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WHITE HOUSE STAFFING MEMORANDUM

DATE: 3/31/87 ACTION/CONCURRENCE/COMMENT DUE BY: ---

SUBJECT: DOMESTIC POLICY COUNCIL MEETING -- WEDNESDAY, APRIL 1, 1987 --
2:00 P.M. -- ROOSEVELT ROOM

	ACTION	FYI		ACTION	FYI
VICE PRESIDENT	<input type="checkbox"/>	<input type="checkbox"/>	HOBBS	<input type="checkbox"/>	<input type="checkbox"/>
BAKER	<input checked="" type="checkbox"/>	<input type="checkbox"/>	KING	<input type="checkbox"/>	<input type="checkbox"/>
DUBERSTEIN	<input checked="" type="checkbox"/>	<input type="checkbox"/>	MASENG	<input checked="" type="checkbox"/>	<input type="checkbox"/>
MILLER - OMB	<input type="checkbox"/>	<input type="checkbox"/>	MILLER - ADMIN.	<input type="checkbox"/>	<input type="checkbox"/>
BALL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	RISQUE	<input type="checkbox"/>	<input type="checkbox"/>
BAUER	<input checked="" type="checkbox"/>	<input type="checkbox"/>	RYAN	<input type="checkbox"/>	<input type="checkbox"/>
CARLUCCI	<input type="checkbox"/>	<input type="checkbox"/>	SPRINKEL	<input type="checkbox"/>	<input type="checkbox"/>
CHEW	<input type="checkbox"/> P	<input checked="" type="checkbox"/> S	TUTTLE	<input type="checkbox"/>	<input type="checkbox"/>
CULVAHOUSE	<input checked="" type="checkbox"/>	<input type="checkbox"/>	CANNON	<input checked="" type="checkbox"/>	<input type="checkbox"/>
DONATELLI	<input checked="" type="checkbox"/>	<input type="checkbox"/>	CRIBB	<input checked="" type="checkbox"/>	<input type="checkbox"/>
FITZWATER	<input checked="" type="checkbox"/>	<input type="checkbox"/>	GRISCOM	<input checked="" type="checkbox"/>	<input type="checkbox"/>
HENKEL	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>

REMARKS:

Please inform Patsy Faoro (x2800) in the Office of Cabinet Affairs if you will attend.

AGENDA:

1. Welfare Reform
2. Acquired Immunie Deficiency Syndrome

RESPONSE:

THE WHITE HOUSE

WASHINGTON

March 30, 1987

MEMORANDUM FOR THE DOMESTIC POLICY COUNCIL

FROM:

RALPH C. BLEDSOE *Ralph Bledsoe*
Executive Secretary

SUBJECT: Domestic Policy Council Meeting on April 1

Attached are an agenda and materials for the Domestic Policy Council meeting scheduled for Wednesday, April 1 at 2:00 p.m. in the Roosevelt Room. The topics to be discussed are Welfare Reform and Acquired Immune Deficiency Syndrome (AIDS).

Welfare Reform was scheduled for the DPC on March 18, but time did not allow our discussion of this issue. Chuck Hobbs, Chairman of the Low Income Opportunity Working Group, will discuss general progress being made on the initiative; legislative strategy being developed; strategies developed to work with the States, specific Governors, and local community groups; and the impact of the Executive Order.

The second agenda item, AIDS, will include a discussion of recommendations by the Health Policy Working Group for attacking this epidemic disease. The attached paper contains scientific, information, administrative and leadership proposals for consideration by the Council.

Attachment

THE WHITE HOUSE

WASHINGTON

DOMESTIC POLICY COUNCIL

Wednesday, April 1, 1987

2:00 p.m.

Roosevelt Room

AGENDA

1. Welfare Reform -- Charles D. Hobbs
Assistant to the President
The White House

2. Acquired Immune -- William L. Roper
Deficiency Syndrome Administrator
(AIDS) Health Care Financing
Administration
Department of Health and
Human Services

THE WHITE HOUSE

WASHINGTON

March 26, 1987

MEMORANDUM FOR THE DOMESTIC POLICY COUNCIL

FROM: CHUCK HOBBS *CH*

SUBJECT: DISCUSSION OF THE PUBLIC ASSISTANCE REFORM
INITIATIVE AT THE APRIL 1, 1987, DOMESTIC
POLICY COUNCIL MEETING

I will report on the following aspects of the implementation of the public assistance reform initiative at next week's meeting:

1. General progress being made on the initiative.
2. The legislative strategy being developed, and the Administration's participation at Congressional hearings to date.
3. The strategies developed to work with the States, specific Governors, and local community groups.
4. Impact of the executive order.

I look forward to discussing these items with you on Wednesday.

