 — In contrast to President Reagan, Vice President Bush today quickly endorsed legislation and other Federal measures that would prohibit discrimination against AIDS victims.

Embracing a key recommendation of a 13-member Presidential advisory commission, Mr. Bush said that he supported the issuing of a Presidential order to put in place voluntary guidelines barring discrimination against AIDS victims in the Federal workplace and Federal legislation outlawing the practice elsewhere.

In response to a question, Mr. Bush said he would "acknowledge" that he was "ahead" of Mr. Reagan, who received the commission's report Monday without fanfare and without comment on its recommendations. The President announced that Dr. Ian MacDonald, the White House drug policy adviser, would consider the report and whether the discrimination guidelines

Vice President says he is 'ahead' of Reagan on the issue.

should be strengthened and "present a course of action" within 30 days.

Some Administration officials and a minority of the commission members have opposed such anti-discrimination measures, arguing that they are more the province of states than of the Federal Government. But Mr. Bush asserted today that AIDS was a national health problem and thus "a Federal responsibility."

Separate Policies Planned

Aides to Mr. Bush have said that AIDS will be one issue on which he plans to offer his own policies, both in public statements and the Republican platform that he will campaign on this fall. Today appeared the first step toward that aim.

In recent weeks, Mr. Bush has indicated differences with Mr. Reagan on such issues as the environment and education. In suggesting today that he was adding AIDS to that list, he spoke in highly personal terms that highlighted his role as a grandfather of 10 rather than as Mr. Reagan's backup. Asked who was advising him on the disease, he said, for example: "'My conscience has been advising me on AIDS."

"I'd hate it if a kid of mine got a blood transfusion and my grandson had AIDS and the community discriminated against that child, that innocent child," he said.

Despite his support for the legislation, Mr. Bush said he saw no need to increase what he said was the billion dollar the Administration is spending on AIDS research and testing as some critics have been urging. The Vice President said that he had been assurred recently by Dr. Thomas Fauci, of the National Institute of Health, that current Federal funding was adequate.

Rights Guarantee Sought

At a brief news conference at the NASA Ames Research Center near San Francisco, a city whose homosexual population has been ravaged by AIDS, here, Mr. Bush said: "We are faced with a major national health program. I'm one who has long advocated certain kinds of testing. And if we want people to come forward there ought to be a guarantee of anti-discrimination."

Mr. Bush first made his views known on his way here from Washington after sitting in his cabin aboard Air Force 2 and reading parts of the report. When asked if he supported anti-discrimination legislation, he said, "I think it is needed."

"I abhor discrimination against innocent people," he said at one point to reporters.

At another point, he said that he had been convinced by remarks made by the commission's chairman, James D. Watkins, the retired admiral, who supports such anti-discrimination measures.

"I was very much persuaded by what he said when he talked about the needs of people in the workplace to be able to come forward especially if this report endorses testing and I think it does," Mr. Bush said. "They are not going to come forward if they think they are going to be thrown out of their jobs."

Broad Scope of Issue Seen

In his discussion of the report, Mr. Bush suggested that discrimination against carriers of the AIDS virus should not be seen as a gay rights issue, repeatedly couching the discussion in terms of the disease's effect on children.

Mr. Bush recalled how his wife, Barbara, had visited a Harlem hospital in New York where there were babies with the virus, who he said were called "throwaway babies."

Once they die, he said: "The doctors of these babies have to go out and bury them because they don't have a mother or father, anywhere around. It's the child, it's the child, the best of our children."

Mr. Bush said that while some parents might have a "legitimate concern" about having their children come in contact with AIDS children considering the questions marks about the virus, there were other considerations.

"I think the parents of an innocent child have a right, too, and that is that that child is not the victim of invidious discrimination," he said, adding that he might change his view if there was evidence that acquired immune deficiency syndrome could be transmitted in "casual ways."

"I think the preponderance of evidence is on the other side." he said.

While flying here for two days of campaigning in Northern California, Mr. Bush also acknowledged what he has been reluctant to say before: that his interest now that he is the Republican nominee is at times different from that of the President. Asked why Mr. Reagan had not responded to the report as quickly as he had, the Vice President quipped, "Well, he's not running for President."

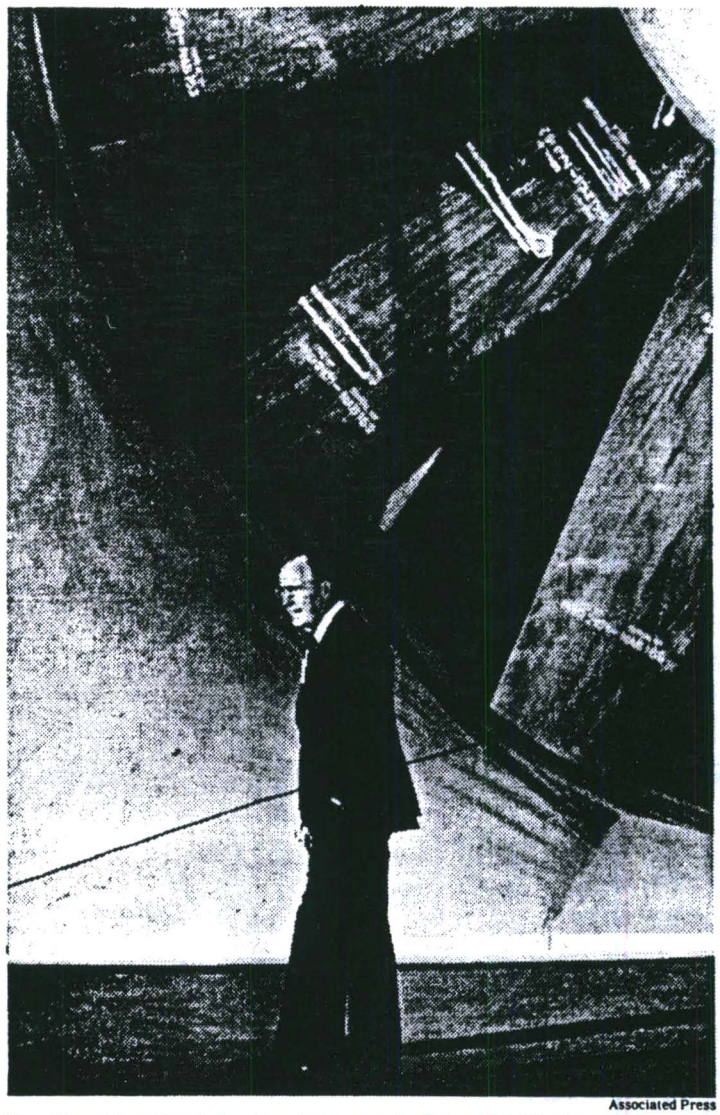
But Mr. Bush, who refused to distance himself from Mr. Reagan's veto of a major civil rights bill recently, sought to minimize his action today. He said that the President had not had time to consider the recommendations.

"You have got to remember in fairness that this report was just handed to the President yesterday by Admiral Watkins," he said.

Mr. Bush said that he had no concern that anti-discrimination legislation might be a step toward a national gay rights bill containing similar protections.

"I don't think that's what is intended here at all, therefore it doesn't concern me," he said. "We have a national health problem."

The Vice President said that he had been told that the report stresses the link between AIDS and illegal drugs. But he said that he would not favor issuing free needles to heroin addicts as some health officials have urged.



Associated Press

Vice President Bush in the wind tunnel of the NASA Ames Research Center yesterday in Mountain View, Calif.

Post 7-14

'Liberate' AIDS Research From OMB, Hill Urged

Watkins Says 'Functionaries' Delay Work

By Michael Specter
Washington Post Staff Writer

The chairman of the presidential AIDS commission yesterday urged Congress to "liberate" federal AIDS research from the "bureaucrats" of the Office of Manangement and Budget.

"You've got the best research facility in the world held up by some functionaries who have no idea what is needed," retired admiral James D. Watkins testified at a Senate Labor and Human Resources Committee oversight hearing on AIDS treatment and research. "It's time to give the National Institutes of Health a break," he added.

Watkins said the suggestion, contained in last month's AIDS commission report, would give federal researchers the flexibility they need to move faster in developing treatments for the fatal disease. But committee members and some witnesses charged that NIH and the Food and Drug Administration have been bogged down in red tape of their own making.

Critics of federal AIDS efforts have said repeatedly that government officials have moved far too slowly in making experimental drugs available to people with AIDS and to the other 1.5 million Americans believed to be infected with the AIDS virus.

"Shouldn't we be looking at this some other way rather than following business as usual?" Chairman Edward M. Kennedy (D-Mass.) asked FDA Commissioner Frank E. Young.

"I can assure you, senator," Young replied, "this is not business as usual."

The constant complaints arise because little is now available to treat those with AIDS. Only one drug, AZT, has been approved by the FDA to treat the disease, and most other drugs that appear promising have a long way to go before they can be proved safe and effective. It can take scientists years to prove a drug's worth, too long for people with AIDS. Increasingly, AIDS researchers are being pushed by tens of thousands of people with no other hope to release drugs early. But the researchers say that would only add to the confusion and disappointment.

"We are already testing one substance because we know many people in the community are using it," said Anthony S. Fauci, NIH's director of AIDS research. The drug, AL-721, was not on any priority list at NIH for testing. But because so many people are using it, NIH officials decided to study its effectiveness.

Virtually none of them believes it will prove of value, and privately many compare it to laetrile, the cancer drug that proved worthless.

But critics say that NIH has put too much emphisis on AZT and a few other drugs that will take years to develop.

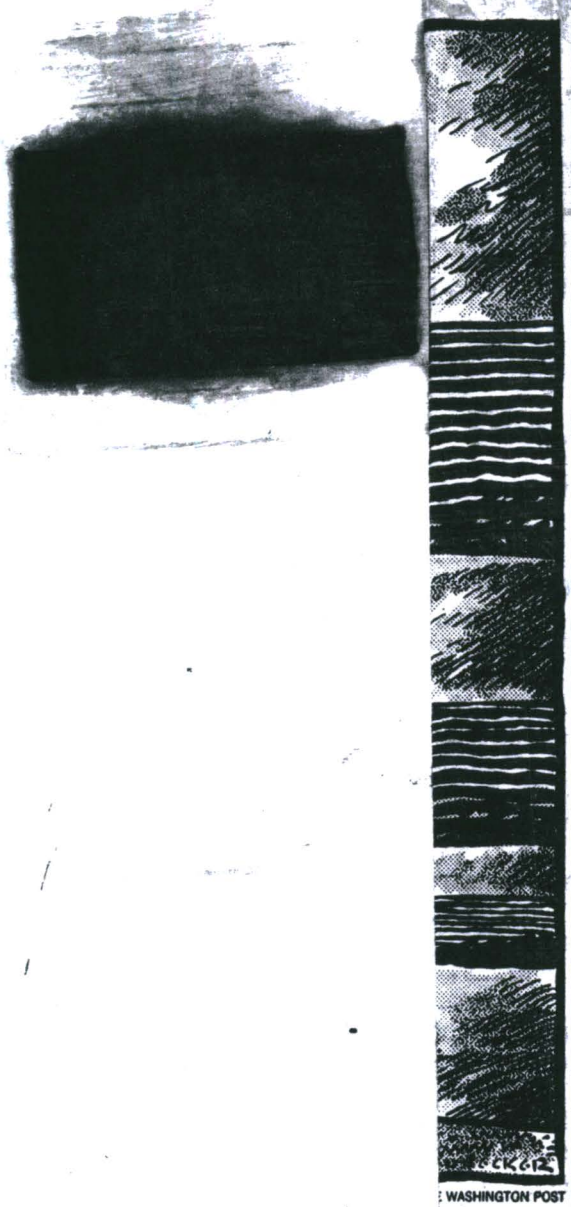
"There are easily 10 agents selected for study by NIH's own selection committee which have yet to enter human study in the federal AIDS program," said Dr. Barry Gingell, director of medical information for New York's Gay Men's Health Crisis, the nation's largest AIDS service organization. "We're not talking about quack remedies or snake oil.

"If there is even a chance that [a potential] AIDS therapy could be useful, we cannot afford to ignore it," he said.

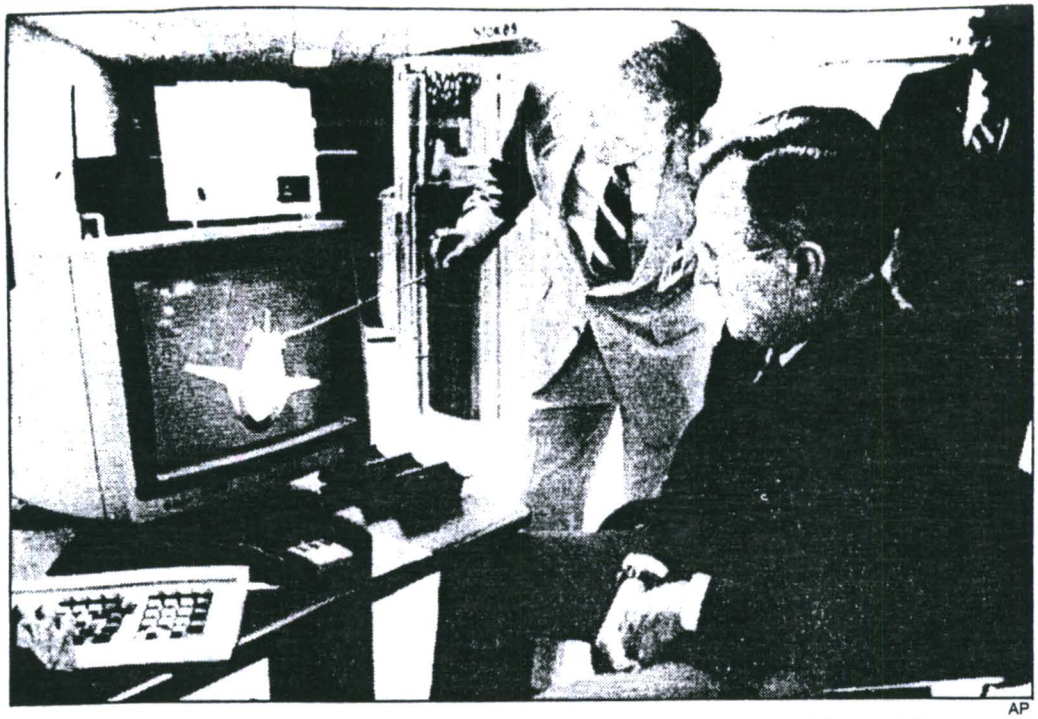
Federal officials and physicians treating AIDS patients concede that a vast underground network of "guerrilla clinics" has developed in the past several years where people with AIDS purchase drugs that have not yet been proven effective.

The self-medication movement threatens to endanger federal efforts to determine different drugs' usefulness against AIDS by confusing the results. NIH officials have decided to double the size of one key trial of AZT among infected people because they fear many participants are also using other drugs.

Young said yesterday that, based on a mathematical model the FDA developed, few new approvals can be expected in coming years. He said that of more than 300 chemicals being tested, only one or two will probably become useful drugs, if experience with other diseases is a guide.



WASHINGTON POST



AP

Vice President George Bush (right) is shown Cray-2 supercomputer, one of the world's most powerful, by a NASA employee at Ames Research Center in Mountain View, Calif., yesterday.

WASH TIMES

Bush opposes AIDS bias

By Ralph Z. Hallow
THE WASHINGTON TIMES

SAN FRANCISCO — Vice President George Bush endorsed yesterday a presidential commission's proposal for a federal law banning discrimination against AIDS victims.

"I have long advocated testing [for AIDS] and if people are going to come forward to be tested, there ought to be a guarantee of anti-discrimination," Mr. Bush said at a press briefing.

"Then there's the problem of the innocent child who is a victim of AIDS and should not be discriminated against based on prejudice or false information," he said.

Mr. Bush was responding to a 201-page report given President Reagan Monday by his 13-member advisory commission on AIDS, headed by retired Adm. James D. Watkins.

The report's key recommendation called for a law or executive order barring discrimination against those infected with the virus.

Adm. Watkins has said such a law is essential to controlling the AIDS epedimic because it would encourage people at risk to voluntarily be tested for the virus.

"I think it is important to do a lot to lay to rest some of the fears. There is a lot of misunderstanding," Mr. Bush said.

The issue of discrimination against AIDS victims has polarized some communities, particularly as parents grapple with whether to send their children to classes attended by AIDS victims.

But conservatives on the panel and in the administration have opposed the recommendation, arguing that a better way to deal with discrimination is through the states.

"We need to have more information — and the more people come forward without fear of losing their job or whatever it is, the sooner we can get the knowledge base to give our researchers the maximum information possible [to prevent the spread of the disease]," Mr. Bush said.

Asked what sanctions he would support against those who refused to work with people infected with AIDS, Mr. Bush said, "Well, I don't know. I have no sanctions program."

Some conservatives said yesterday they thought Mr. Bush had made a political blunder on the issue.

"It's fine to show compassion, but on this issue there is considerable disagreement among the general public, and probaly the strongest opposition to making this a civil-rights issue is among blue-collar Democrats who voted for Reagan and who might be reluctant to vote for Bush," said David Keene, a Washington-based GOP consultant.

In Illinois, conservative leader and Eagle Forum President Phyllis Schafley said: "I can't believe he said it. It's not a smart thing."

She predicted Mr. Bush's position "will be opposed by the majority of a big American people. The most important group Bush needs and whom he doesn't have today are the Democrats who voted for Reagan."

But California GOP Chairman Robert Naylor saw political pluses and minuses for the vice president. "In California, a candidate is more vulnerable if he appears not to be doing everything possible to get the AIDS epedemic uner control, so I don't think the vice president showed bad political judgment on this," said Mr. Naylor, who nevertheless voted against a Democrat-sponsored anti-AIDS discrimination bill in the California legislature.

"Maybe the conservatives, especially elsewhere in the country, will sit on their hands as a result of this, but the polls here have been pretty heavily in favor of anti-discrimination against AIDS victims," Mr. Naylor said.

NYT 7/22/88

Puzzling Questions Are Raised on Statistics on AIDS Epidemic

By BRUCE LAMBERT

Virtually all the key statistics in the AIDS epidemic are suffused with uncertainty, a problem underscored by the rising debate over the reduction, to 200,000 from 400,000, in the number of New York City residents whom health officials believe are infected with the AIDS virus.

"How many are infected?" Dr. C. Everett Koop, the United States Surgeon General, has said. "That's our whole problem — we don't know that number. We use the number of a million or a million and a half, but it could be 400,000 or it could be 4 million. We just don't know."

In the seven years since the deadly disease was first detected in New York and in California, health experts have learned a great deal about acquired immune deficiency syndrome.

Much data have been collected, and AIDS specialists have made general estimates of how many people are affected.

But the experts still do not know exactly how many have died.

No one knows how many are sick, how many are infected with the AIDS virus or how many are in high-risk groups. Nor do the experts know precisely how many of those infected will get sick, how many of those who get sick will die, or the pace of the disease progression in these people.

Here are some of the basic difficulties in quantifying the AIDS epidemic:

Q. Don't we know how many have died of AIDS? Don't health officials periodically update and issue those statistics?

A. Those figures — 7,851 deaths in New York City and 38,541 nationally at last report — are for AIDS cases as strictly defined by the Federal Centers for Disease Control.

That definition has been expanded several times but still does not cover many deaths resulting from AIDS-related complex and HIV illnesses, which are believed to be caused by the same virus. New York City officials say the strict definition may miss 50 percent of the deaths involving the AIDS virus.

Further, these are *reported* cases. Some AIDS cases may be not be counted because of misdiagnosis. City officials have estimated that AIDS deaths among intravenous drug abusers may have been 130 percent higher than officially reported.

In addition, even though the cause of death is a confidential record in the city, some cases may not have been reported because of fear of stigma, embarrassment and publicity. In some instances, AIDS deaths may not be counted in New York because the patients move out of the city and die elsewhere. Conversely, some patients from surrounding areas may come to New York for treatment and later die.

Q. What about the number of AIDS cases we hear being cited?

A. All the pitfalls applying to the AIDS death statistics also apply to the numbers of the cases reported as diagnosed — 14,985 in the city and 68,220 nationally.

Remember, these are *diagnosed* cases. Some AIDS sufferers, especially those who are impoverished, may be sick for an extended period before seeking medical help. Until they do, they are not counted.

These statistics often lag because of slow reporting to health authorities by physicians and hospitals. In New York City, the delay is often several months and can be as long as two years before the numbers come in.

Concern over discrimination against AIDS patients in health insurance, housing and employment may contribute to some concealment of the diagnosis or delayed reporting.

These AIDS caseload figures completely omit the AIDS-related complex and HIV illnesses, which health officials do not record in New York or most other states. These additional cases are probably several times the official number of AIDS cases, although no one knows exactly how many times.

Much has been learned, but the data are not complete.

Q. What about hospitalizations?

A. In New York City, this is one of the firmer pieces of information. The Greater New York Hospital Association surveys all public, voluntary and private hospitals every three months for the number of patients admitted for any AIDS-connected illness.

As of July 2, that total was 1,497, down 1 percent from the previous quarter but up 18 percent from the year before. Most persons suffering from AIDS conditions are hospitalized for only a minor part of the length of their illnesses.

Q. What do the experts say about how many people are infected?

A. For some groups, the experts are developing rather good data. New York State has tested anonymous blood samples for all 133,781 women in the state who gave birth and their babies for six months, generating a full breakdown of AIDS infection by age, race and even ZIP code.

But the AIDS cases to date indicate that the overwhelming majority of infection is among men, both among intravenous drug users and homosexual and bisexual men.

For the mothers and babies, blood automatically drawn for other tests for newborns was used for the AIDS study. Unfortunately, no such readily available blood sample exists for men. There have been sample blood studies, but they are small and may not be randomly representative.

To require such broad-scale tests would raise serious political, legal, ethical and privacy issues. To ask for volunteers could skew the results since some of those at highest risk might refuse to cooperate.

There is some doubt about the testing itself, which is for the antibodies to the AIDS virus. Researchers have found some people who are infected with the virus but do not produce antibodies, but it is not known how commonly this occurs. A new test has been developed to detect the virus itself, but it is not yet in wide use.

Q. What about the testing done on the millions of donors to blood banks and of military recruits?

A. Because the blood banks stringently discourage drug abusers, homosexuals and bisexuals and others at risk for AIDS from donating blood, the resulting donors are not a true cross section.

For military applicants, again the sample may not be truly representative. Applicants often are from poor neighborhoods where drug use is high. On the other hand, since drug abuse and homosexual acts are banned in the military, the people most likely to be infected may avoid enlisting.

Q. How big are the groups at high risk for AIDS?

A. The groups that have suffered the most AIDS cases are gay and bisexual men, and intravenous drug abusers.

It is impossible to give a precise count of either group. There is no central registry of drug abusers or gays, no census data on them, no reliable opinion polls on them.

Both groups are largely underground. Drug abuse is illegal throughout the nation, and homosexual acts used to be prohibited. Both behaviors are considered unacceptable by many other people.

In New York City, the number of intravenous drug abvusers is frequently estimated at 200,000 to 250,000, based on data such as drug arrests, births of addicted babies, overdose deaths and applications for drug treatment, as well as on the impressions of law-enforcement and drug-treatment professionals.

Although drug experts acknowledge this estimate to be "soft," it is considered more reliable than the wide-ranging estimates of homosexuals and bisexuals.

The Kinsey survey of male sexual behavior, released 40 years ago and based in part on data obtained before World War II, is still the major reference work in that field. But the apparent changes stemming from sexual liberation, as well as the migration of homosexuals to big cities like New York, suggest the Kinsey study is an outdated and unreliable guide.

Q. How can can we get better statistics?

A. Better diagnoses of deaths and illnesses, stricter requirements for reporting them, broader definitions of AIDS illnesses, refinements in tests for AIDS and wider testing would give a clearer picture of the AIDS epidemic.

Such information would allow more effective efforts at preventing the further spread of the virus and in preparing medical and social services to help people sick with and dying of AIDS.

The President's commission on AIDS and other experts agree that strong confidentiality protections and outlawing discrimination against those with AIDS illness or infection are essential for obtaining the best data and avoiding misuse of the information.

what is going on in their institutions. I keep up with published research as well."

Dr. Long, who said she was heterosexual, came to an ACT-UP meeting as an adviser to talk about promising drug protocols and soon became the co-chair of the group's Treatment and Data Collection subcommittee.

ACT-UP's disruptive reputation and confrontations, a sort of "good cop, bad cop routine," has helped some mainstream gay and lesbian organizations appear more acceptable, particularly those that provide health care for people with AIDS, and get support from governmental officials, including Mayor Koch, who now refuse to deal with ACT-UP.

ACT-UP functions now without long-term leaders because when the group was formed, those who were not members of gay or AIDS social service groups feared that established leaders of existing service organizations would overly influence the group's activist course, said Bradley Ball, 27, ACT-UP's volunteer administrator, who works at NBC in product sales.

There is no president or vice president, and most officers serve six-month terms. The meetings are run by a rotating group of volunteers.

"It is democratic to a fault," said the novelist and playwright Larry Kramer, author of the play "The Normal Heart," who helped start the group last year and says that ACT-UP's direction now is scattershot and unfocused.

But he said he still supports the group.

"All of this is new and never happened before in the gay movement," Mr. Kramer said. "The younger gays are different than the older ones, they are more comfortable being homosexual, they went to colleges where there are gay groups, and many of them with college educations are quitting their jobs and joining AIDS service organizations.

"It's really inspirational. The priorities for an enormous number of people have changed. When you don't think you may have a long time to live, you want to do something useful."

Hersey Apologizes to Writer on Agee

Continued From Page B1

they are in the process of conveying this to Mr. Bergreen."

Mr. Bergreen said he became "greatly disturbed" when he read Mr. Hersey's essay in The New Yorker and discovered "the use of words and lengthy passages that were taken almost verbatim from my book."

"It seemed to me," he said, "that once you got beyond the opening anecdote in which he described his meeting with Agee that the whole article was a condensation of my biography."

Parallel Passages

Mr. Bergreen said he noted "about 20" parallel passages such as these:

Mr. Hersey described a trip Agee and his wife-to-be, Alma, made in these words: "On the way north again, they

Two Writers on Agee

Here is a comparison of passages from Laurence Bergreen's biography of James Agee and passages from John Hersey's article in The New Yorker.

Bergreen

The plum assignment gave Agee a chance to demonstrate the range of journalistic skills he had painstakingly acquired in the course of churning out journeyman stories on topics as diverse as butter, cockfights, and quinine.

•

Alma and Agee left Brooklyn and all its dreary associations for the twenty-five-dollar-a-month

Hersey

After rather bumpy experiences with articles on butter, cockfights, and quinine, Agee was offered a plum: a piece on one of Franklin D. Roosevelt's more susccessful undertakings, the Tennessee Valley Authority.

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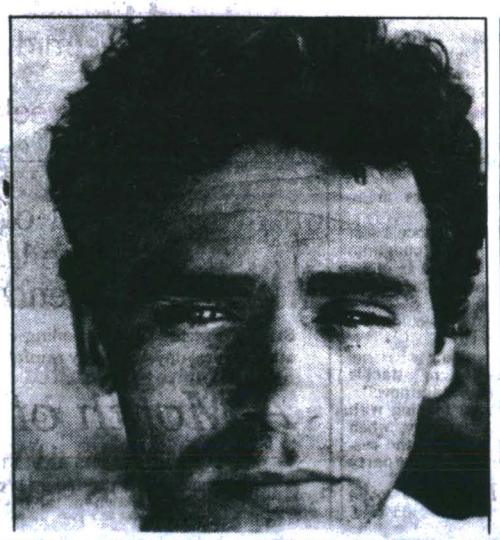
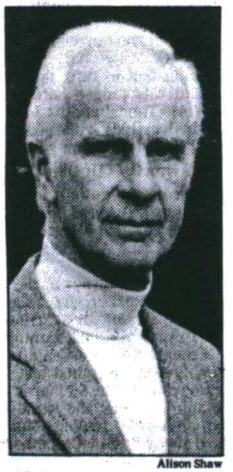
Summer came, and, so that Jim could resume work on the book, he and Alma rented a decrepit stone house, Monk's Farm, in Stockton.





Alison Shaw

John Hersey, right, has offered an apology to Laurence Bergreen, center, author of a biography of James Agee, left. Mr. Hersey acknowl-

PRESS RELEASE

jm

THE VICE PRESIDENT
OFFICE OF THE PRESS SECRETARY

FOR IMMEDIATE RELEASE
Tuesday, June 28, 1988

CONTACT: 202/456-6772

STATEMENT BY THE VICE PRESIDENT
ON THE AIDS COMMISSION REPORT

The Commission Report is a landmark analysis of the problems facing our country due to the AIDS epidemic. There is little doubt that it will be the benchmark for future discussions. Admiral Watkins, the Commission members and staff have done an excellent job.

They have proved their critics wrong. Many pundits believed that the Commission would fail, yet Admiral Watkins and his colleagues have set the right tone for how we should approach AIDS in the months and years to come.

I am particularly pleased that the Commission recognizes the need for patient notification and wide-spread testing as a means to limit the spread of AIDS. Such programs will be ineffective without being coupled with strict confidentiality and anti-discrimination provisions.

I am also encouraged by their understanding that the AIDS crisis and the drug crisis are intertwined. We will be unable to stop the spread of AIDS if we do not stop the spread of drug abuse.

The Commission identified the problems confronting our scientific and medical communities in the search for a cure, vaccine and treatment of those with the disease. The Commission's recommendations to make these efforts more effective should be given the highest priority.

It is our duty to do all we can, not only to find a cure and a vaccine, but also to make sure we never create a climate in America where friend turns against friend, where countrymen turn against countrymen.

# # #

WASH. TIMES
7/15/88

PAUL CRAIG ROBERTS

Failures of public health?

Whenever public officials cannot deal with real issues, they go chasing off after trivial ones. While the AIDS epidemic rages out of control, lighting up a cigarette in a New York City public area and failure to buckle seat belts in many state jurisdictions are violations of public law.

Public health concerns led to the ban on public smoking. If a person increases his own risk of cancer by smoking, presumably his smoke fumes can increase the risk for non-smokers. The seat belt law also relies on "publicness" to specify the legal conditions in which people can engage in private transportation: Unless they are buckled-up, accidents mean more serious injuries and a greater burden on public services.

Meanwhile, the HIV-infected are free to continue to spread AIDS by engaging in promiscuous sexual activities. Experts estimate that HIV-infected homosexuals have a large number of partners each year — but privacy, confidentiality, and anti-discrimination laws prevent disclosure of the infected and allow them to continue to search for new sex partners. Public health officials even refuse to close public bath houses, primary centers for contacting and spreading the disease.

Public officials have chosen to combat AIDS with education, while applying compulsion to cigarette smokers and non-seat belt users. This is extraordinary.

Those who smoke and don't use seat belts are primarily a danger to themselves. The HIV-infected are a danger to others and spread the disease through sexual activity, the blood supply, drug use, and contact with health care personnel, particularly in emergency situations.

If public authorities have no faith in education's power to save smokers and non-seat belt users from themselves, how can they rely on education to cause people to change their sexual behavior in order to save others? This is a poignant question considering the statistics and medical facts that public health authorities provide. Federal health officials expect that at least 450,000 Americans will have come down with AIDS by 1993. A much larger number will be infected but not yet at the stage of AIDS symptoms.

Moreover, AIDS has been defined in a narrow way that underestimates its incidence in the population. Re-

see **ROBERTS,** *page F4*

Paul Craig Roberts, an economist at the Center for Strategic and International Studies, is a columnist for The Washington Times.

WASH. TIMES
7/15/88

ROBERTS

From page F1

cently, experts have pointed to an alarming increase in deaths of young women from respiratory and other infections as an indication that many more women are dying of AIDS illnesses than official reports indicate.

Between 1981 and 1986 deaths of women ages 15 to 44 from pneumonia and influenza jumped 154 percent in New York and 125 percent in the District of Columbia. Dr. Iris Davis of Brooklyn's Woodhull Hospital was quoted in the July issue of Ms. magazine: "When you start to see deaths going up like that in women who are supposed to be in their healthiest years, you really have to ask what's going on. There's so much AIDS-associated disease we're not monitoring."