4/1/87

**RECENT EVENTS SUPPORTING
THE PRESIDENT'S WELFARE REFORM INITIATIVE**

Presidential Events

1. President announces his new Public Assistance Reform Strategy as part of his State of the Union address to Congress. (1/27/87)
2. Letter from the President to all Governors. (2/6/87)
3. Radio Address by the President to the Nation. (2/7/87)
4. Briefing with Welfare Reform Groups, including remarks by the President. (2/9/87)
5. Panel Discussion on "Self-Help Efforts Across America" with the President, Hobbs, and four Self-Help group leaders. (2/11/87)
6. Welfare experts Meeting with the President. (2/13/87)
7. President meets with the Governors at the White House. (2/23/87)
8. President meets with the Council for a Black Economic Agenda. (2/24/87)

Legislative Strategy*

1. President's Legislative Package for public assistance reform, "The Low-Income Opportunity Improvement Act of 1987," is transmitted to the Congress. (2/26/87)
2. The Senate and House introduce the new legislation with bi-partisan sponsorship. (2/26/87)
3. The Administration testifies before Senator Moynihan's Subcommittee. (3/2/87)
4. The Administration testifies before Congressman Ford's Subcommittee. (3/4/87)
5. White House Staff briefing for welfare task force of the Congressional "Group of 92." (3/12/87)
6. White House Staff briefing for the Senate Republican Policy Committee. (3/25/87)
7. White House Staff briefing for the House Republican Research Committee. (3/25/87)

*Hobbs and Administration Representatives are briefing individual Members of Congress and their staffs on a continuing basis.

Intergovernmental Strategy

1. Governors' Workshop on Welfare Reform at White House with White House Staff and Cabinet members. (2/21/87)
2. White House Staff meetings with Governors at the NGA Conference. (2/21-23/87)
3. White House Staff presents President's new strategy to state legislative leadership at a National Conference of State Legislators (NCSL), "Leader-To-Leader" meeting at the White House. (2/26/87)
4. Administration briefing for the NCSL State-Federal Assembly Human Resources Committee on Low-Income Opportunity Act of 1987. (2/27/87)
5. The President's new strategy is presented by White House Staff to a special session at the National League of Cities Annual Convention. (3/2/87)
6. Hobbs presents new strategy to National Association of Counties legislative meeting. (3/16/87)
7. Hobbs sends the President's legislative package to each Governor, with letter asking for their support. (3/19/87)
8. Hobbs and White House Staff brief the Governor of Missouri at the White House. (3/20/87)
9. Hobbs briefs the Governor of California. (2/30/87)

Community and Interest Groups Strategy

1. The President's legislation is presented to the Board of Directors of the National Alliance of Business. (3/6/87)
2. The President's new strategy is presented to the domestic policy group of the American Jewish Congress. (3/9/87)
3. White House Staff participate in a Forum on Welfare Reform at the Heritage Foundation. (3/17/87)
4. White House Staff briefing for the American Public Welfare Association. (3/19/87)
5. White House Staff participate in a panel discussion at the Child Welfare League meeting. (3/20/87)
6. Hobbs briefing for the Anti-Defamation League at the White House. (3/23/87)
7. Hobbs briefs scholars at the Hoover Institution. (3/27/87)
8. Hobbs meets with community self-help leaders in Oakland, California. (3/28/87)

Communications Strategy

(Also see specifically targeted communications under other strategies.)

1. Fact Sheet Released: "The President's National Welfare Strategy." (1/27/87)
2. White House Issue Brief released, **THE PRESIDENT'S NATIONAL WELFARE STRATEGY.** (2/6/87)
3. Release of the Report to the President, **UP FROM DEPENDENCY.** (2/11/87)
4. Hobbs discusses the President's new strategy with Senator Moynihan and Governor Castle on the McNeil-Lehrer News Hour. (2/20/87)
5. Hobbs appeared on "Evening Exchange," on WHMM/Channel 32. (2/24/87)
6. White House Staff participate in panel discussion, including the Directors of Public Welfare of New York and New Jersey, on WOR Radio, "The Sherrye Henry Program." (3/3/87)
7. Hobbs appeared on "It's Your Business," on WUSA/Channel 9. (3/15/87)



March 30, 1987

MEMORANDUM FOR THE DOMESTIC POLICY COUNCIL

FROM: THE WORKING GROUP ON HEALTH POLICY

SUBJECT: AIDS Issues

The Council will meet on April 1, 1987, again to discuss the effort against the acquired immune deficiency syndrome (AIDS), and to consider what further should be done by the federal government.

Background

The Domestic Policy Council first dealt with the issue of AIDS on September 11, 1985. Secretary Heckler made a presentation and the Working Group on Health Policy recommended that:

- o Federal agencies and state and local governments be urged to take necessary actions to lessen the risks of the spread of AIDS, and
- o For the general welfare of society, AIDS be dealt with as a major public health problem.

On December 19, 1985, the Council met with the President on AIDS. He approved continuation of research and information dissemination efforts.

In his February 1986 Message to the Congress on the State of the Union, the President requested a report by the Surgeon General on AIDS.

The Council met on October 1, 1986, and agreed to forward the Surgeon General's report to the President.

On January 13, and January 21, 1987, the Council discussed education policies regarding AIDS, which the President subsequently approved on February 11, 1987.

The Working Group has met several times recently to consider what information to report, what additional steps to recommend, and on what items to request further guidance from the Council. This paper focuses on four federal government roles with respect to AIDS: scientific, information, administrative and leadership.

Scientific Efforts

The Public Health Service (PHS) has led a rapidly expanding scientific research effort directed against AIDS. Tab 1 includes information on several of the medical and public health issues which the Working Group has discussed.