Experts are beginning to express the fear that the disease is spreading into the teen-age population. Surveys indicate that teen-agers do a lot of sexual experimentation, with 43 percent of male, heterosexual adolescents having an average of 17 sexual partners during their teen years. Moreover, the 3-to-1 ratio of males to females among New York teens with the disease is far higher than the 7-to-1 ratio for the city's adults and suggests heterosexual contact is spreading the infection.

Authorities have assured the public that antibody testing has made the blood supply safe. But the assurances have again turned out to be false. A National Institute of Health panel recently recommended that blood transfusions "be kept to a minimum."

New research has discovered that the AIDS virus can hide for years, undetected by the antibody test. In some cases, antibodies disappear despite the persistance of infection. Moreover, the virus mutates rapidly, and the development of new strains could make even careful testing procedures obsolete.

Finally, there is human error. Last week the Red Cross had to close down its blood testing and processing laboratory in the nation's capital, because it cannot guarantee that AIDS-infected blood will not be mislabeled and sent to hospitals. The personnel simply could not follow procedures designed to protect the public from known contaminated blood. Even worse, according to a Washington Post report, the Japanese government and U.S. medical companies continued to supply Japanese hemophiliacs with tainted blood products even after the advent of new procedures that provide a safe product. Among the many innocent victims of "an alternative life style" are 40 percent of Japanese, and 60 percent of American, hemophiliacs.

The education approach to public health assumes that everyone is decent and wants to do the right thing. But sex is no weaker a motive than money, and if businessmen will put money before public health, the wanton will put sex first.

Meanwhile, a jury has handed down a liability judgment against a tobacco company whose customer died from lung cancer, while a blood bank that supplied AIDS-contaminated blood to a patient got off scot-free. Watching the failure of public authorities to deal with the AIDS epidemic makes one wish for a way to privatize public health.

WALL ST. JNL
7/15/88

Victims of AIDS-Related Discrimination Are Fighting Back—and Getting Results

By Roger Ricklefs
Staff Reporter of The Wall Street Journal

NEW YORK—The checkup was strictly routine—until George Whitmore told the dentist that he has AIDS. Suddenly, he says, work stopped. The dentist went off to confer with his colleagues. An administrator called Mr. Whitmore into another room, told him the clinic wouldn't treat AIDS patients and sent him away.

"I just felt humiliated," says Mr. Whitmore, a writer. "Dentists were discussing in front of other people: Should they treat me or not? When you have gone through a diagnosis of AIDS, you have to fight back."

Mr. Whitmore took his complaint to the New York City Human Rights Commission's AIDS Discrimination Unit. And if the commission follows the recommendation of Dierdra L. Tompkins, the administrative law judge who presided over a hearing on the matter, Mr. Whitmore will collect $20,000 in damages. The clinic, Northern Dispensary, declines to comment.

Like Mr. Whitmore, a growing number of Americans are filing AIDS-discrimination complaints with local human-rights agencies or with special offices set up to process such cases. While nationwide figures aren't available, New York's AIDS unit, the largest of its kind, has handled about 1,200 cases since it was founded in 1983. Last year alone, it handled nearly 600, or double the 1986 figure.

Legislative Measures

Across the nation, complaints are likely to become even more frequent as acquired immune deficiency syndrome spreads and as bias rules are formalized. Last month, both the President's Commission on AIDS and the National Academy of Sciences recommended tough new federal laws to prevent discrimination against the 28,000 AIDS patients and more than one million AIDS-virus carriers in the U.S.

In California, eight cities have passed their own ordinances specifically barring AIDS-related discrimination. Numerous cities and counties elsewhere are considering similar moves, says Norman Nickens, a lawyer in charge of AIDS-bias cases at San Francisco's Human Rights Commission. Many cities, New York among them, currently pursue the cases under statutes banning discrimination based on physical disability or sexual orientation.

A closer look at New York's experience illustrates some common types of complaints and the typical outcome. For one thing, at least 96% of the cases brought to the AIDS unit are resolved in the complainant's favor. And 90% of the cases are settled through negotiation, says Mitchell Karp, the unit's supervising attorney. When negotiation fails, cases are generally dealt with in hearings before an administrative law judge, whose decision either side can appeal in court.

Many employment-related complaints, which account for 27% of the New York unit's caseload, involve workers in service industries, especially those in which there is direct contact with customers, says Mr. Karp. But trouble also arises frequently among co-workers, he adds.

For instance, a complaint was brought by a retail-store clerk who had visited her unmarried son in San Francisco. By the time she returned, her co-workers had decided that the son might pose an AIDS threat. At the employees' insistence, the store's owner wouldn't let the woman return to work until she could prove she hadn't caught the AIDS virus, says Katy Taylor, deputy director of the AIDS unit.

> **WHEN erroneous rumors that an ad executive had AIDS led to his dismissal, he filed a complaint and collected a $30,000 settlement from his former employer.**

After the panic-stricken woman called the unit, Ms. Taylor explained to the owner that people don't get AIDS simply from visiting their children. The owner dropped the requirement for testing and taught the fretful clerks that their fears were groundless. (As in this case, names are kept confidential unless a hearing is required.)

Such complaints, lodged by people who don't have AIDS but who are nonetheless linked to it, make up a large share of cases, according to the AIDS unit. So do those arising from unfounded suspicions about AIDS infection. When erroneous rumors that an advertising executive had AIDS led to his dismissal, the executive filed a complaint and collected a $30,000 settlement from his former employer, says Keith O'Connor, director of the AIDS unit.

But the biggest category of complaint—33% of the total—involves public accommodations, such as retail businesses and services. One case, for example, was brought by a man who wanted to buy pants at a Greenwich Village clothing store. He charged that the clerk said he couldn't try them on or exchange them after purchase because they would be "contaminated with AIDS." As nobody has ever contracted AIDS from a pair of pants, the customer received an undisclosed cash settlement.

Health care accounts for more than half of the public-accommodations cases, and dentists alone have been the subject of 35 complaints, Mr. O'Connor says. While numerous studies show that dentists who use the correct protective garb and equipment—such as gloves and masks—aren't at risk, some still refuse AIDS patients.

One dentist has filed his own complaint against another dentist. John W. Wolf, a young gay dentist in New York, insisted on treating AIDS patients in the space he rented from Lawrence A. Barton. Dr. Barton, who shared the space, disapproved and eventually canceled the lease.

Dr. Wolf complained to the AIDS unit and won a $15,000 damages award at a hearing. "I felt other people should know they don't have to put up with this," he says. A New York court upheld the award this week. But Dr. Barton's lawyer, Richard Herzfeld, says the dentist will appeal the decision further, contending in part that the discrimination statute doesn't apply in this case.

Classes and Advice

Besides handling individual complaints, New York's AIDS unit conducts educational programs on discrimination law and AIDS transmission. Like others in the field, it also offers advice on avoiding problems. Mr. Nickens, the lawyer at San Francisco's Human Rights Commission, says he now receives more calls from employers asking what they should be doing than from employees with complaints.

The New York unit also initiates its own cases when it suspects widespread discrimination in an industry. One campaign, launched in late 1986, took aim at local funeral directors who were refusing to handle AIDS victims—or accepting them for triple the usual fee. The complaints, directed against eight mortuaries, have helped to reduce the problem significantly, says Robert Tarbox, a client representative at the Gay Men's Health Crisis, an AIDS-oriented service group that has monitored such discrimination.

Not surprisingly, those who stand to pay the settlements are sometimes critical of the anti-discrimination unit. "One of Dr. Barton's main concerns," says Mr. Herzfeld, the lawyer for the dentist-landlord, "is that the city's Human Rights Commission is essentially acting as the complainant's attorney."

Just as predictably, those who represent AIDS patients praise the unit's effectiveness. But even Mr. O'Connor, the unit's director, concedes that the group is only skimming the surface of bias. "If we had 500 people," he says, "we couldn't handle all the discrimination that's out there."

DRAFT

PROPOSED PRESIDENTIAL RESPONSE TO THE PRESIDENTIAL COMMISSION ON THE HUMAN IMMUNODEFICIENCY VIRUS EPIDEMIC

A Policy Position Paper Prepared by Donald Ian Macdonald, M.D.

AIDS was first identified as a new disease in 1981, soon after President Reagan took office. Over the intervening 7 years, it has become clear that HIV infection is a major epidemic that will be affecting American life in significant ways for at least the next 15 to 20 years. This Administration will be associated throughout that period with whether a good start was gotten in the battle against HIV infection and whether all appropriate steps were taken to limit the epidemic's impact on American society. While much more has been accomplished in these 7 years then is generallly recognized, the Commission Report also makes clear that much more needs to be done.Thus, it becomes of crucial importance exactly how the President responds to the Report of the Presidential Commission on the Human Immunodeficiency Virus Epidemic.

Overall, the Commission report contains 597 recommendations, although the Executive Summary of the report has 20 findings and recommendations which the Commission considered pre-eminent. Many of the recommendations are directed at state and local governments and at the private sector, and a number of the federal recommendations are much more far-reaching than the effort to combat AIDS and HIV infection would appear to require.

This policy paper articulates five themes and a ten point plan of action that are tailored to produce results in 30 to 90 days and which together constitute both a significant and an appropriate Presidential response to the Commission report and to AIDS and HIV infection. In most cases these themes and items are an outgrowth of the Commission report but not identical to their recommendations. A more complete response to the entire Commission report as well as to the Commissions priority recommendations is contained in two attached documents: Proposed Position on the Commission's Top 20 Recommendations; and Proposed Position on the Commission's 597 Recommendations.

The five themes are:

- the report is an excellent one which provides not only a comprehensive look at AIDS and HIV infection, but provides an extensive list of things which need doing;

- exceptional progress has been made in combatting AIDS and HIV infection, including actions already underway in a substantial number of the areas the Commission looked at;

DRAFT

- o increasingly we need to focus both governmental and private attention on the threat from the spread of HIV infection (estimate: 1.5 million Americans) rather than on the advanced stages of the infection, AIDS (about 65,000 deaths since 1981);

- o all segments of society (federal, state, and local government, businesses, schools, private institutions and citizens) need to involve themselves in combatting AIDS and HIV infection; and

- o the key weapon in preventing the spread of HIV infection is individuals acting responsibly.

The ten proposed action items involve: encouraging stronger public health controls; a Presidential statement concerning the non-transmissability of HIV infection in schools and businesses, including a directive assuring government-wide implementation of the OPM workplace guidelines; greater Presidential leadership in opposing improper discrimination against those who have HIV infection; increased authority for the Executive Branch to assure adequate financial incentives for the development of vaccines and drug therapies; 60 day plan from OMB (working with GSA, OPM, HHS and others) to resolve issues concerning adequate resources and accelerating grant and contract approvals; accelerated FY 90 appropriations process for AIDS and HIV activities; federal matching funds to increase the availability of drug treatment slots; [financing proposal]; increased funding and renewed commitment to international education and prevention activities; and a federal leadership proposal concerning monitoring and oversight of efforts to combat AIDS and HIV infection.

What is epidemiology? You need certain things to control the epidemic. Examples. Safeguards. Protections

What is public health -- define terms.

more colloquial

define terms

ACTION ITEM #1---Strengthening Public Health ~~Controls~~

It is generally acknowledged that a significant part of the increased life expectancy of Americans since 1900 has been a result of successful public health measures. The main force behind this has been the development of a sophisticated network of state and local public health agencies working with the federal Centers for Disease Control. While the national investment in public health has decreased over the years relative to areas like biomedical research, this network is still a highly effective force in protecting Americans from disease.

AIDS and HIV infection have challenged this system like no other disease in modern times. As a progressive, usually fatal, sexually transmitted disease which already had a strong foothold in two large sexually active sub-populations, HIV infection has stretched financial and people resources, defied conventional assumptions about infection control, and focused public health specialists on problems, like drug abuse, that have not been their traditional domain. Perhaps not surprisingly then, the

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Commission devoted a substantial number of recommendations to strengthening public health controls in areas such as: reporting of HIV infection, partner notification, duty to warn, restrictive measure against individuals who knowingly spread HIV infection, mandatory testing situations, and notification of blood transfusion recipients.

As with virtually all public health controls the locus of authority for these items is state government and, to a lesser extent, local government. The federal role in such public health controls, primarily through CDC, has been guidance, encouragement, and occasionally tying federal support to state adoption of specific policies. It is important to understand that CDC positions itself on these matters only with regard to the impact of a particular policy or program on public health (e.g.will a policy result in more individuals getting tested), while a state may well bring in considerations involving other state priorities or other aspects of its "police powers". For example, the Commission recommends states to require reporting of HIV infected individuals to gather information about HIV incidence and prevalence. However, CDC asserts that such reporting provides a picture that is so incomplete as to not be useful for that public health purpose. The best way to gather accurate information is through scientific surveillance studies which are currently underway. Thus, HHS has previously recommended that states consider reporting based on their own particular circumstances, but has not made reporting a requirement. In contrast, in the area of partner notification, where the Committee has made a strong recommendation and CDC has felt there is an important public health pay-off, all states now have some form of partner notification in place, as a result of funding from CDC.

On a different front, the Commission has discussed circumstances in which individuals have continued to engage in unsafe behaviors even though they knew they were infected. In such circumstances, public health agencies should be able to impose increasingly restrictive controls. The Commission has recommended that criminal sanctions for HIV transmission must be carefully drawn, directed only to behavior which is scientifically established as a mode of transmission, and should be employed only when all other public health and civil actions fail to produce responsible behavior.

The Commission has recommended the use of mandatory testing only in a few narrowly defined circumstances. The promotion of voluntary testing is the clear recommendation of the Commission. The Commission did not address such controversial issues as mandatory premarital testing. However, the two states that mandate such testing, Illinois and Louisiana, have found that the number of persons seeking marriage licenses actually decreased. The Commission has recommended that a health care worker exposed to the blood or body fluids of any patient has the right to know the infection status of that person. Also, criminal justice

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facilities should test inmates whose convictions were a result of sex or drug-related crimes.

Finally, the Commission has addressed the protection of our nation's blood supply. The Commission has supported aggressive screening of the nation's blood donors along with the thorough testing of the blood that is donated. The FDA has the responsibility to set the standards for the blood industry.

To deal directly and responsibly with this vast and expanding area of public health control measures which are primarily the responsibility of the states, the President should encourage states to take strong public health control measures. Among the items states should be encouraged to look at are: (1) their overall public health statutes to ensure that adequate control measures are available as well as adequate confidentiality safeguards; (2) mandate of the reporting of HIV infection if it helps meet the states public health goals; (3) efforts to ensure that sex and needle-sharing partners of persons exposed to HIV infection are notified; (4) uniform statutory policy on third party warnings outside of the usual public health notification process; (6) carefully constructed criminal sanctions for HIV transmission to be employed when all other public health and civil actions fail to produce responsible behavior; and, (7) mandatory testing only in very limited circumstances. To protect our nation's blood supply, the President should direct the FDA to report within 30 days on additional measures to safeguard the nation's blood supply, including laboratory quality, the appropriateness of notifying past transfusion recipients, the prospect of early introduction of HTLV-1 screening, and the feasibility of widespread antigen screening to increase reliability.

ACTION ITEM #2---Presidential Directive on Federal Workplaces and Call for Schools and Businesses to Adopt Policies Consistent With the Virtual Non-Transmissibility of HIV in School and Business Settings[to be merged with Action Item on Discrimination if additional action items need to be added into the 10 point plan]

As AIDS and HIV infection have become widely perceived as a public health threat, there have been inevitable concerns about potential routes of transmission other than by sex, intravenous drug needles, and blood. In particular, businesses and schools have looked for reassurance that HIV infected individuals and AIDS patients in their settings posed no threat to others. In response, the CDC has painstakingly documented the epidemiological evidence that transmission does not occur by casual means and issued guidelines for appropriate policies in schools and (with the Department of Labor) in specific types of workplace situations (e.g. health care workers).

In light of this, the Commission gave considerable attention as well as praise to the Office of Personnel Management's March 1988

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"Guidelines for AIDS Information and Education and for Personnel Management Issues", which was developed with the cooperation of CDC and Labor. The guidelines are suitable government-wide and also have broad applicability in private-sector workplaces. The Commission made clear that they would like these guidelines to be mandatory for all federal agencies. OPM reports enormous interest both inside and outside the federal government, but would prefer not to mandate the guidelines because of the limitations this would place on agencies that might need to make modifications in them.

Consequently, with praise for OPM, CDC, Labor, and the many businesses and schools that are doing a good job, the President should emphasize the importance of appropriate workplace and school policies (including information and education) which emphasize the virtual non-transmissibility of AIDS and HIV infection in casual settings. He should also direct the following activities: every federal agency must adopt an AIDS and HIV workplace policy based on the OPM guidelines, with necessary modifications as appropriate; OPM is to survey agency policies in six months and do annual updates thereafter, including an evaluation of whether the policies are being followed in individual worksites; and the Department of Defense (and any other federal agency which manages one or more elementary and secondary schools) must adopt the CDC school guidelines, with necessary modifications as appropriate. The President should also call upon American businesses, unions and schools to adopt similar guidelines suitable to their situation.

ACTION ITEM #3---Anti-Discrimination Initiative

One of the principal foci in combatting AIDS is to get individuals who may have been exposed to the HIV virus to get tested. This not only promotes early diagnosis and treatment but increases the probability that the individual will alter their behavior to avoid exposing others. There are estimated to be one and a half million Americans who have HIV infection and we are reasonably certain that very few of them have been tested. The Commission and many public health leaders feel that actual discrimination and fear of discrimination is the cause of this and have argued that making sure anti-discrimination laws cover HIV-infected individuals is more than just a matter of fairness. They feel that the very effectiveness of the public health and medical response to the epidemic is at stake.

Accordingly the President's Commission Report contains 36 recommendations dealing with various aspects of anti-discrimination with regard to HIV-infected, AIDS, and ARC. These recommendations range from enacting broad-scale new laws for disabled persons at the federal, state, and local levels to encouraging every element of society to recognize the lack of basis for any HIV discrimination in businesses, schools, housing, and the myriad other settings where individuals are not at risk of becoming infected. The Commission also reasons that the

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subject of anti-discrimination, on which they were adamant, is closely related to the subject of public health controls since it is necessary to protect the rights of both infected and non-infected persons by carefully balancing the interests of both.

However, the stronger reasoning is probably to eschew the notion of balance. The right of society to protect the uninfected is undoubtedly the superior interest. However this is not a license to trample the rights or needs of HIV-infected individuals or to ignore the interest of society in having public health control measures be maximally effective because they have the support or at least the acquiesence of those most affected. It is in this context that the President should join in the public health rationale, but not all of the recommendations of the Commission, by undertaking an anti-discrimination initiative. Arguably, the first component of that initiative is his message (Action Item#2) that the federal workplace, businesses and schools are not places where transmission occurs and that therefore the OPM guidelines for the federal workplace and the CDC guidelines for schools (both of which have the effect of promoting fair, non-discriminatory treatment of HIV-infected individuals) should be broadly adopted.

[Summary of additional items not yet typed in:
o under the Humphrey-Harkin amendment to 504, all federal workplaces as well as employment aspects of recipients of federal assistance are now non-discriminatory for HIV-infected.
o the President supports extension of 504 to HIV infected in the additional non-employment contexts to the extent of current 504 coverage. Will let Justice decide if this requires regulation or statutory change like Humphrey-Harkin
o new laws extending these anti-disc. provisions to the private sector should be deferred for state and local and voluntary actions, and
o endorses call of Commission for all sectors of society to respond --- equitable and compassionate to HIV infected]

ACTION ITEM #4---Vaccine and Drug Development – Why only say white in drug testing.

Over the last 50 years the American public has seen the virtual elimination of infectious diseases as an everyday concern. As a consequence, there have quickly built up an impossible set of expectations as to how quickly the NIH, the FDA, the research community and the pharmaceutical industry can develop drug therapies and a vaccine for AIDS and HIV infection. The resulting public frustration needs to be acknowledged and dealt with, but should not be allowed to affect an objective appraisal of progress against the disease. The bottomline is that, from a scientific standpoint, a stunning number of accomplishments have been made in a relatively short number of years (see attached paper, Highlights of Accomplishments in Combatting AIDS and HIV Infection 1981 to 1988), but that the HIV virus is a more formidable opponent than any of the other infectious diseases

that science and medicine have overcome. Among the difficulties are the unique nature of the virus, the degree of variation among strains of virus, the current lack of a suitable animal model, and the multiple routes by which HIV appears to weaken the body's immune response.

The Commission report takes a fairly middle of the road course with regard to vaccine and drug development, although it understates slightly the accomplishments and overdramatizes somewhat the concern as to whether there are adequate incentives for researchers and industry to develop products. In particular, the Commission focused on product liability for vaccine and drug developers and whether "if several companies are working separately on a potential therapy that is costly and difficult to develop, they may all relinquish their efforts if the ultimate return on investment will be low." Historically there is no basis for these concerns, at least as relates to a high-visibility disease with a significant U.S. market. Further, their concerns are somewhat at variance with their other findings that FDA is having difficulty keeping up with all the requests for approval to test AIDS therapies.

However, with an estimated 1.5 million Americans already infected with HIV, it is understandable that no one wants to take chances as to whether the financial incentives are adequate or the legal liability barriers too daunting. The problem is how to deal with these issues without diminishing existing competitive forces, which, by all appearances, work quite well in encouraging the development of innovative AIDS therapies and, which, through liability laws, assure quality control of products.

A solution is to create greater standby authority for the Executive Branch to act in the event of a public health emergency, should there be a need for intervention, with regard to either financial incentive or liability to assure the development of drugs or vaccines. Therefore, the President should direct the Department of Justice, working with the Department of Health and Human Services and the Department of Defense, to assess the federal government's authority to contract with a private entity or individual with regard to product development and/or product liability. Such assessment should include consideration of the following: the feasibility of the government receiving royalty fees, concessions on pricing policy, overseas license, or ownership of the patent, in exchange for its support. Such assessment should be completed within 90 days and should include legislative language should the federal government's standby authority be found to be limited.

ACTION ITEM #5---Resolution of Federal Resources Issues

The Commission report contains at least [40?] recommendations that center on the relationships between the lead line agencies

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of the Public Health Service (notably CDC and NIH) and the key government-wide staff agencies (OMB, GSA, and OPM). The Commission's concerns revolve around the adequacy of resources for AIDS and the role of these staff agencies in supporting or opposing needs for additional dollars, facilities, and FTEs.

The Commission also has at least [25] recommendations that focus on the grant and contract procedures of the lead line agencies of the Public Health Service. In particular the Commission appeared to feel that monies were not getting out to states, localities, researchers and others as quickly, efficiently and fairly as they might. In some cases the Commission saw the problem as internal to the agency but in other cases they argue for changes in policies by HHS and the key government-wide staff agencies. Perhaps the most extreme recommendation along these lines would virtually sever NIH from the management structure of the federal government.

No President should attempt to deal directly with internal administrative items of this level of detail. However, the collective importance that the Commission placed on these items is hard to ignore and certainly if these items represent an unreasonable or inappropriate impediment to progress against AIDS and HIV infection then they should be dealt with. Therefore the President should direct OMB, GSA, OPM, HHS, PHS and the affected lead agencies to report back to him within 60 days with a plan for assuring that AIDS and HIV activities are receiving necessary resource support and that impediments have been alleviated to the extent consistent with good administrative and fiscal controls.

ACTION ITEM #6---Accelerated Appropriations Process for FY90

One theme mentioned repeatedly by the Commission throughout its discussion of AIDS resource and grant and contract issues (as already discussed under Action Item #5) is the need to get available funding to the lead agencies (and in turn out to the states, researchers, and other contractors and grantees) as quickly as possible. The plan called for in Action Item #5 will contribute to making this happen.

In addition, the President should direct OMB to undertake an accelerated process for getting the FY 90 President's budget request for AIDS and HIV to Congress by December 1988 and the President should ask Congress to adopt this budget earlier in the year (March to May 1989) than would be normal for the Labor-HHS appropriations bill.

There are three reasons why this action would be useful: it would allow agencies to do much better planning for FY90, including getting grant and contract solicitations out early enough to be able to make awards in the first quarter of FY90; it would underscore the importance of AIDS and HIV funding by

separating it out for special treatment; and it would reinforce the importance of the"resources and barriers" plan required by Action Item #5. There are at least two disadvantages to this approach, but in light of the Commission report neither is as compelling as the advantages. First, it may be considered a bad precedent to separate out any part of the budget request from the rest. Second, with a new Congress starting in January it may not be possible for Congress to pass the AIDS/HIV appropriation much earlier, even if it wants to.

ACTION ITEM #7---New Federal Funds for Drug Treatment

Intravenous drug abusers and their sexual partners represent the fastest growing group of HIV-infected individuals as well as the primary cause (via perinatal transmission) of HIV-infected babies. In addition, it is HIV-infected IV drug abusers who are considered the most likely source of HIV spreading into the general heterosexual population. For these reasons, stopping HIV transmission among IV drug abusers is considered one of the most urgent problems in combatting AIDS. It is also one of the most difficult given the general non-responsiveness of drug abusers to societal pressures and to educational efforts.

The Commission report recommends a series of actions in the drug area in prevention, education, drug supply reduction, and research. Most of these actions are ones that federal agencies feel that they are already carrying out. However the primary Commission recommendation in the drug area is that drug treatment slots be greatly expanded, with the goal of treatment on demand. They envision that funding would be 50% federal with the rest matched by states and localities. At these levels, the federal share could eventually exceed $1 billion per year. (Note that in recent years drug treatment costs have been mostly supported from state, local and private sources and federal monies have been considered incidental.)

While there is a clear relationship between IV drug abuse and AIDS, it is uncertain whether expanding treatment facilities would produce a decrease in the spread of HIV infection. Not only is treatment a costly way to go, but there is only inferential study data that support the efficacy of this approach in reducing AIDS and HIV infection. Despite this, there is almost unanimous agreement among public health leaders that expanding drug treatment is the only intervention that has a chance of making a significant difference in stopping the spread of HIV in this critical population.

While this would appear to create a difficult choice for federal leadership, the risks to society from inaction are so great that there really is no alternative but to devote some federal resources to increasing drug treatment capacity. The federal contribution should probably be less than envisioned by the Commission ($500,000 with the federal share being about one-third

is probably more reasonable) and the initial amounts less. The treatment community has suggested that capacity can probably only be expanded by about 20% per year, but a firm commitment is needed. Therefore, the President should direct HHS working with the White House Office of Drug Abuse to develop within 60 days a 5 year funding plan for a program of matching grants to states and localities to expand drug treatment capacity. That plan should include treatment outcome studies to generate information on the effectiveness of drug treatment in preventing the spread of HIV.

ACTION ITEM #8---[Financing Proposal]

ACTION ITEM #9---International Efforts

AIDS, and particularly HIV infection, are serious international problems with ramifications well-beyond those envisioned for the United States. Both as a member of the world community and because of our nation's special experience and expertise with AIDS and HIV infection, it is imperative that the United States do its part to stem the international epidemic. In general, this is being done, primarily through funds and technical assistance being provided by the U.S. Agency for International Development and by the federal Centers for Disease Control.

The central international focus of these efforts is the World Health Organization's Global Programme on AIDS (GPA), which is supported by special contributions apart from the regular structure of funding for WHO and other U.N. agencies. In 1988, the United States gave $15 million to the GPA, as part of a total GPA budget of $ 66m. No commitment level has yet been set for 1989. Every current evidence is that the GPA is a particularly well-run international effort and that U.S. contributions are making a difference ~~and are not being diverted for hostile political purposes~~. [Bob--please check if this paragraph is correct.]

The Commission report makes a number of recommendations with regard to international efforts and specifically to United States participation in such efforts. For the most part the recommendations are general and reflect activities and directions that A.I.D. and CDC feel they are already taking. Nonetheless, the President should highlight this area with an international initiative. The rationale for this is not only the enormous amount of work that needs to be done internationally on AIDS and HIV infection but also that the international visibility of AIDS means that much of the world is looking to see whether we are taking a leadership role.

As a result, the President should announce a multi-focused initiative in the international area to be composed of: an increase in the U.S. contribution to GPA; an additional special

one-time grant to GPA of $5 million (to be matched one for one with special supplements from other countries) to be used for efforts in less-developed countries to make their blood supplies safe; a heightened U.S. commitment to international technical assistance both through GPA and through bilateral agreements; and a direction to A.I.D. and the U.S. Public Health Service to jointly develop a three-year strategy for U.S. international efforts on AIDS and HIV.

ACTION ITEM #10--Federal Leadership Proposal

Both the Commission and the National Academy of Science's Institute of Medicine (in its June 1988 report Confrontng AIDS: Update 1988) are critical of the Administration for not placing the HIV epidemic under closer management control and not developing a strategic long range plan. While this critque may not be entirely fair, it is a widely held one within Congress, the press and the scientific and public health communities.

The establishment a year ago of the Presidential Commission was viewed as a positive leadership step, as was the substantial funding increase included in the FY 89 President's Budget Request submitted to Congress in January 1988. (Note that Congress has adopted the President's aggregate AIDS funding request for FY 89 so there clearly was acceptance of this leadership position). In responding to the Commission by asking for delivery within 30 days of a plan that takes us forward against HIV infection, the President has taken a further step to correct this perception of a lack of leadership on this issue.

The positions set out in this policy paper's 10 point plan of action are the logical next step, but are not complete without some discussion of continuing commitment to leadership and oversight. Thus, as the tenth point in the plan, the President should immediately direct two additional steps: over the next six months Dr. Macdonald monitor progress on the President's ten point plan as well as compile for the Presidential transition teams an updated report on the status of federal agency activities relating to the Commission±s recommendations; and the Secretary of Health and Human Services will report back in 30 days with a legislative proposal to create a permanent statutory advisory commission, modeled on the very successful Advisory Committee on Social Security, which will be appointed and meet every two years to review progress in the fight against HIV infection.

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PROPOSED FINAL PRODUCTS--AIDS GROUP

1. President's Decision Memo with attachments:
    a. 10 Point Plan
    b. Summary of Accomplishments 1981-1988
    c. Position on Commission's Top 20

2. Mac Book I
    a. Presidential Decision Memo with attachments
    b. Draft Presidential speech
    c. Chapter by chapter summary of content, recommendations, accomplishments, and responses
    d. Summary of recommendations by general status (e.g. text on percentile accompl., planned,etc)
    e. Status of recommendations -- by number (1 line ea.)
    f. Status of recommendations --by lead agency or sector
    g. Historical material--who contacted(phone or writing),et

3. Mac Book II-- 597 recommendations times 2 page summary form

4. Mac Book III-- All original agency responses

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REC #	ORG 1	ORG 2	STATUS	COMMENTS	ORG COMS
01-002	CDC		A		CDC
01-004	CDC	STATES	A	NOTE	CDC
01-007	CDC		A		CDC
01-011	CDC	MULTI	A	NOTE	CDC
01-013	CDC		A	SEE 1-4	CDC
01-015	CDC	STATES	A		CDC
01-016	CDC		A	NOTE	CDC
01-017	CDC		A	NOTE	CDC
01-018	CDC		A		CDC
01-019	CDC		A		CDC
01-020	CDC		A		CDC
01-021	CDC	OASH	A		CDC
01-022	CDC	STATES	A		CDC
01-023	CDC	NIH	A		CDC
01-025	CDC		A	NOTE: OTHER CATEGORIES	CDC
01-026	CDC	NIH	A		CDC
02-004	HRSA		A	IN PROGRESS	
02-010	PROF		A	DOD SUPPORTS AND IMPLEMENTS	CDC
02-011	PHS;HRSA		A	HRSA AGREES; IN PROGRESS	
03-001	PHS;HRSA	CDC	A	CDC SAYS ONGOING; DOD APPLIES WALTER REED STAGING SYSTEM;DOD APPLIES IN UNIFORMED SERVICES UNIV.	
03-003	PROF. SCHOOLS	HRSA	A	HRSA SAYS IN PROGRESS	
03-006	PHS	NIMH	A	ADAMHA SAYS IN PROGRESS; DOJ HAS BUDGETING RESERVATIONS	
03-007	MULTI	PROVIDERS	A	DOD IMPLEMENTS	
03-009	PHS	HRSA	A	HRSA SAYS IN PROGRESS; DOJ HAS BUDGETING RESERVATIONS	
03-026	PHS	HRSA	A	HRSA SAYS IN PROGRESS	
03-029	HHS	CDC	A	CDC SAYS ONGOING	CDC
03-031	MULTI	HRSA	A	HRSA PLANNED WITHIN EXISTING RESOURCES	
03-034	MULTI	HRSA	A	HRSA SAYS IN PROGRESS	
03-035	HHS	CDC	A	CDC SAYS ONGOING	CDC
03-037	CDC	NIH	A		CDC
03-039	CDC		A	THIS SEEMS TO BE "PLANNED"-NOT UNDERWAY	CDC
03-051	CDC		A		CDC
04-001	NIH		A		
04-003	FDA	NIH	A		
04-005	NIH		A		
04-006	NIH		A		
04-007	NIH		A		
04-012	NIH		A		
04-017	NIH	OPM	A		
04-023	NIH		A		
04-029	NIH		A		
04-030	NIH		A		
04-034	NIH		A		