Since the first reported cases of AIDS in 1981, this federal government effort has included:

- o Characterization of the disease AIDS, and its epidemic nature, through epidemiological studies;
- o Discovery of the virus that causes AIDS;
- o Development of a blood test for AIDS virus antibody;
- o Development of AIDS treatment agents (including AZT, which has now been licensed by the FDA); and
- o Preliminary work on an AIDS vaccine.

The Working Group recommends that scientific efforts focus on AIDS treatment and vaccine development and on further virus research and blood test development.

Information Dissemination

As the scientific efforts have yielded data, the federal government has conveyed information on AIDS to influence public policy and individual behavior.

This effort has included:

- o Consensus recommendations by the Public Health Service on AIDS prevention;
- o Recommendations for blood bank testing, leading to protection of the blood supply;
- o Publication of the Surgeon General's Report on AIDS, as directed by the President;

- o The President's approval of an AIDS education strategy for the Administration; and
- o Publication of the AIDS Information/Education Plan by the Public Health Service, after interagency discussion.

The Working Group recommends that further information efforts should include implementing the AIDS Information/Education Plan, with continued interagency coordination, in keeping with the President's guidelines on AIDS education.

In addition, the Working Group has discussed the merits of a mailing on AIDS to every household in America. The PHS estimates that such a mailing would cost \$10-20 million, and could be done as early as this fall, including appropriate clearance of the text. The benefits of a mailing would include the direct information conveyed plus, indirectly, the attention brought by the coverage of the mailing by the news media.

The government of the United Kingdom has done such a mailing to its citizens. Tab 2 includes the UK brochure.

Finally, the Working Group has discussed the many issues involved in possible further recommendations on AIDS virus antibody testing. As explained in the PHS memorandum at Tab 1, the PHS is currently considering the matters discussed at a February 1987 meeting which the CDC held on this subject.

Public health authorities at the state and local level are generally free to set policy on these and other issues, but these authorities usually rely on the Public Health Service recommendations.

The Council may wish to devote a future meeting to a discussion of the issues of AIDS virus antibody testing, confidentiality, and related issues. The PHS will be ready with its recommendations later this spring.

The issues might include the following:

- o Should recommendations for wider testing be for voluntary testing only, or should there be some use of mandatory testing?
- o Whether mandatory or voluntary, should testing be "routine" in some settings, such as drug abuse clinics sexually transmitted disease clinics, prenatal clinics before marriage licenses, etc?

- o Given the lethal nature of AIDS, what are the appropriate roles for tracing and informing contacts of persons who test positive?
- o What is the appropriate role for testing for life or health insurance, employment, etc.?

Administrative Actions

The Public Health Service has undertaken a large number of activities, including basic and clinical research, public information, development of a blood testing system, evaluation of the safety and efficacy of AIDS therapies and vaccines, and overall coordination. Including payments under Medicare and Medicaid, over \$900 million will be directed by the Department of Health and Human Services for AIDS in FY 1988.

Various other federal agencies have also taken a number of administrative actions on AIDS, including:

- o The Department of Defense has begun testing recruits and active duty personnel;
- o The Veterans Administration has focused its health care resources to establish AIDS treatment units for eligible veterans;
- o The Health Care Financing Administration has worked with the states to target Medicaid on AIDS needs;
- o The State Department and the Peace Corps are testing some employees for overseas deployment; and
- o The Office of Personnel Management is pursuing AIDS education and prevention for federal workers.

The Working Group recommends that further AIDS administrative efforts should include continuing these activities, plus preparing for the federal role in future AIDS treatment needs. The PHS memorandum at Tab 1 describes some of the planning underway for the likely demands of AIDS on the health care system.

The Working Group has also discussed, but would like Council guidance on the merits of the establishment of an AIDS Policy Board at the Cabinet level, and the appointment of a National AIDS Advisory Commission. The Public Health Service has recommended these steps, as explained at Tab 3.

The proposed AIDS Policy Board would be chaired by the Secretary of Health and Human Services and would include other cabinet members. It would set policy, develop strategies and guide implementation.

The PHS seeks this AIDS Policy Board as a means for structuring input and focusing the activities of the proposed National AIDS Advisory Commission. Further, the PHS notes the parallel to the recently established Drug Policy Board.

Other members of the Working Group have said they would prefer not to separate AIDS policy matters from the DPC process.

Also included in the PHS memorandum at Tab 3, is a proposal for appointment of a National AIDS Advisory Commission. Several bills, offered by members of both houses of Congress and of both parties, would mandate such an Advisory Commission. The idea of administratively establishing the Advisory Commission could be considered along with or separate from the consideration of an AIDS Policy Board.

In view of the likely congressional action requiring an AIDS Advisory Commission, the Working Group seeks your guidance on this matter. If a Commission were to be appointed, it could be a Presidential or a Secretarial Commission.

Leadership

The federal government has made AIDS a high priority and has focused government and public attention on AIDS.

Because of the growing magnitude of the problem of AIDS, and the obviously growing public concern, further leadership activities may be warranted, including involvement of the President.

The Working Group has discussed the merits of the President speaking to the nation on AIDS, to communicate the need for public education and individual responsibility. We believe the appropriate type and length for such a speech would be a Saturday radio address. Another occasion for a White House spokesman on AIDS is the upcoming International Conference on AIDS, which will be in Washington, D.C., June 1-5, 1987.

We seek your guidance on an appropriate communications strategy for the President on AIDS.