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04-036	NIH		A		
04-037	NIH		A		
04-042	FDA		A		
04-043	NIH		A		
04-045	NIH		A		
04-048	NIH		A		
04-050	FDA	NIH	A		
04-053	FDA		A		
04-054	FDA		A		
04-055	FDA		A		
04-056	FDA		A		
04-057	FDA		A		
04-060	FDA		A		
04-063	FDA		A		
04-067	FDA		A		
04-068	FDA		A		
04-069	FDA		A		
04-084	FDA	NIH	A		
04-086	NIH		A		
04-088	NIH		A		
04-096	NIH		A		
04-097	NIH		A		
04-099	NIH		A		
04-100	NIH		A		
04-101	MULTI		A		
04-102	NIH		A		
04-103	ADAMHA		A		
04-104	NIH	ADAMHA	A		
04-105	ADAMHA		A		
04-106	ADAMHA	CDC	A		
04-107	ADAMHA		A		
04-108	ADAMHA		A		
04-109	ADAMHA		A		
04-110	PHS	NAPU	A		
04-111	ADAMHA		A		
04-113	ADAMHA		A		
04-114	ADAMHA		A		
04-115	ADAMHA		A		
04-116	ADAMHA		A		
04-118	ADAMHA		A		
04-119	ADAMHA		A		
04-120	NIH		A		
05-002	HHS	CDC	A		CDC
05-003	HHS	CDC	A	NOTE	CDC
05-004	CDC		A	NOTE	CDC
05-005	CDC		A	NOTE	CDC
05-007	CDC		A	NOTE	CDC
05-017	CDC	STATES	A	NOTE: WE DON'T NEED SEXOLOGISTS-WE NEED BEHAVIORAL SCIENTISTS.	CDC

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REC #	ORG 1	ORG 2	STATUS	COMMENTS	ORG COMS
05-018	DOD	CDC	A		CDC
05-019	MULTI		A	STATUS OF REPORTING UNKNOWN AT PRESENT	CDC
06-002	CDC		A	NOTE: A FEW EXCEPTIONS	
06-003	CDC	MULTI	A		CDC
06-004	CDC	STATES	A		
06-005	CDC	STATES	A	ADD TB CLINICS	CDC
06-007	CDC	STATES	A		
06-009	CDC		A		CDC
06-013	CDC		A		
06-028	CDC	CHTC	A		CDC
06-033	CDC	MULTI	A		CDC
06-038	CDC		A	ALREADY IN PROGRESS	CDC
06-039	CDC		A		CDC
07-001	CDC	STATES	A		CDC
07-008	CDC		A		CDC
07-009	CDC		A		CDC
07-010	CDC		A	BEING IMPLEMENTED	CDC
07-011	CDC		A	DOES NOT INCLUDE TREATMENT/VACCINE TRIALS;	CDC
07-012	CDC		A	QUANTITY OF ITEMS PER REQUEST NEEDS TO BE ADDRESSED	CDC
07-014	CDC		A	TO PROVIDE ALL MATERIALS WOULD BE EXTREMELY COSTLY	CDC
07-015	CDC		A	FULL IMPLEMENTATION LEGISTICALLY/FISCALLY UNSOUND	CDC
07-016	CDC		A	SOME DOCUMENTS ALREADY ARE IN BRAILLE; OTHERS IN THE FUTURE	CDC
07-017	CDC		A		CDC
07-020	CDC		A	CAN'T EVALUATE CHANGE BASED ON SINGLE INTERVENTION	CDC
07-023	HHS	CDC	A		CDC
07-024	CDC		A		CDC
07-025	CDC	STATES	A		CDC
07-028	CDC		A		CDC
07-029	CDC		A		CDC
07-034	CDC		A		CDC
08-007	ADAMHA		A		
08-011	ADAMHA		A		
08-012	ADAMHA		A		
08-016	ADAMHA		A		
08-023	ADAMHA		A		
08-026	ADAMHA		A		
08-027	ADAMHA		A		
08-030	ADAMHA		A		
08-033	ADAMHA		A		
08-037	ADAMHA		A		

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08-038	ADAMHA		A		
08-040	ADAMHA		A		
08-041	ADAMHA		A		
08-042	ADAMHA		A		
08-043	ADAMHA		A		
08-044	ADAMHA		A		
08-045	ADAMHA		A		
08-054	HOMELESS SHELTERS		A	VA SUPPORTS. APPLIES POLICY IN DOMICILIARY PROGRAM	
08-055	PHS	CDC	A	CDC SAYS ONGOING	CDC
08-056	MULTI	NIMH; HRSA	A	ADAMHA SAYS IN PROGRESS	
08-063	SOCIAL SERVICE AGENCIES		A	ACTION PROVIDES FOSTER GRANDPARENTS FOR "AT RISK" YOUTH	
08-065	HCFA		A	AGREE IN PART. IN PROGRESS. ACTION PROVIDES FOSTER GRANDPARENTS FOR BOARDER BABIES	
08-066	HCFA		A	AGREE IN PART. IN PROGRESS. ACTION PROVIDES FOSTER GRANDPARENTS FOR BOARDER BABIES	
08-067	HHS	HRSA	A	HBSA SAYS IN PROGRESS	
08-069	CDC		A	IMPLEMENTED IN PART	CDC
08-070	CDC		A	IMPLEMENTED IN PART; TAKE CARE NOT TO UNDERMINE ROLE OF STATES	CDC
08-071	MULTI-PUBLIC & PRIVATE OPM EMPLOYEES		A	OPM SAYS ONGOING; VA FOLLOWS; HUD FOLLOWS OPM GUIDES; DOD APPLIES	
08-072	FEDERAL GOVERNMENT	OPM	A	OPM SAYS ONGOING; VA FOLLOWS; DOD AGREES	
08-077	CDC	GSA	A	CDC SAYS IN PROGRESS	CDC
08-079	EMPLOYERS		A	DOD USES ASSESSMENT FOR ALL SERO-POSITIVES	
08-080	CDC		A	CDC SAYS IN PROGRESS	CDC
08-081	EMPLOYERS		A	VA IMPLEMENTS	
08-086	RELIGIOUS EDUCATORS		A	DOD IMPLEMENTS	
08-094	MULTI	GOVT AGENCIES	A	CDC SAYS ONGOING	CDC
09-002	MULTI	CDC	A	CDC SAYS IN PROGRESS	CDC
09-014	EMPLOYERS		A	DOD SAYS IMPLEMENTS	
09-016	SCHOOL SYSTEMS	CDC	A	DOD SAYS IMPLEMENTS	CDC
09-024	HEALTH CARE PROVIDERS		A	DOD SAYS IMPLEMENTS	
09-025	HEALTH CARE PROVIDERS		A	DOD SAYS IMPLEMENTS	
09-029	MULTI		A	CDC SAYS ONGOING; VA SUPPORTS	CDC
09-030	MULTI	HCFA	A	PUBLIC HEALTH AND HEALTH CARE INSTITUTIONS INVOLVED HCFA PROVIDERS PARTICIPATION AGREEMENTS COVER	

REPORT OF THE PRESIDENTIAL COMMISSION ON THE HIV EPIDEMIC
DRAFT: COMPLETED/ONGOING RECOMMENDATIONS

REC #	ORG 1	ORG 2	STATUS	COMMENTS	ORG COMS
09-030	MULTI			CONFIDENTIALITY	
09-031	MULTI		A	VA IMPLEMENTS	
09-032	MULTI		A	VA IMPLEMENTS	
09-034	FEDERAL GOVT		A	VA IMPLEMENTING PL 100-322; DOD SAYS IMPLEMENTS	
09-057	MULTI	CDC	A	CDC IN PROGRESS	CDC
09-058	FEDERAL	STATE	A	CONSISTENT WITH DOJ TESTIMONY; CDC IN PROGRESS	CDC
09-059	MULTI	HRSA	A	HRSA IN PROGRESS	
09-062	MULTI	CDC	A	CDC IN PROGRESS; CONSISTENT WITH DOJ TESTIMONY	CDC
09-075	DOJ	BUREAU OF PRISONS	A	BUREAU OF PRISONS POLICIES AND PRACTICES GENERALLY CONSISTENT WITH RECOMMENDATIONS	
09-079	DOJ	NIJ	A	AGREE NIJ MONITORING PRISON HOUSING POLICIES	
09-080	DOJ	BUREAU OF PRISONS	A		
09-087	ASSOC		A	AMA, ANA HAVE ISSUED GUIDELINES	
10-001	HCFA		A	HCFA SAYS ONGOING	
10-002	HCFA		A	HCFA SAYS ONGOING	
10-003	HCFA		A	HCFA SAYS ONGOING	
10-010	HCFA		A	AGREES TO EXTENT COVERED BY EXISTING LAW. ONGOING IMPLEMENTATION	
10-025	SSA	HCFA	A	MANY EXPEDITED STEPS ALREADY IN PLACE	
11-001	FED		A	1988--$15 MILLION CONTRIBUTION	AID
11-018	AID		A		
11-019	AID		A		AID
11-020	AID		A	IN FY88, NEARLY $3 MILL WILL BE SPENT ON HIV COMPONENTS	AID
11-021	AID		A		
11-022	AID		A		AID
11-023	AID		A		
11-024	AID		A		
11-026	AID		A	COMPETITIVE GRANT PROGRAM FOR PVO'S EXISTS	AID
11-029	AID		A		AID
11-032	MULTI		A		
11-033			A		
11-034	HHS		A		
11-046	CDC		A	DUE TO LACK OF INFO, COUNTRY-SPECIFIC INFO NOT AVAILABLE	CDC

REPORT OF THE PRESIDENTIAL COMMISSION ON THE HIV EPIDEMIC
DRAFT: COMPLETED/ONGOING RECOMMENDATIONS

REC #	ORG 1	ORG 2	STATUS	COMMENTS	ORG COMS

Count: 192

REPORT OF THE PRESIDENTIAL COMMISSION ON THE HIV EPIDEMIC
DRAFT: PLANNED RECOMMENDATIONS

REC #	ORG 1	ORG 2	STATUS	COMMENTS	ORG COMS
02-012	PHS;NCHRS		B	PLANNED,WRITTEN EXISTING RESOURCES	
03-024	PHS	HRSA	B	PLANNED WITHIN EXISTING RESOURCES	
03-028	HHS		B	ASMB AND GC PLANNED WITHIN EXISTING RESOURCES	
04-004	FDA	NIH	B		
04-019	MULTI		B	BILL IMPLEMENTING SENIOR BIOMEDICAL RESEARCH SERVICE SENT TO CONGRESS	
04-024	NIH		B		
04-035	NIH		B		
06-029	BLOOD		B		
07-019	CDC		B	1990	CDC
08-018	ADAMHA		B		
08-019	ADAMHA		B		
08-020	ADAMHA		B		
08-021	ADAMHA		B		
08-022	ADAMHA		B		
08-028	ADAMHA		B		
08-039	ADAMHA		B		
08-046	ADAMHA		B		
09-055	PHS	NIMH	B	PLANNED WITHIN EXISTING RESOURCES; DOJ AGREES	
10-007	HCFA		B	AGREES IN PART. COVERED PARTIALLY BY CATASTROPHIC HEALTH ACT	
11-047	CDC		B		
		Count:	20		

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REPORT OF THE PRESIDENTIAL COMMISSION ON THE HIV EPIDEMIC
DRAFT: RECOMMENDATIONS UNDER CONSIDERATION

REC #	ORG 1	ORG 2	STATUS	COMMENTS	ORG COMS
01-001	MULTI		C	NOTE	CDC
01-006	MULTI		C	SEE 01-005	CDC
01-012	HHS		C	NOTE	CDC
01-014	CDC		C	SEE 1-2	CDC
01-024	MULTI		C		CDC
03-040	LABOR		C		
03-043	LABOR	OSHA	C		
03-046	HHS		C		
03-047	CDC		C	NOTE: 8/88	CDC
03-052	NIMH		C		
03-053	DOT		C		
05-001	HHS	CONGRESS	C	NOTE: WOULD GREATLY EXPAND HEALTH CARE BUDGET	CDC
05-006	CDC		C	SIMILAR TO 1-5, 1-6(MISSING P.2) -2-3 YEARS	CDC
05-009	HHS	CDC	C	NOTE	CDC
05-010	CONGRESS	OPM	C	NOTE	CDC
05-011	OMB		C		CDC
05-012	CDC		C	NOTE	CDC
06-023	FDA		C		
06-024	FDA	BLOOD	C		
06-025	FDA		C		
06-027	HCFA	HRSA	C	NO COMMENTS FROM CDC	
06-030	FDA		C		
06-034	PHS		C		
06-035	FDA		C		
06-036	HCFA		C	WHO FUNDS?	
07-007	CDC		C	COULD JEOPARDIZE FUTURE ACCESS TO PUBLIC SERVICE ALLOTMENTS	CDC
07-013	CDC		C	14 MONTHS;OMB APPROVAL NEEDED	CDC
07-018	CDC		C	EXISTING APPROACH MORE EFFICIENT	CDC
07-027	HHS	HUD	C		
07-035	CDC		C		CDC
07-038	HHS	EDUC	C		CDC
08-051	MULTI	FBI, DEA, STATES	C	CONSISTENT WITH DEA, FBI PRIORITIES; BUDGETARY IMPACT MUST BE CONSIDERED	
08-052	DOJ	HUD	C	DOJ HAS RESERVATIONS; SEES IT RELATED TO 9-1; 9-5	
08-073	PRES		C	DOJ SAYS SHOULD BE CONSIDERED WITH 9-1 ON WHICH THEY DISAGREE; OPM CONSIDERING OPTIONS	
09-005	DOJ		C	DOJ HAS MEMO UNDER DEVELOPMENT; EXPRESSES RESERVATIONS WITH REC	
09-008	OCR'S		C	DOJ HAS RESERVATIONS	
09-036	FED		C		
10-005	HCFA		C	HCFA CONSIDERATION EXPECTED TO BE COMPLETE BY MARCH, 89	
11-002	FED		C		
11-028	AID		C		
11-030	PEACE CORP		C		
11-031	PEACE CORP		C		
11-035	HHS		C		

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REPORT OF THE PRESIDENTIAL COMMISSION ON THE HIV EPIDEMIC
DRAFT: RECOMMENDATIONS UNDER CONSIDERATION

REC #	ORG 1	ORG 2	STATUS	COMMENTS	ORG COMS
11-036	MULTI		C		
11-037	NIH	CDC	C		
11-038	MULTI		C		
11-039	MULTI		C		
11-040	HHS	NIH	C		
11-041	FDA		C		
11-042	HHS		C		
11-045	MULTI		C		
		Count:	51		

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REPORT OF THE PRESIDENTIAL COMMISSION ON THE HIV EPIDEMIC
DRAFT: DISAGREE WITH RECOMMENDATIONS