A Summary of Recommendations and Items for Further Discussion

The Working Group recommends that:

- o Scientific efforts for AIDS treatments, vaccines and tests should be continued;
- o The AIDS education plan should be implemented, with interagency coordination, in keeping with the President's guidelines on this subject;
- o Administrative efforts against AIDS should be pursued, including the assessment of AIDS demands on the health care system; and
- o Federal leadership should continue to make AIDS a top priority.

The Working Group suggests that the Council consider giving guidance on:

- o An AIDS educational mailing to every household in America;
- o The establishment of an AIDS Policy Board;
- o The appointment of a National AIDS Advisory Commission; and
- o An appropriate AIDS communications strategy for the President on AIDS.

The Working Group also suggests that, at a subsequent meeting, after the PHS presents its recommendations, the Council consider giving guidance on the many issues involved in possible further recommendations on AIDS virus antibody testing.

Memorandum

Date

MAR 19 1987

From Assistant Secretary for Health

Subject Responses to AIDS Policy Questions for DPC Health Policy Working Group

To DPC Health Policy Working Group

1. In what ways does the public health effort to control AIDS differ from the effort directed against other infectious diseases, and especially against other sexually-transmitted diseases (STDs), and why?
 - o The scientific and public health response to AIDS and infections with human immunodeficiency virus (HIV), the virus that causes AIDS, has been greater than that for any sexually transmitted infection in the past thirty years. During Fiscal Year 1987, \$416 million dollars in Federal funds are budgeted for research and prevention and control. In addition, several States and major cities have dedicated substantial funds for AIDS prevention.
 - o Unlike most STDs, the AIDS virus can be transmitted efficiently by parenteral means, through blood transfusion or needlesharing by drug users. Major public health efforts have been directed toward high risk donor deferral and antibody testing of donated blood and plasma.
 - o The Public Health Service has published 14 sets of consensus recommendations for prevention of AIDS, beginning in March, 1983.
 - o Since no vaccine or curative therapy is available, prevention of AIDS must come through behavior change achieved through health education and counselling to influence knowledge, beliefs, and attitudes.
 - o Contact tracing and partner referral have in the past been restricted to selected STDs, primarily syphilis and some subgroups of patients with gonorrhea, for which specific therapies are available, and infected individuals can transmit the infection to sexual partners for a limited period. These activities have not been previously undertaken for sexually transmitted viral infections such as genital herpes or hepatitis B, for which no curative therapy exists, and an infected individual may remain infectious for life. Due to the severity of AIDS, antibody testing and counselling are routinely recommended for persons at risk for AIDS virus infection. Referral of all sexual and needlesharing partners has been explicitly recommended for all persons infected with the AIDS virus.
 - o Fifty percent of AIDS cases in women, 65 percent in heterosexual men, and 75 percent in infants are directly or indirectly related to infection in IV drug abusers. Never before has control of an STD been so closely linked to control of intravenous use of heroin and cocaine.

2. & 3. What further steps should be taken with regard to testing for AIDS antibody positivity? What action should the Federal government, or other levels of government, take, using public health or other powers, to control the spread of AIDS?
- o In February, 1987, CDC held a conference of health officials from across the U.S. to discuss public health, medical and public policy issues about broader implementation of antibody testing for HIV. Broad agreement was reached on the need for wider testing for infection in programs for persons at risk for acquiring sexually transmitted diseases, drug dependent people, as well as their spouses and sexual partners, and sexual partners of people with HIV infection, provided it was voluntary and accompanied by adequate counseling and safeguards to keep results confidential. No formal recommendations were adopted at the meeting, but CDC will submit recommendations to the Assistant Secretary for Health by early April.
4. What is the medical evidence about modes of transmission?
- o HIV infections can be transmitted through three primary routes: sexual contact with an infected person, parenteral exposure to infected blood or blood products, and perinatal transmission from an infected mother to her child. Sexual transmission of HIV can occur during heterosexual or homosexual contact. Among heterosexuals, current evidence indicates that transmission can occur from women to men, and from men to women. HIV has been transmitted from infected donors to recipients of blood and clotting factor concentrates. Studies of intravenous drug users have suggested that HIV transmission occurs through the transfer of small amounts of blood during the sharing of needles. Perinatal transmission is thought to occur during pregnancy, at the time of birth, and possibly, shortly after birth.
 - o Ninety-seven percent of all patients with AIDS in the U.S. are known to belong to groups at risk for HIV infection through one of these routes of transmission. The proportion of all AIDS patients without recognized risk factors has not significantly increased over time.
 - o Four reports have documented seroconversion for HIV antibody in health care personnel through parenteral exposures to blood from infected persons. To assess the risk of HIV transmission through parenteral or mucous membrane exposures in health care settings, at least 5 studies have been conducted to determine the prevalence of HIV antibodies in over 1,000 health care workers with such exposures from HIV-infected patients (1-5; CDC, unpublished data).
 - o In developing countries, medical injections with contaminated needles are assumed to play a role in HIV transmission, but this has been difficult to quantitate (6).
 - o Both laboratory and epidemiologic data indicate that HIV transmission through oral secretions, if it occurs at all, is very unlikely.

- o To evaluate the risk of HIV transmission through casual contact, at least 10 studies in the United States have evaluated the risk of HIV infection in over 450 household or boarding school contacts of persons infected with HIV (7-9). Household members have had a variety of interactions with these infected persons, in some cases helping the infected person to bathe, dress or eat; household members have also shared toys (with infected children), household items (such as eating and drinking utensils) and facilities (such as the kitchen, bath and toilet). None of these studies has found serologic or virologic evidence of HIV transmission within households other than among sexual partners, children born of infected mothers, or household members who themselves had risk factors for AIDS.
- o Epidemiologic data uniformly indicate that HIV is not transmitted to persons by arthropods.

5. What actions should be taken now to prepare for future AIDS treatment demands on the health care system?

- o The Intragovernmental Task Force on AIDS Health Care Delivery was created at my request in November 1986. Dr. David Sundwall, Administrator, HRSA, is serving as Chairperson. The responsibility of the Task Force is to look at how health is being delivered to AIDS patients with particular emphasis on the quality of care; access; financing, integration of Federal, State and local roles; and the family. A report will be submitted to me in June regarding the findings and recommendations.
- o HRSA and the Robert Wood Johnson Foundation have funded some community demonstration projects to look at innovative ways of providing care for AIDS patients, reducing time in hospitals and emphasizing care in outpatient and community settings to provide more effective, compassionate care at reduced costs.
- o HCFA has also been involved in this area through its Medicaid and Medicare reimbursement program. Dr. Roper presented data on Medicaid and Medicare reimbursement costs during his testimony at Congressman Waxman's hearing on the cost of AZT.

6. What steps should the President be advised to take with regard to AIDS?

- o He could discuss the importance of the AIDS problem to this administration and promote the safety of blood donations during one of his Saturday radio programs;
- o He could give the keynote address at the Third International Conference on AIDS, on June 1, 1987, Washington, D.C. (The Secretary will be giving the closing remarks on June 5);
- o He could issue an executive order to the Cabinet calling for increased AIDS prevention efforts;

- o He could participate in some PSA's promoting the AIDS information/education effort;
- o He could provide leadership in the campaign to mail out AIDS leaflets to all U.S. households.



Robert E. Windom, M.D.

REFERENCES

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2. Weiss SH, Saxinger WC, Rechtman D, et al. HTLV-III infection among health care workers: Association with needle-stick injuries. *JAMA* 1985; 254: 2089-93.
3. McCray E, the Cooperative Needlestick Surveillance Group: Occupational risk of the acquired immunodeficiency syndrome among health care workers. *N Engl J Med* 1986; 314: 1127-32.
4. Henderson DK, Saah AJ, Zak BJ, et al. Risk of nosocomial infection with human T-cell lymphotropic virus type III/lymphadenopathy-associated virus in a large cohort of intensively exposed health care workers. *Ann Intern Med* 1986; 104: 644-7.
5. Gerberding JL, Bryant CE, Moss A, et al. Risk of acquired immune deficiency syndrome (AIDS) virus transmission to health care workers (HCW): Results of a prospective cohort study. Presented at the International Conference on Acquired Immunodeficiency Syndrome. Paris, France, June 23, 1986.
6. Quinn TC, Mann JM, Curran JW, Piot P. AIDS in Africa: An epidemiologic paradigm. *Science* 1986; 234: 955-963.
7. Rogers MF, White CR, Sanders R. Can children transmit HTLV-III/LAV infection? Presented at the International Conference on Antimicrobial Agents and Chemotherapy. New Orleans, Louisiana, October 1, 1986.
8. Kaplan JE, Oleske JM, Getchell JP, et al. Evidence against transmission of human T-lymphotropic virus type III/ lymphadenopathy-associated virus (HTLV-III/LAV) in families of children with the acquired immunodeficiency syndrome. *Ped Infect Dis* 1985; 4: 468-71.
9. Fischl MA, Dickinson GM, Scott GB, Klimas N, Fletcher MA, Parks W. Evaluation of heterosexual partners, children and household contacts of adults with AIDS. *JAMA* 1987; 257: 640-44.

WHY ARE YOU BEING SENT THIS LEAFLET ? 1

This leaflet is being sent to every household in the country. It is about AIDS. And everyone now needs to know the facts. It explains what the disease is. How it is spread. How serious a threat it is. And how it can be avoided.

Because it has to deal with matters of health and sex, you may find some of the information disturbing. But please make sure that everyone who may need this advice reads this leaflet.

The more people know about AIDS, the less likely it is to be spread.

So if you have children, think carefully what they need to know. Whether you approve or not, many teenagers do have sex and some may experiment with drugs.

Even if you think your children don't, they will need advice because they may have friends who encourage them to.

WHY SHOULD YOU BE CONCERNED ABOUT AIDS ? 2

Any man or woman can get the AIDS virus depending on their behaviour. It is not just a homosexual disease.

There is no cure. And it kills.

By the time you read this, probably 300 people will have died in this country. It is believed that a further 30,000 carry the virus. This number is rising and will continue to rise unless we all take precautions.

WHAT IS AIDS ? 3

AIDS is caused by a virus. This can attack the body's defence system which normally helps fight off diseases and infections.

And if this happens people can then develop AIDS - the disease itself. They become ill and die from illnesses they cannot fight off.