REC #	ORG 1	ORG 2	STATUS	COMMENTS	ORG COMS
03-018	HCFA		D	CHANGES SHOULD AWAIT DEMO OUTCOMES AND NURSING COMMISSION REPORT	
03-038	CDC		D	NOTE: CAN'T STANDARDIZE	CDC
04-014	MULTI		D		
04-015	PHS		D	PROPER FORUM IS FCC OR OTHER NEW; ALREADY REPRESENTED	
04-016	MULTI		D		
04-047	MULTI		D	ADVISES TO DRAFT LEGISLATION IF NECESSARY AND SEND TO CONGRESS -FOLLOWS THE USUAL PROCEDURE	
04-071	MULTI		D	ALL GOVT. SCIENTISTS SHOULD BE ELIGIBLE FOR AWARD	
04-080	CDC	NIH	D		CDC
05-008	CDC		D	NOTE	CDC
07-004	CDC		D	CURRENT RESOURCES APPEAR ADEQUATE	CDC
09-001	DOJ		D	DISAGREE; SHOULD COORDINATE WITH RELATED AUTHORITIES; CONSIDER ALTERNATIVES TO EXECUTIVE ORDER; DOD AGREES	
09-004	DOJ	HHS	D	ADMIN HAS PREVIOUSLY OPPOSED; ACT SEEN AS MODEL BY COMMISSION IS SERIOUSLY FLAWED	
10-006	HCFA		D	REQUIRES LEGISLATION	
10-018	FEDERAL GOVT		D	HCFA SAYS DISAGREE. WANTS CASE TO BE VOLUNTARY	
10-019	HCFA		D	DISAGREE BUT SHOULD CONSIDER AS PART OF 10-13 STUDY	
10-020	HCFA		D	REQUIRES LEGISLATION; COSTLY; SHOULD BE PART OF 10-13 STUDY	
10-023	HCFA		D	HCFA SAYS DISAGREE; WOULD REQUIRE LEGISLATION	
10-024	SSA		D		

Count: 18

REPORT OF THE PRESIDENTIAL COMMISSION ON THE HIV EPIDEMIC
DRAFT: APPROVE RECOMMENDATION (NON-FEDERAL RESPONSIBILITY)

REC #	ORG 1	ORG 2	STATUS	COMMENTS	ORG COMS
01-003	STATES	CDC	E	NOTE	CDC
01-005	MULTI		E	NEED TO DISCUSS POSSIBLE APPROACHES WITH HEALTH EDUCATORS	CDC
01-008	MULTI		E	NOT TO MEASURE INCIDENCE/PREVALENCE	CDC
01-009	STATES		E		CDC
01-010	STATES		E	SEE 01-003	CDC
02-003	MULTI	PROVIDERS	E	CDC SAYS IN PROGRESS; VA AGREES; DOD MANDATORY TESTING	CDC
02-006	FACILITIES	PROVIDERS	E	ADAMHA IN PROGRESS; VA AGREES; DOD PROVIDES	
03-041	MULTI		E		
03-042	MULTI		E		
03-044	STATES		E		
03-048	MULTI		E		
03-049	MULTI		E		
03-050	MULTI		E		
03-054	MULTI		E		
03-055	MULTI		E		
05-013	STATES		E		
05-014	STATES		E		
05-015	STATES		E	SIMILAR TO 1-9	
05-016	MULTI		E		
05-020	STATES		E		CDC
06-001	STATES		E		
06-006	HCP'S		E		
06-008	CDC		E	CONCERNS COORDINATION	CDC
06-010	STATES		E	NOTE: NEED FOR QUALITY ASSURANCE	
06-011	STATES		E		
06-012	STATES		E		
06-014	STATES		E		
06-015	STATES		E		
06-016	STATES		E		
06-017	STATES		E	NOTE	
06-018	STATES		E		
06-019	STATES		E		
06-020	STATES		E		
06-021	STATES		E	NOTE: 78-85	
06-022	OTHER		E		
06-026	OTHER		E		
06-031	MULTI		E		
06-032	STATES		E		
06-037	MULTI		E	ALREADY-SEE NOTE	CDC
06-040	THERAPISTS		E		
06-041	THERAPISTS		E		
06-042	THERAPISTS		E		
06-043	MULTI		E		
06-044	MULTI		E		
07-002	STATES		E	NOTE: SEE 1-9, 5-15; CDC RESPONSE FROM CHPE, NOT CPS	CDC
07-003	MEDIA		E		
07-005	STATES	CBOS	E		

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REPORT OF THE PRESIDENTIAL COMMISSION ON THE HIV EPIDEMIC
DRAFT: APPROVE RECOMMENDATION (NON-FEDERAL RESPONSIBILITY)

REC #	ORG 1	ORG 2	STATUS	COMMENTS	ORG COMS
07-006	ENTERT.		E		
07-021	STATES		E		
07-022	STATES		E		
07-026	PHILANT.		E		
07-030	STATES		E		CDC
07-031	STATES		E		CDC
07-032	STATES		E		CDC
07-033	STATES		E		CDC
07-036	STATES		E		CDC
07-037	STATES		E		CDC
07-039	STATES		E		
07-040	STATES		E		CDC
09-037	STATES		E		
09-038	STATES		E		
09-039	STATES		E		
09-040	CDC	STATES	E		CDC
09-041	STATES		E		
09-042	STATES		E		
09-043	MULTI		E		
09-044	MULTI		E		
09-045	MULTI		E		
10-021	STATES	HCFA	E		
11-003	WHO		E		AID
11-004	WHO		E		AID
11-005	WHO		E		AID
11-006	MULTI		E		AID
11-007	MULTI		E	TARGET ONLY THOSE COUNTRIES WHICH HAVE A SIGNIFICANT HIVE PROBLEM OR HAVE EVIDENCED A WILLINGNESS AND COMMITTMENT	AID
11-008	MULTI		E		AID
11-009	WHO		E		AID
11-010	WHO		E		
11-011	WHO		E		
11-012	WHO		E		
11-013	MULTI		E		
11-014	WHO		E		
11-015	MULTI		E		
11-016	MULTI		E		
11-017	MULTI		E		
11-025	MULTI		E		AID
11-027	MULTI		E		AID

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REPORT OF THE PRESIDENTIAL COMMISSION ON THE HIV EPIDEMIC
DRAFT: NO COMMENT ON RECOMMENDATION

REC #	ORG 1	ORG 2	STATUS	COMMENTS	ORG COMS
02-001	MULTI	PROF		VA AGREES; DOD SUPPORTS	
02-002	MULTI	FACILITIES		DOD USES PHYSICIANS FOR CONTINUITY OF CARE	
02-005	HHS				
02-007	PHS;ADAMHA			DOJ BUDGETARY RES.	
02-008	PHS;HRSA				
02-009	PHS;HRSA			DOJ BUDGETARY RES.	
02-014	PHS;CDC				
02-015	PHS;CDC				
02-016	MULTI	HHS;HUD		DOJ BUDGETARY RES.	
02-017	HHS				CDC
02-018	PHS	HRSA			
03-004	MULTI				
03-005	PHS; HRSA				
03-008	PHS			DOJ HAS BUDGETING RESERVATIONS	
03-010	PHS	NIMH		DOJ HAS BUDGETING RESERVATIONS	
03-011	PHS			DOJ HAS BUDGETING RESERVATIONS	
03-012	PHS			DOJ HAS BUDGETING RESERVATIONS	
03-013	MULTI				
03-014	MULTI	HRSA			
03-015	MULTI	HRSA		DOJ HAS BUDGETING RESERVATIONS	
03-016	MULTI	HHS		DOJ HAS BUDGETING RESERVATIONS	
03-017	HHS			DOJ HAS BUDGETING RESERVATIONS	
03-019	PHS	OMH			
03-020	CONGRESS	PHS			
03-021	PHS			DOJ HAS BUDGETING RESERVATIONS	
03-022	PHS				
03-023	PHS				
03-025	PHS				
03-027	PHS	HRSA			
03-030	MULTI	AMA			
03-032	PHS				
03-033	STATES				
03-036	MULTI				
04-002	NIH	CONGRESS		FEE FOR USE OF REAGENTS	
04-008	MULTI			POLICY ISSUE: LEASE/PURCHASE; EXPAND CONSTRUCTION AUTHORITY	
04-009	NIH	CONGRESS			
04-010	MULTI				
04-011	NIH				
04-013	NIH				

REPORT OF THE PRESIDENTIAL COMMISSION ON THE HIV EPIDEMIC
DRAFT: NO COMMENT ON RECOMMENDATION

REC #	ORG 1	ORG 2	STATUS	COMMENTS	ORG COMS
04-018	MULTI				
04-020	HHS				
04-021	HHS	OMB			
04-022	NIH				
04-025	NIH			INVOLVES INCENTIVES FOR NURSES TO STAFF ADEQUATELY CLINICAL CENTERS GOES BEYOND HIV	
04-026	NIH			INVOLVES INCENTIVES FOR NURSES TO STAFF ADEQUATELY CLINICAL CENTERS GOES BEYOND HIV	
04-027	NIH			INVOLVES INCENTIVES FOR NURSES TO STAFF ADEQUATELY CLINICAL CENTERS GOES BEYOND HIV	
04-028	MULTI				
04-031	NIH				
04-032	NIH	MULTI			
04-033	NIH				
04-038	NIH				
04-039	NIH				
04-040	MULTI				
04-041	MULTI				
04-044	MULTI				
04-046	MULTI				
04-049	NIH				
04-051	NIH				
04-058	FDA				
04-059	MULTI				
04-061	MULTI				
04-062	MULTI				
04-064	CONGRESS				
04-065	CONGRESS				
04-066	CONGRESS				
04-070	MULTI				
04-072	NIH				
04-073	NIH				
04-074	NIH				
04-075	NIH				
04-076	NIH				
04-077	NIH				
04-078	MULTI				
04-079	NIH				
04-081	MULTI				
04-082	MULTI				
04-083	MULTI				
04-085	FDA	NIH			
04-087	NIH				
04-089	NIH				

REPORT OF THE PRESIDENTIAL COMMISSION ON THE HIV EPIDEMIC
DRAFT: NO COMMENT ON RECOMMENDATION

REC #	ORG 1	ORG 2	STATUS	COMMENTS	ORG COMS
04-090	?				
04-091	NIH				
04-092	NIH				
04-093	MULTI				
04-094	MULTI				
04-095	MULTI				
04-098	NIH				
04-112	RESEARCHERS				CDC
04-117					
04-121					
08-001	ADAMHA			PLAN FOR INCREASED DRUG TREATMENT CAPACITY	
08-002	ADAMHA				
08-003	ADAMHA				
08-004	MULTI				
08-005	STATE	LOCAL			
08-006	STATES				
08-008	MULTI				
08-009	ADAMHA				
08-010	MULTI				
08-013	COMMUNITIES				
08-014	STATES				
08-015	ADAMHA				
08-017	STATES				
08-024	ADAMHA				
08-025	ADAMHA				
08-029	STATE	LOCAL			
08-031	COMMUNITY				
08-032	MULTI				
08-034	MEDIA				
08-035	HUD				
08-036	COMMUNITY				
08-047	STATE	LOCAL			
08-048	STATE	LOCAL			
08-049	STATES				
08-050	STATE	LOCAL			
08-053	HUD			DOJ BUDGETING RESERVATIONS	
08-057	HUD			DOJ HAS BUDGETING RESERVATIONS	
08-058	HUD			DOJ HAS BUDGETING RESERVATIONS	
08-059	MULTI	VA; HRSA			
08-060	MULTI	STATES			
08-061	MULTI	STATES; LOCALITIES			
08-062	MULTI				
08-064	FOSTER CARE AGENCIES				
08-068	HUD				
08-074	ALL EMPLOYEES				
08-075	LARGE CORPORATIONS, PUBLIC AND PRIVATE SECTORS				

REPORT OF THE PRESIDENTIAL COMMISSION ON THE HIV EPIDEMIC
DRAFT: NO COMMENT ON RECOMMENDATION

REC #	ORG 1	ORG 2	STATUS	COMMENTS	ORG COMS
08-076	MULTI				
08-078	EMPLOYERS			VA SUPPORTS; DOD AGREES	
08-082	EMPLOYERS				
08-083	HHS				
08-084	RELIGIOUS LEADERS				
08-085	RELIGIOUS INSTITUTIONS				
08-087	MULTI	BUSINESS LEADERS			
08-088	PHILANTHROPIES				
08-089	CORPORATIONS				
08-090	MULTI--FEDERAL AND PRIVATE SECTOR				
08-091	MULTI--TRADE ASSOCIATIONS AND BUSINESSES				
08-092	RECIPIENT AGENCIES				
08-093	MULTI-CORP AND FOUNDATIONS				
09-003	OSG				
09-009	STATES				
09-010	STATES				
09-011	MULTI				
09-012	HEALTH CARE PROFESSIONAL ORGANIZATIONS				
09-013	RELIGIOUS LEADERS				
09-015	EMPLOYERS				
09-017	SCHOOL SYSTEMS				CDC
09-018	SCHOOL OFFICIALS				CDC
09-019	SCHOOL SYSTEMS				CDC
09-020	SCHOOL SYSTEMS				CDC
09-021	SCHOOL SYSTEMS				CDC
09-022	SCHOOL OFFICIALS				CDC
09-023	EDUCATIONAL ASSOCIATIONS				CDC
09-026	MULTI			INVOLVES STATES, LOCALITIES, AND HEALTH CARE PROVIDERS	
09-027	MULTI				
09-028	FEDERAL GOVT				
09-033	INSURANCE COMPANIES				
09-035	HEALTH CARE INSTITUTIONS				
09-046	STATES			DOJ SAYS CONSISTENT WITH THEIR COMM TESTIMONY	
09-047	MULTI				
09-048	MULTI	STATES			
09-049	MULTI	STATES			
09-050	STATES				
09-051	LOCALITIES	STATES			
09-052	MULTI			CONSISTENT WITH DOJ TESTIMONY	
09-053	PHS	CDC		CONSISTENT WITH DOJ TESTIMONY	CDC
09-054	MULTI			CONSISTENT WITH DOJ TESTIMONY	

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REPORT OF THE PRESIDENTIAL COMMISSION ON THE HIV EPIDEMIC
DRAFT: NO COMMENT ON RECOMMENDATION

REC #	ORG 1	ORG 2	STATUS	COMMENTS	ORG COMS
09-056	MULTI			CONSISTENT WITH DOJ TESTIMONY	
09-060	MULTI			CONSISTENT WITH DOJ TESTIMONY	
09-061	MULTI				
09-063	MULTI			CONSISTENT DOJ TESTIMONY	
09-064	MULTI			CONSISTENT WITH DOJ TESTIMONY	
09-065	MULTI			CONSISTENT WITH DOJ TESTIMONY	
09-066	MULTI			CONSISTENT WITH DOJ TESTIMONY	
09-067	COURTS			CONSISTENT WITH DOJ TESTIMONY	
09-068	STATES	DOJ		CONSISTENT WITH DOJ TESTIMONY	
09-069	MULTI			CONSISTENT WITH DOJ TESTIMONY	
09-070	MULTI				
09-071	MULTI				
09-072					
09-073					
09-074					
09-076	DOJ				
09-077	DOJ				
09-078	PHS	CDC			CDC
09-081	DOJ	BUREAU OF PRISONS			
09-082	DOJ	BUREAU OF PRISONS			
09-083	DOJ	BUREAU OF PRISONS			
09-084	DOJ	BUREAU OF PRISONS			
09-085	DOJ	BUREAU OF PRISONS			
09-086	HCP				
09-088	HCP				
09-089	HCP	EMPLOYERS			
09-090	HCP				
09-091	ASSOC				
09-092	NIH				
09-093	HCP				
09-094	DOCS				
09-095	HCP				
09-096	HCP				
09-097	HCP				
09-098	UNIVERSITIES	MEDICAL SCHOOLS			
09-099	SCIENTISTS				
09-100	PERSONS WITH HIV				
09-101	PERSONS WITH HIV				
09-102	COUNSELORS				
09-103	STATE				
09-104	SOCIETY				
09-105	SOCIETY				

REPORT OF THE PRESIDENTIAL COMMISSION ON THE HIV EPIDEMIC
DRAFT: NO COMMENT ON RECOMMENDATION

REC #	ORG 1	ORG 2	STATUS	COMMENTS	ORG COMS
10-004	PRIVATE HEALTH INSURERS				
10-008	STATES				
10-009	HUD				
10-011	HCFA	HRSA		HCFA LACKS LEGISLATIVE AUTHORITY	
10-013	HHS			HCFA AS PART OF 10-13 STUDY; AGREES IN PART	
10-014	HHS				
10-015	FEDERAL GOVT				
10-016	FEDERAL GOVT				
10-017	FEDERAL GOVT				
12-001	PRESIDENT				
12-002	PRESIDENT				