HOW DO YOU BECOME INFECTED ? 4

Because the virus can be present in saliva and vaginal fluid, this means for most people the only real danger comes through having sexual intercourse with an infected person. This means vaginal or anal sex. (It could also be that oral sex can be risky particularly if semen is taken into the mouth.)

So the virus can be passed from man to man, man to woman and woman to man.

For those who inject drugs, there is the added risk from sharing needles or equipment with someone who is infected.

Finally, babies born to mothers who are infected have a high chance of being born with the virus.

HOW CAN YOU PROTECT YOURSELF FROM AIDS ? 5

Most people who have the virus don't even know it. They may look and feel completely well. So you cannot know who is infected and who isn't. To protect yourself follow these guidelines.

The more sexual partners you have, especially male partners, the more chance you have of having sex with someone who is infected. It is safest to stick to one faithful partner.

FEWER PARTNERS, LESS RISK.

Unless you are sure of your partner, always use a condom (sheath or rubber). This will reduce the risk of catching the virus.

USE CONDOMS FOR SAFER SEX.



It's also best to use a water-based lubricating gel with the condom. Oil based lubricating gels can weaken the rubber. Ask your chemist for advice.

The contraceptive pill is no protection against AIDS.

Anyone who misuses drugs should not inject. If you ever do, never share equipment (needles, syringes, mixing bowls, etc.). You could be injecting the virus straight into your blood stream. It is extremely dangerous.



DON'T INJECT. NEVER SHARE.

IF YOU THINK YOU ARE INFECTED ? 6

If you think you may be infected go to your family doctor for advice about having a test. Or go direct to a clinic for sexually transmitted diseases for confidential advice and a test if you wish. If you have the virus, they'll let you know and give you help and support.

WHAT ABOUT THINGS THAT PIERCE THE SKIN ? 7

It is *not* safe to use equipment for ear-piercing, tattooing or acupuncture unless you know it is unused or has been sterilised. No, it is not safe to share a toothbrush or razor of someone who is infected. These things could give you the virus through infected blood.

**WHAT CAN'T
YOU CATCH
THE VIRUS
FROM**

**?
8**

The Government's clear medical advice is that you cannot get the AIDS virus from normal social contact with someone who is infected.

You cannot get it from shaking hands. Nor is there any record of anyone becoming infected through kissing.

There is no danger in sharing cups or cutlery. Nor can you catch it from public baths or toilets.

In hospitals, standard disinfection precautions protect patients, visitors and staff.

Giving blood is safe. All the equipment is only used once.

And all the blood used in this country for blood transfusion is rigorously checked.

**HOW SAFE
IS IT
ABROAD**

**?
9**

The AIDS virus exists throughout the world. In certain areas a large number of both men and women have it.

So it is even more important that you follow the advice in this leaflet if you're going abroad.

Otherwise if you do have sex with someone who is not your usual partner, not only might you become

infected, but you may also infect your partner when you return home.

Again, in some countries blood transfusions are not checked for the AIDS virus. In those places where the virus is widespread do not, if you can possibly avoid it, have blood from a local donor.

Also, in certain developing countries, medical equipment may not be properly sterilised. If you can, avoid any treatment involving injections and surgical procedures.

If you have any worries about this, discuss them with your family doctor.

**DO YOU
NEED MORE
INFORMATION**

**?
10**

The picture about AIDS is that, at present, relatively few have the virus in this country. Those most at risk now are men who have anal sex with other men. Drug misusers who share equipment. Anyone with many sexual partners. And sexual partners of any of these people.

But the virus *is* spreading. And as it does, so the risk of having sex with someone who is infected increases.

Ultimately, defence against the disease depends on all of us taking responsibility for our own actions.

More detailed information is available from:
Your own doctor.

Clinics for sexually transmitted diseases. (Look in the phone book under Venereal or Sexually Transmitted Diseases or your nearest main hospital.)

Healthline Telephone Service 01-981 2717, 01-980 7222, 0345-581151. (If you're phoning from outside London, use the 0345 number and you'll be charged at local rates.)

Terrence Higgins Trust 01-833 2971.

Welsh AIDS Campaign 0222-464421.

Scottish AIDS Monitor 031-558 1167.

London Lesbian and Gay Switchboard 01-837 7324.

SCODA (Standing Conference on Drug Abuse) 01-430 2341.

For a copy of the more detailed booklet AIDS: What Everybody Needs to Know, write to Dept. A, PO Box 100, Milton Keynes, MK11TX. (In Scotland write for The AIDS Problem: What Everybody Needs to Know, to the Scottish Health Education Group, Woodburn House, Canaan Lane, Edinburgh EH10 4SG.)

If you're travelling abroad, read leaflet SA35, Protect Your Health Abroad, available from travel agents.

D O N ' T A I D A I D S

Produced by the Department of Health and Social Security, London. For further information contact 01-981 2717.

AIDS

**DON'T DIE
OF
IGNORANCE**

GOVERNMENT INFORMATION 1987

MAR 20 1987

Assistant Secretary for Health

Improving AIDS Policy Oversight

The Under Secretary

Through: COS _____
ES _____

The AIDS issue is growing rapidly in terms of both national and international importance. The number of AIDS cases has reached 30,000 and as many as 1.5 million Americans are estimated to be infected with the virus. We are requesting over \$900 million in the Fiscal Year 1988 DHHS budget for this disease. If the activities of other Federal Agencies (DOO, the VA, and DOL) are added to this, the total Federal request is over \$1 billion.