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REPORT OF THE PRESIDENTIAL COMMISSION ON THE HIV EPIDEMIC
DRAFT

REC #	ORG 1	ORG 2	STATUS	COMMENTS	ORG COMS
01-001	MULTI		C	NOTE	CDC
01-002	CDC		A		CDC
01-003	STATES	CDC	E	NOTE	CDC
01-004	CDC	STATES	A	NOTE	CDC
01-005	MULTI		E	NEED TO DISCUSS POSSIBLE APPROACHES WITH HEALTH EDUCATORS	CDC
01-006	MULTI		C	SEE 01-005	CDC
01-007	CDC		A		CDC
01-008	MULTI		E	NOT TO MEASURE INCIDENCE/PREVALENCE	CDC
01-009	STATES		E		CDC
01-010	STATES		E	SEE 01-003	CDC
01-011	CDC	MULTI	A	NOTE	CDC
01-012	HHS		C	NOTE	CDC
01-013	CDC		A	SEE 1-4	CDC
01-014	CDC		C	SEE 1-2	CDC
01-015	CDC	STATES	A		CDC
01-016	CDC		A	NOTE	CDC
01-017	CDC		A	NOTE	CDC
01-018	CDC		A		CDC
01-019	CDC		A		CDC
01-020	CDC		A		CDC
01-021	CDC	OASH	A		CDC
01-022	CDC	STATES	A		CDC
01-023	CDC	NIH	A		CDC
01-024	MULTI		C		CDC
01-025	CDC		A	NOTE: OTHER CATEGORIES	CDC
01-026	CDC	NIH	A		CDC
02-001	MULTI	PROF		VA AGREES; DOD SUPPORTS	
02-002	MULTI	FACILITIES		DOD USES PHYSICIANS FOR CONTINUITY OF CARE	
02-003	MULTI	PROVIDERS	E	CDC SAYS IN PROGRESS; VA AGREES; DOD MANDATORY TESTING	CDC
02-004	HRSA		A	IN PROGRESS	
02-005	HHS				
02-006	FACILITIES	PROVIDERS	E	ADAMHA IN PROGRESS; VA AGREES; DOD PROVIDES	
02-007	PHS;ADAMHA			DOJ BUDGETARY RES.	
02-008	PHS;HRSA				
02-009	PHS;HRSA			DOJ BUDGETARY RES.	
02-010	PROF		A	DOD SUPPORTS AND IMPLEMENTS	CDC
02-011	PHS;HRSA		A	HRSA AGREES; IN PROGRESS	
02-012	PHS;NCHRS		B	PLANNED,WRITTEN EXISTING RESOURCES	
02-013	LOCALITIES		F	DOJ DISAPPROVES FEDERAL STAND ON GROUNDS PURELY LOCAL MATTER	

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02-014	PHS;CDC				
02-015	PHS;CDC				
02-016	MULTI	HHS;HUD		DOJ BUDGETARY RES.	
02-017	HHS				CDC
02-018	PHS	HRSA			
03-001	PHS;HRSA	CDC	A	CDC SAYS ONGOING; DOD APPLIES WALTER REED STAGING SYSTEM;DOD APPLIES IN UNIFORMED SERVICES UNIV.	
03-002	PROF SCHOOLS		A;E		
03-003	PROF. SCHOOLS	HRSA	A	HRSA SAYS IN PROGRESS	
03-004	MULTI				
03-005	PHS; HRSA				
03-006	PHS	NIMH	A	ADAMHA SAYS IN PROGRESS; DOJ HAS BUDGETING RESERVATIONS	
03-007	MULTI	PROVIDERS	A	DOD IMPLEMENTS	
03-008	PHS			DOJ HAS BUDGETING RESERVATIONS	
03-009	PHS	HRSA	A	HRSA SAYS IN PROGRESS; DOJ HAS BUDGETING RESERVATIONS	
03-010	PHS	NIMH		DOJ HAS BUDGETING RESERVATIONS	
03-011	PHS			DOJ HAS BUDGETING RESERVATIONS	
03-012	PHS			DOJ HAS BUDGETING RESERVATIONS	
03-013	MULTI				
03-014	MULTI	HRSA			
03-015	MULTI	HRSA		DOJ HAS BUDGETING RESERVATIONS	
03-016	MULTI	HHS		DOJ HAS BUDGETING RESERVATIONS	
03-017	HHS			DOJ HAS BUDGETING RESERVATIONS	
03-018	HCFA		D	CHANGES SHOULD AWAIT DEMO OUTCOMES AND NURSING COMMISSION REPORT	
03-019	PHS	OMH			
03-020	CONGRESS	PHS			
03-021	PHS			DOJ HAS BUDGETING RESERVATIONS	
03-022	PHS				
03-023	PHS				
03-024	PHS	HRSA	B	PLANNED WITHIN EXISTING RESOURCES	
03-025	PHS				
03-026	PHS	HRSA	A	HRSA SAYS IN PROGRESS	

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REC #	ORG 1	ORG 2	STATUS	COMMENTS	ORG COMS
03-027	PHS	HRSA			
03-028	HHS		B	ASMB AND GC PLANNED WITHIN EXISTING RESOURCES	
03-029	HHS	CDC	A	CDC SAYS ONGOING	CDC
03-030	MULTI	AMA			
03-031	MULTI	HRSA	A	HRSA PLANNED WITHIN EXISTING RESOURCES	
03-032	PHS				
03-033	STATES				
03-034	MULTI	HRSA	A	HRSA SAYS IN PROGRESS	
03-035	HHS	CDC	A	CDC SAYS ONGOING	CDC
03-036	MULTI				
03-037	CDC	NIH	A		CDC
03-038	CDC		D	NOTE: CAN'T STANDARDIZE	CDC
03-039	CDC		A	THIS SEEMS TO BE "PLANNED"-NOT UNDERWAY	CDC
03-040	LABOR		C		
03-041	MULTI		E		
03-042	MULTI		E		
03-043	LABOR	OSHA	C		
03-044	STATES		E		
03-045	MULTI		F	A PROBLEM: SEE NOTES	CDC
03-046	HHS		C		
03-047	CDC		C	NOTE: 8/88	CDC
03-048	MULTI		E		
03-049	MULTI		E		
03-050	MULTI		E		
03-051	CDC		A		CDC
03-052	NIMH		C		
03-053	DOT		C		
03-054	MULTI		E		
03-055	MULTI		E		
04-001	NIH		A		
04-002	NIH	CONGRESS		FEE FOR USE OF REAGENTS	
04-003	FDA	NIH	A		
04-004	FDA	NIH	B		
04-005	NIH		A		
04-006	NIH		A		
04-007	NIH		A		
04-008	MULTI			POLICY ISSUE: LEASE/PURCHASE; EXPAND CONSTRUCTION AUTHORITY	
04-009	NIH	CONGRESS			
04-010	MULTI				
04-011	NIH				
04-012	NIH		A		
04-013	NIH				
04-014	MULTI		D		
04-015	PHS		D	PROPER FORUM IS FCC OR OTHER NEW; ALREADY	

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04-015	PHS			REPRESENTED	
04-016	MULTI		D		
04-017	NIH	OPM	A		
04-018	MULTI				
04-019	MULTI		B	BILL IMPLEMENTING SENIOR BIOMEDICAL RESEARCH SERVICE SENT TO CONGRESS	
04-020	HHS				
04-021	HHS	OMB			
04-022	NIH				
04-023	NIH		A		
04-024	NIH		B		
04-025	NIH			INVOLVES INCENTIVES FOR NURSES TO STAFF ADEQUATELY CLINICAL CENTERS GOES BEYOND HIV	
04-026	NIH			INVOLVES INCENTIVES FOR NURSES TO STAFF ADEQUATELY CLINICAL CENTERS GOES BEYOND HIV	
04-027	NIH			INVOLVES INCENTIVES FOR NURSES TO STAFF ADEQUATELY CLINICAL CENTERS GOES BEYOND HIV	
04-028	MULTI				
04-029	NIH		A		
04-030	NIH		A		
04-031	NIH				
04-032	NIH	MULTI			
04-033	NIH				
04-034	NIH		A		
04-035	NIH		B		
04-036	NIH		A		
04-037	NIH		A		
04-038	NIH				
04-039	NIH				
04-040	MULTI				
04-041	MULTI				
04-042	FDA		A		
04-043	NIH		A		
04-044	MULTI				
04-045	NIH		A		
04-046	MULTI				
04-047	MULTI		D	ADVISES TO DRAFT LEGISLATION IF NECESSARY AND SEND TO CONGRESS -FOLLOWS THE USUAL PROCEDURE	
04-048	NIH		A		
04-049	NIH				

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REC #	ORG 1	ORG 2	STATUS	COMMENTS	ORG COMS
04-050	FDA	NIH	A		
04-051	NIH				
04-052	MULTI		G	STRUCTURE OF NOBEL PRIZE IS NOT A FEDERAL ISSUE	
04-053	FDA		A		
04-054	FDA		A		
04-055	FDA		A		
04-056	FDA		A		
04-057	FDA		A		
04-058	FDA				
04-059	MULTI				
04-060	FDA		A		
04-061	MULTI				
04-062	MULTI				
04-063	FDA		A		
04-064	CONGRESS				
04-065	CONGRESS				
04-066	CONGRESS				
04-067	FDA		A		
04-068	FDA		A		
04-069	FDA		A		
04-070	MULTI				
04-071	MULTI		D	ALL GOVT. SCIENTISTS SHOULD BE ELIGIBLE FOR AWARD	
04-072	NIH				
04-073	NIH				
04-074	NIH				
04-075	NIH				
04-076	NIH				
04-077	NIH				
04-078	MULTI				
04-079	NIH				
04-080	CDC	NIH	D		CDC
04-081	MULTI				
04-082	MULTI				
04-083	MULTI				
04-084	FDA	NIH	A		
04-085	FDA	NIH			
04-086	NIH		A		
04-087	NIH				
04-088	NIH		A		
04-089	NIH				
04-090	?				
04-091	NIH				
04-092	NIH				
04-093	MULTI				
04-094	MULTI				
04-095	MULTI				
04-096	NIH		A		

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REC #	ORG 1	ORG 2	STATUS	COMMENTS	ORG COMS
04-097	NIH		A		
04-098	NIH				
04-099	NIH		A		
04-100	NIH		A		
04-101	MULTI		A		
04-102	NIH		A		
04-103	ADAMHA		A		
04-104	NIH	ADAMHA	A		
04-105	ADAMHA		A		
04-106	ADAMHA	CDC	A		
04-107	ADAMHA		A		
04-108	ADAMHA		A		
04-109	ADAMHA		A		
04-110	PHS	NAPU	A		
04-111	ADAMHA		A		
04-112	RESEARCHERS				CDC
04-113	ADAMHA		A		
04-114	ADAMHA		A		
04-115	ADAMHA		A		
04-116	ADAMHA		A		
04-117					
04-118	ADAMHA		A		
04-119	ADAMHA		A		
04-120	NIH		A		
04-121					
05-001	HHS	CONGRESS	C	NOTE: WOULD GREATLY EXPAND HEALTH CARE BUDGET	CDC
05-002	HHS	CDC	A		CDC
05-003	HHS	CDC	A	NOTE	CDC
05-004	CDC		A	NOTE	CDC
05-005	CDC		A	NOTE	CDC
05-006	CDC		C	SIMILAR TO 1-5, 1-6(MISSING P.2) -2-3 YEARS	CDC
05-007	CDC		A	NOTE	CDC
05-008	CDC		D	NOTE	CDC
05-009	HHS	CDC	C	NOTE	CDC
05-010	CONGRESS	OPM	C	NOTE	CDC
05-011	OMB		C		CDC
05-012	CDC		C	NOTE	CDC
05-013	STATES		E		
05-014	STATES		E		
05-015	STATES		E	SIMILAR TO 1-9	
05-016	MULTI		E		
05-017	CDC	STATES	A	NOTE: WE DON'T NEED SEXOLOGISTS-WE NEED BEHAVIORAL SCIENTISTS.	CDC
05-018	DOD	CDC	A		CDC
05-019	MULTI		A	STATUS OF REPORTING UNKNOWN AT PRESENT	CDC

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REC #	ORG 1	ORG 2	STATUS	COMMENTS	ORG COMS
05-020	STATES		E		CDC
06-001	STATES		E		
06-002	CDC		A	NOTE: A FEW EXCEPTIONS	
06-003	CDC	MULTI	A		CDC
06-004	CDC	STATES	A		
06-005	CDC	STATES	A	ADD TB CLINICS	CDC
06-006	HCP'S		E		
06-007	CDC	STATES	A		
06-008	CDC		E	CONCERNS COORDINATION	CDC
06-009	CDC		A		CDC
06-010	STATES		E	NOTE: NEED FOR QUALITY ASSURANCE	
06-011	STATES		E		
06-012	STATES		E		
06-013	CDC		A		
06-014	STATES		E		
06-015	STATES		E		
06-016	STATES		E		
06-017	STATES		E	NOTE	
06-018	STATES		E		
06-019	STATES		E		
06-020	STATES		E		
06-021	STATES		E	NOTE: 78-85	
06-022	OTHER		E		
06-023	FDA		C		
06-024	FDA	BLOOD	C		
06-025	FDA		C		
06-026	OTHER		E		
06-027	HCFA	HRSA	C	NO COMMENTS FROM CDC	
06-028	CDC	CHTC	A		CDC
06-029	BLOOD		B		
06-030	FDA		C		
06-031	MULTI		E		
06-032	STATES		E		
06-033	CDC	MULTI	A		CDC
06-034	PHS		C		
06-035	FDA		C		
06-036	HCFA		C	WHO FUNDS?	
06-037	MULTI		E	ALREADY-SEE NOTE	CDC
06-038	CDC		A	ALREADY IN PROGRESS	CDC
06-039	CDC		A		CDC
06-040	THERAPISTS		E		
06-041	THERAPISTS		E		
06-042	THERAPISTS		E		
06-043	MULTI		E		
06-044	MULTI		E		
07-001	CDC	STATES	A		CDC
07-002	STATES		E	NOTE: SEE 1-9, 5-15; CDC RESPONSE FROM CHPE, NOT CPS	CDC

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REC #	ORG 1	ORG 2	STATUS	COMMENTS	ORG COMS
07-003	MEDIA		E		
07-004	CDC		D	CURRENT RESOURCES APPEAR ADEQUATE	CDC
07-005	STATES	CBOS	E		
07-006	ENTERT.		E		
07-007	CDC		C	COULD JEOPARDIZE FUTURE ACCESS TO PUBLIC SERVICE ALLOTMENTS	CDC
07-008	CDC		A		CDC
07-009	CDC		A		CDC
07-010	CDC		A	BEING IMPLEMENTED	CDC
07-011	CDC		A	DOES NOT INCLUDE TREATMENT/VACCINE TRIALS;	CDC
07-012	CDC		A	QUANTITY OF ITEMS PER REQUEST NEEDS TO BE ADDRESSED	CDC
07-013	CDC		C	14 MONTHS;OMB APPROVAL NEEDED	CDC
07-014	CDC		A	TO PROVIDE ALL MATERIALS WOULD BE EXTREMELY COSTLY	CDC
07-015	CDC		A	FULL IMPLEMENTATION LEGISTICALLY/FISCALLY UNSOUND	CDC
07-016	CDC		A	SOME DOCUMENTS ALREADY ARE IN BRAILLE; OTHERS IN THE FUTURE	CDC
07-017	CDC		A		CDC
07-018	CDC		C	EXISTING APPROACH MORE EFFICIENT	CDC
07-019	CDC		B	1990	CDC
07-020	CDC		A	CAN'T EVALUATE CHANGE BASED ON SINGLE INTERVENTION	CDC
07-021	STATES		E		
07-022	STATES		E		
07-023	HHS	CDC	A		CDC
07-024	CDC		A		CDC
07-025	CDC	STATES	A		CDC
07-026	PHILANT.		E		
07-027	HHS	HUD	C		
07-028	CDC		A		CDC
07-029	CDC		A		CDC
07-030	STATES		E		CDC
07-031	STATES		E		CDC
07-032	STATES		E		CDC
07-033	STATES		E		CDC
07-034	CDC		A		CDC
07-035	CDC		C		CDC
07-036	STATES		E		CDC
07-037	STATES		E		CDC