As the dimensions of this disease have increased, significant medical, social, economic, and ethical issues have arisen. The National Academy of Sciences, the Congress, and others have recommended that the growing problem demands a broader form of oversight that goes beyond the Department, and I would agree.

Accordingly, I am proposing a new integrated management structure (Tab A). It features a National AIDS Policy Board (Tab B). Chaired by Secretary Bowen, the Policy Board would have as members, cabinet level Federal officials. It would address the complex policy decisions that cut across Federal agencies. It would set policy, develop strategies, and guide implementation. Actual implementation of the policy will take place within the appropriate departments and agencies. Within this Department, a National AIDS Program Office will be responsible for implementation. We are currently exploring the structure and staffing requirements for such an office.

In addition to the Policy Board, I recommend the establishment of a National AIDS Advisory Commission similar to that proposed in the various bills before Congress. The Commission (Tab C) would be composed of non-Federal members with

Page 2 - The Under Secretary

expertise in AIDS or in problem solving and would address the broad societal issues related to AIDS. Issues for consideration would be identified by the Policy Board.

I believe that it is critical to establish the Policy Board before legislation creating a Commission is passed. The Board can provide the Commission with direction and limit its tendency to become a vehicle for interest groups to lobby for increased but uncoordinated funding.

I would like to see this management structure put in place and would welcome the chance to discuss it with you.

/s/ Robert E. Window

Robert E. Window, M.D.

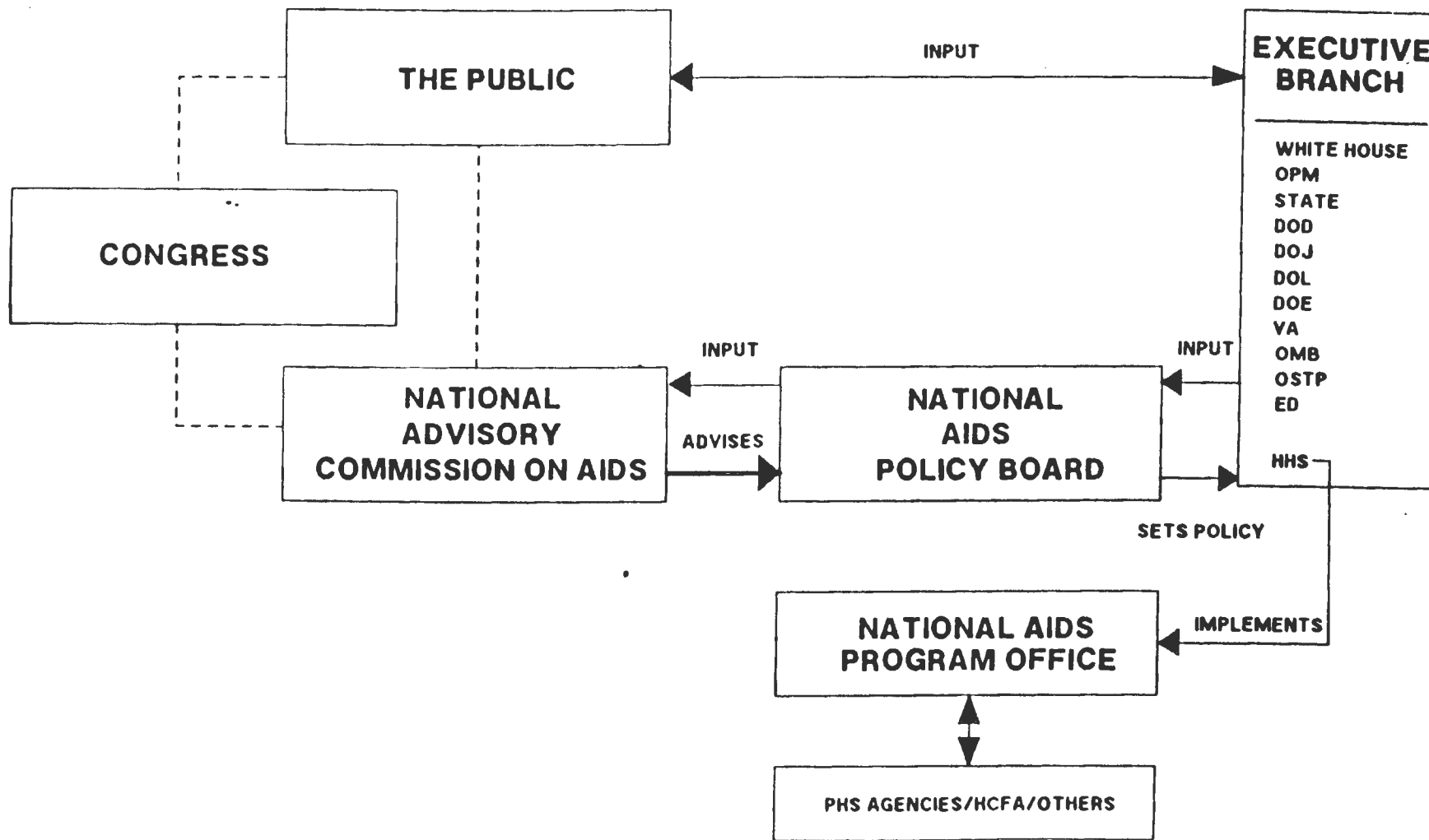
3 Attachments

Tab A: Diagram

Tab B: National AIDS Policy Board Specifications

Tab C: National Advisory Commission on AIDS Specifications

AIDS FLOW CHART



NATIONAL AIDS POLICY BOARD

Purpose

The purpose of this advisory board is to assist the President, Federal agencies, and the Secretary of the Department of Health and Human Services in guiding and coordinating the Administration's efforts against AIDS.