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REC #	ORG 1	ORG 2	STATUS	COMMENTS	ORG COMS
07-038	HHS	EDUC	C		CDC
07-039	STATES		E		
07-040	STATES		E		CDC
08-001	ADAMHA			PLAN FOR INCREASED DRUG TREATMENT CAPACITY	
08-002	ADAMHA				
08-003	ADAMHA				
08-004	MULTI				
08-005	STATE	LOCAL			
08-006	STATES				
08-007	ADAMHA		A		
08-008	MULTI				
08-009	ADAMHA				
08-010	MULTI				
08-011	ADAMHA		A		
08-012	ADAMHA		A		
08-013	COMMUNITIES				
08-014	STATES				
08-015	ADAMHA				
08-016	ADAMHA		A		
08-017	STATES				
08-018	ADAMHA		B		
08-019	ADAMHA		B		
08-020	ADAMHA		B		
08-021	ADAMHA		B		
08-022	ADAMHA		B		
08-023	ADAMHA		A		
08-024	ADAMHA				
08-025	ADAMHA				
08-026	ADAMHA		A		
08-027	ADAMHA		A		
08-028	ADAMHA		B		
08-029	STATE	LOCAL			
08-030	ADAMHA		A		
08-031	COMMUNITY				
08-032	MULTI				
08-033	ADAMHA		A		
08-034	MEDIA				
08-035	HUD				
08-036	COMMUNITY				
08-037	ADAMHA		A		
08-038	ADAMHA		A		
08-039	ADAMHA		B		
08-040	ADAMHA		A		
08-041	ADAMHA		A		
08-042	ADAMHA		A		
08-043	ADAMHA		A		
08-044	ADAMHA		A		
08-045	ADAMHA		A		
08-046	ADAMHA		B		

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REC #	ORG 1	ORG 2	STATUS	COMMENTS	ORG COMS
08-047	STATE	LOCAL			
08-048	STATE	LOCAL			
08-049	STATES				
08-050	STATE	LOCAL			
08-051	MULTI	FBI, DEA, STATES	C	CONSISTENT WITH DEA, FBI PRIORITIES; BUDGETARY IMPACT MUST BE CONSIDERED	
08-052	DOJ	HUD	C	DOJ HAS RESERVATIONS; SEES IT RELATED TO 9-1; 9-5	
08-053	HUD			DOJ BUDGETING RESERVATIONS	
08-054	HOMELESS SHELTERS		A	VA SUPPORTS. APPLIES POLICY IN DOMICILIARY PROGRAM	
08-055	PHS	CDC	A	CDC SAYS ONGOING	CDC
08-056	MULTI	NIMH; HRSA	A	ADAMHA SAYS IN PROGRESS	
08-057	HUD			DOJ HAS BUDGETING RESERVATIONS	
08-058	HUD			DOJ HAS BUDGETING RESERVATIONS	
08-059	MULTI	VA; HRSA			
08-060	MULTI	STATES			
08-061	MULTI	STATES; LOCALITIES			
08-062	MULTI				
08-063	SOCIAL SERVICE AGENCIES		A	ACTION PROVIDES FOSTER GRANDPARENTS FOR "AT RISK" YOUTH	
08-064	FOSTER CARE AGENCIES				
08-065	HCFA		A	AGREE IN PART. IN PROGRESS. ACTION PROVIDES FOSTER GRANDPARENTS FOR BOARDER BABIES	
08-066	HCFA		A	AGREE IN PART. IN PROGRESS. ACTION PROVIDES FOSTER GRANDPARENTS FOR BOARDER BABIES	
08-067	HHS	HRSA	A	HBSA SAYS IN PROGRESS	
08-068	HUD				
08-069	CDC		A	IMPLEMENTED IN PART	CDC
08-070	CDC		A	IMPLEMENTED IN PART; TAKE CARE NOT TO UNDERMINE ROLE OF STATES	CDC
08-071	MULTI-PUBLIC & PRIVATE OPM EMPLOYEES		A	OPM SAYS ONGOING; VA FOLLOWS; HUD FOLLOWS OPM GUIDES; DOD APPLIES	
08-072	FEDERAL GOVERNMENT	OPM	A	OPM SAYS ONGOING; VA FOLLOWS; DOD AGREES	

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REC #	ORG 1	ORG 2	STATUS	COMMENTS	ORG COMS
08-073	PRES		C	DOJ SAYS SHOULD BE CONSIDERED WITH 9-1 ON WHICH THEY DISAGREE; OPM CONSIDERING OPTIONS	
08-074	ALL EMPLOYEES				
08-075	LARGE CORPORATIONS, PUBLIC AND PRIVATE SECTORS				
08-076	MULTI				
08-077	CDC	GSA	A	CDC SAYS IN PROGRESS	CDC
08-078	EMPLOYERS			VA SUPPORTS; DOD AGREES	
08-079	EMPLOYERS		A	DOD USES ASSESSMENT FOR ALL SERO-POSITIVES	
08-080	CDC		A	CDC SAYS IN PROGRESS	CDC
08-081	EMPLOYERS		A	VA IMPLEMENTS	
08-082	EMPLOYERS				
08-083	HHS				
08-084	RELIGIOUS LEADERS				
08-085	RELIGIOUS INSTITUTIONS				
08-086	RELIGIOUS EDUCATORS		A	DOD IMPLEMENTS	
08-087	MULTI	BUSINESS LEADERS			
08-088	PHILANTHROPIES				
08-089	CORPORATIONS				
08-090	MULTI--FEDERAL AND PRIVATE SECTOR				
08-091	MULTI--TRADE ASSOCIATIONS AND BUSINESSES				
08-092	RECIPIENT AGENCIES				
08-093	MULTI-CORP AND FOUNDATIONS				
08-094	MULTI	GOVT AGENCIES	A	CDC SAYS ONGOING	CDC
09-001	DOJ		D	DISAGREE; SHOULD COORDINATE WITH RELATED AUTHORITIES; CONSIDER ALTERNATIVES TO EXECUTIVE ORDER; DOD AGREES	
09-002	MULTI	CDC	A	CDC SAYS IN PROGRESS	CDC
09-003	OSG				
09-004	DOJ	HHS	D	ADMIN HAS PREVIOUSLY OPPOSED; ACT SEEN AS MODEL BY COMMISSION IS SERIOUSLY FLAWED	
09-005	DOJ		C	DOJ HAS MEMO UNDER DEVELOPMENT; EXPRESSES RESERVATIONS WITH REC	
09-006	OCR'S		A;C	HHS PARTIALLY IN PROGRESS; DOJ HAS RESERVATIONS	
09-007	OCR'S		A;C	HHS-PARTIALLY IN PROGRESS; DOJ HAS RESERVATIONS	
09-008	OCR'S		C	DOJ HAS RESERVATIONS	

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REC #	ORG 1	ORG 2	STATUS	COMMENTS	ORG COMS
09-009	STATES				
09-010	STATES				
09-011	MULTI				
09-012	HEALTH CARE PROFESSIONAL ORGANIZATIONS				
09-013	RELIGIOUS LEADERS				
09-014	EMPLOYERS		A	DOD SAYS IMPLEMENTS	
09-015	EMPLOYERS				
09-016	SCHOOL SYSTEMS	CDC	A	DOD SAYS IMPLEMENTS	CDC
09-017	SCHOOL SYSTEMS				CDC
09-018	SCHOOL OFFICIALS				CDC
09-019	SCHOOL SYSTEMS				CDC
09-020	SCHOOL SYSTEMS				CDC
09-021	SCHOOL SYSTEMS				CDC
09-022	SCHOOL OFFICIALS				CDC
09-023	EDUCATIONAL ASSOCIATIONS				CDC
09-024	HEALTH CARE PROVIDERS		A	DOD SAYS IMPLEMENTS	
09-025	HEALTH CARE PROVIDERS		A	DOD SAYS IMPLEMENTS	
09-026	MULTI			INVOLVES STATES, LOCALITIES, AND HEALTH CARE PROVIDERS	
09-027	MULTI				
09-028	FEDERAL GOVT				
09-029	MULTI		A	CDC SAYS ONGOING; VA SUPPORTS	CDC
09-030	MULTI	HCFA	A	PUBLIC HEALTH AND HEALTH CARE INSTITUTIONS INVOLVED HCFA PROVIDERS PARTICIPATION AGREEMENTS COVER CONFIDENTIALITY	
09-031	MULTI		A	VA IMPLEMENTS	
09-032	MULTI		A	VA IMPLEMENTS	
09-033	INSURANCE COMPANIES				
09-034	FEDERAL GOVT		A	VA IMPLEMENTING PL 100-322; DOD SAYS IMPLEMENTS	
09-035	HEALTH CARE INSTITUTIONS				
09-036	FED		C		
09-037	STATES		E		
09-038	STATES		E		
09-039	STATES		E		
09-040	CDC	STATES	E		CDC
09-041	STATES		E		
09-042	STATES		E		
09-043	MULTI		E		
09-044	MULTI		E		
09-045	MULTI		E		
09-046	STATES			DOJ SAYS CONSISTENT WITH THEIR COMM TESTIMONY	
09-047	MULTI				

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REC #	ORG 1	ORG 2	STATUS	COMMENTS	ORG COMS
09-048	MULTI	STATES			
09-049	MULTI	STATES			
09-050	STATES				
09-051	LOCALITIES	STATES			
09-052	MULTI			CONSISTENT WITH DOJ TESTIMONY	
09-053	PHS	CDC		CONSISTENT WITH DOJ TESTIMONY	CDC
09-054	MULTI			CONSISTENT WITH DOJ TESTIMONY	
09-055	PHS	NIMH	B	PLANNED WITHIN EXISTING RESOURCES; DOJ AGREES	
09-056	MULTI			CONSISTENT WITH DOJ TESTIMONY	
09-057	MULTI	CDC	A	CDC IN PROGRESS	CDC
09-058	FEDERAL	STATE	A	CONSISTENT WITH DOJ TESTIMONY; CDC IN PROGRESS	CDC
09-059	MULTI	HRSA	A	HRSA IN PROGRESS	
09-060	MULTI			CONSISTENT WITH DOJ TESTIMONY	
09-061	MULTI				
09-062	MULTI	CDC	A	CDC IN PROGRESS; CONSISTENT WITH DOJ TESTIMONY	CDC
09-063	MULTI			CONSISTENT DOJ TESTIMONY	
09-064	MULTI			CONSISTENT WITH DOJ TESTIMONY	
09-065	MULTI			CONSISTENT WITH DOJ TESTIMONY	
09-066	MULTI			CONSISTENT WITH DOJ TESTIMONY	
09-067	COURTS			CONSISTENT WITH DOJ TESTIMONY	
09-068	STATES	DOJ		CONSISTENT WITH DOJ TESTIMONY	
09-069	MULTI			CONSISTENT WITH DOJ TESTIMONY	
09-070	MULTI				
09-071	MULTI				
09-072					
09-073					
09-074					
09-075	DOJ	BUREAU OF PRISONS	A	BUREAU OF PRISONS POLICIES AND PRACTICES GENERALLY CONSISTENT WITH RECOMMENDATIONS	
09-076	DOJ				
09-077	DOJ				
09-078	PHS	CDC			CDC

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REC #	ORG 1	ORG 2	STATUS	COMMENTS	ORG COMS
09-079	DOJ	NIJ	A	AGREE NIJ MONITORING PRISON HOUSING POLICIES	
09-080	DOJ	BUREAU OF PRISONS	A		
09-081	DOJ	BUREAU OF PRISONS			
09-082	DOJ	BUREAU OF PRISONS			
09-083	DOJ	BUREAU OF PRISONS			
09-084	DOJ	BUREAU OF PRISONS			
09-085	DOJ	BUREAU OF PRISONS			
09-086	HCP				
09-087	ASSOC		A	AMA, ANA HAVE ISSUED GUIDELINES	
09-088	HCP				
09-089	HCP	EMPLOYERS			
09-090	HCP				
09-091	ASSOC				
09-092	NIH				
09-093	HCP				
09-094	DOCS				
09-095	HCP				
09-096	HCP				
09-097	HCP				
09-098	UNIVERSITIES	MEDICAL SCHOOLS			
09-099	SCIENTISTS				
09-100	PERSONS WITH HIV				
09-101	PERSONS WITH HIV				
09-102	COUNSELORS				
09-103	STATE				
09-104	SOCIETY				
09-105	SOCIETY				
10-001	HCFA		A	HCFA SAYS ONGOING	
10-002	HCFA		A	HCFA SAYS ONGOING	
10-003	HCFA		A	HCFA SAYS ONGOING	
10-004	PRIVATE HEALTH INSURERS				
10-005	HCFA		C	HCFA CONSIDERATION EXPECTED TO BE COMPLETE BY MARCH, 89	
10-006	HCFA		D	REQUIRES LEGISLATION	
10-007	HCFA		B	AGREES IN PART. COVERED PARTIALLY BY CATASTROPHIC HEALTH ACT	
10-008	STATES				
10-009	HUD				
10-010	HCFA		A	AGREES TO EXTENT COVERED BY EXISTING LAW. ONGOING IMPLEMENTATION	
10-011	HCFA	HRSA		HCFA LACKS LEGISLATIVE AUTHORITY	
10-012	HCFA	HRSA	H	SHOULD BE CONSIDERED AS PART OF EVALUATION IN 10-13; HCFA SUPPORTS	

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REC #	ORG 1	ORG 2	STATUS	COMMENTS	ORG COMS
10-012	HCFA			STUDY	
10-013	HHS			HCFA AS PART OF 10-13 STUDY; AGREES IN PART	
10-014	HHS				
10-015	FEDERAL GOVT				
10-016	FEDERAL GOVT				
10-017	FEDERAL GOVT				
10-018	FEDERAL GOVT		D	HCFA SAYS DISAGREE. WANTS CASE TO BE VOLUNTARY	
10-019	HCFA		D	DISAGREE BUT SHOULD CONSIDER AS PART OF 10-13 STUDY	
10-020	HCFA		D	REQUIRES LEGISLATION; COSTLY; SHOULD BE PART OF 10-13 STUDY	
10-021	STATES	HCFA	E		
10-022	STATES	HCFA	F	DISAGREE; REQUIRES FEDERAL LEGISLATION; SHOULD BE PART OF 10-13 STUDY	
10-023	HCFA		D	HCFA SAYS DISAGREE; WOULD REQUIRE LEGISLATION	
10-024	SSA		D		
10-025	SSA	HCFA	A	MANY EXPEDITED STEPS ALREADY IN PLACE	
11-001	FED		A	1988--$15 MILLION CONTRIBUTION	AID
11-002	FED		C		
11-003	WHO		E		AID
11-004	WHO		E		AID
11-005	WHO		E		AID
11-006	MULTI		E		AID
11-007	MULTI		E	TARGET ONLY THOSE COUNTRIES WHICH HAVE A SIGNIFICANT HIVE PROBLEM OR HAVE EVIDENCED A WILLINGNESS AND COMMITTMENT	AID
11-008	MULTI		E		AID
11-009	WHO		E		AID
11-010	WHO		E		
11-011	WHO		E		
11-012	WHO		E		
11-013	MULTI		E		
11-014	WHO		E		
11-015	MULTI		E		
11-016	MULTI		E		
11-017	MULTI		E		
11-018	AID		A		

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REC #	ORG 1	ORG 2	STATUS	COMMENTS	ORG COMS
11-019	AID		A		AID
11-020	AID		A	IN FY88, NEARLY $3 MILL WILL BE SPENT ON HIV COMPONENTS	AID
11-021	AID		A		
11-022	AID		A		AID
11-023	AID		A		
11-024	AID		A		
11-025	MULTI		E		AID
11-026	AID		A	COMPETITIVE GRANT PROGRAM FOR PVO'S EXISTS	AID
11-027	MULTI		E		AID
11-028	AID		C		
11-029	AID		A		AID
11-030	PEACE CORP		C		
11-031	PEACE CORP		C		
11-032	MULTI		A		
11-033			A		
11-034	HHS		A		
11-035	HHS		C		
11-036	MULTI		C		
11-037	NIH	CDC	C		
11-038	MULTI		C		
11-039	MULTI		C		
11-040	HHS	NIH	C		
11-041	FDA		C		
11-042	HHS		C		
11-043	DOD		?		
11-044	DOD		?		
11-045	MULTI		C		
11-046	CDC		A	DUE TO LACK OF INFO, COUNTRY-SPECIFIC INFO NOT AVAILABLE	CDC
11-047	CDC		B		
12-001	PRESIDENT				
12-002	PRESIDENT				