The high level board will address the major policy issues regarding AIDS that cut across the purviews of Federal agencies and make recommendations on these complex decisions.

The board will also assure coordination on major AIDS program and policy initiatives in the various departments and agencies of the Federal Government. Initiatives requiring such coordination may include:

- Educational activities, such as the introduction of AIDS education into schools as part of an AIDS prevention strategy;
- Medical service delivery issues that affect veterans, the military, as well as civilians;
- Legal issues, such as those involving employability of AIDS patients;
- Ethical issues, such as whether to expand screening/testing; and to what groups; and
- International issues, such as whether to add AIDS to the list of diseases that would preclude aliens from entering the United States.

Structure

The Board would be a Secretarial level advisory body chaired by the Secretary of Health and Human Services.

Relevant issues would be brought to the Board by the Chair, members, the National Advisory Commission on AIDS, or the Assistant Secretary for Health, who chairs the PHS Executive Force on AIDS and the AIDS Federal Coordinating Committee.

Membership

The Board membership will include representatives from the President's staff, the Vice President's, and the Secretary or Director of the following departments and agencies:

- Department of Health and Human Services;
- Department of Defense;
- Department of Justice;
- Department of Labor;
- The State Department;
- Department of Education;
- The Veterans Administration;
- The Science Advisor to the President (OSTP);
- The National Science Foundation;
- The Office of Management and Budget;
- The Office of Personnel Management; and
- The Federal Communications Commission.

Staff

Staff to the Board will be provided by the National AIDS Program Office within the Department of Health and Human Services.

SPECIFICATIONS FOR A NATIONAL ADVISORY COMMISSION ON AIDS

Purpose

- o The purpose of the body is to advise the President, the Congress and the National AIDS Policy Board on how well society (including both public and private entities) is conducting the efforts against AIDS.
- o The advisory body would be primarily concerned with broad areas of societal concern, philosophy, and policy issues which may include:
 - monitoring policies and programs designed to reduce the incidence of AIDS;
 - reviewing the efforts of State and local health agencies to combat AIDS;
 - considering legal and ethical issues surrounding AIDS;
 - investigating potential civil rights violations of persons having AIDS;
 - exploring the problems encountered by individuals having AIDS; i.e., employment, housing, insurance, medical care, and confidentiality;
 - reviewing issues of the quality of and access to health care services;
 - encouraging private organizations, including businesses, and print and broadcast media, to participate in activities to expand Federal efforts on education and information;
 - identifying public and private financial resources available to prevent and treat AIDS, and
 - encouraging national consensus building on controversial issues (e.g., AIDS education in elementary and secondary schools).
- o The National AIDS Policy Board would identify specific aspects/issues for consideration by the Commission.

Structure

- o The Commission would be a "blue ribbon" advisory body reporting to the National AIDS Policy Board.
- o The Commission would be a chartered group. It would be established with a two-year renewable charter.
- o The Commission would meet quarterly, and could be called into additional sessions, if needed.

Membership

- o The Commission would have as members 15 "blue ribbon" experts. As a criterion, expertise in problem solving would be as important as expertise in various aspects of AIDS. The President in consultation with the Congress and the Secretary, DHHS, would select the members and the chairperson.
- o Members might be drawn from the following broad categories (n.b. there are more categories than members thus many of the members would need to be able to represent more than one of these categories) including:
 - a Governor or State health official;
 - a State legislator;
 - a local health official or mayor;
 - an international representative;
 - a former ASH;
 - current or former members of Congress;
 - an AIDS center official;
 - a hospice administrator or social services administrator;
 - a representative of the gay community;
 - an American Medical Association official;
 - an American Hospital Association official;
 - a "distinguished" lawyer or former jurist;

- a college president;
 - a school educator;
 - a civil rights or human rights expert;
 - an ethicist;
 - a religious leader;
 - a representative of the insurance industry;
 - a representative of the pharmaceutical industry;
 - a clinician/researcher;
 - a blood bank official;
 - a public "personality";
 - a media expert;
 - a member of the IOM panel that issued the recent report on AIDS; and
 - a union/labor representative.
- o As directed by the National AIDS Policy Board, the Commission could hold several regional meetings, which would be well advertised and open to the public. The purpose of these meetings would be to facilitate discussion of different problems/issues encountered in the various geographical regions.

Staff

- o Staff for the Commission would be provided by the National AIDS Program Office within HHS.

Budget

- o A financial operating plan would need to be developed, but the annual cost could be expected to be approximately \$1 million. Funds would come from the existing DHHS AIDS budget.

Report

- o An annual report to the Secretary, DHHS, the President and the Congress on the Commission's deliberations would be required.