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ADDRESS

BY

C. EVERETT KOOP, MD, ScD

SURGEON GENERAL

OF THE

U. S. PUBLIC HEALTH SERVICE

AND

DEPUTY ASSISTANT SECRETARY OF HEALTH

U. S. DEPARTMENT OF HEALTH AND HUMAN SERVICES



PRESENTED TO THE ANNUAL MEETING OF THE

NATIONAL SCHOOL BOARDS ASSOCIATION

SAN FRANCISCO, CALIFORNIA

APRIL 4, 1987

(GREETINGS TO HOSTS, GUESTS, FRIENDS, ETC.)

IT'S MY PLEASURE TO BE HERE THIS AFTERNOON TO ADDRESS ONE OF THE MOST IMPORTANT NATIONAL ORGANIZATIONS IN AMERICAN EDUCATION. THE EDUCATION OF OUR CHILDREN IS ABSOLUTELY CRUCIAL TO OUR EFFORTS AT CONTROLLING THE SPREAD OF AIDS, ONE OF THE DEADLIEST AND ALSO ONE OF THE MOST MYSTERIOUS DISEASES TO STRIKE MANKIND IN MANY, MANY YEARS.

HENCE, I LOOK UPON THIS OPPORTUNITY TO SPEAK HERE TODAY AS ONE OF THE MOST IMPORTANT PRESENTATIONS I WILL MAKE THIS YEAR.

FIRST OF ALL, SINCE THERE'S BEEN SO MUCH INTERPRETATION AND MISINTERPRETATION OF THE FACTS ABOUT AIDS, LET ME QUICKLY RUN THROUGH THEM NOW. THIS IS HOW THINGS STAND...AND I SHOULD ADD, AS OF NOON TODAY.

IT'S HARD TO BELIEVE, BUT IT HASN'T BEEN 6 YEARS SINCE THE FIRST REPORTS OF THIS STRANGE DISEASE WERE RECEIVED BY OUR CENTERS FOR DISEASE CONTROL IN ATLANTA. YET, IT SEEMS LIKE AN ETERNITY.

SINCE 1981 WE'VE SEEN THE OFFENDING VIRUS IN A MICROSCOPE AND WE'VE NAMED AND RENAMED IT. IT'S CURRENT BIOMEDICAL NAME IS "HUMAN IMMUNODEFICIENCY VIRUS," OR H.I.V.

A SCREENING TEST WAS ALSO DEVELOPED TO DETERMINE IF THE VIRUS IS PRESENT IN SOMEONE'S BLOOD. BOTH WE AND THE FRENCH SHARE THE CREDIT FOR THAT.

AND I SHOULD ADD THAT THE TEST IS VERY GOOD. PRIOR TO THIS TEST, THE AIDS VIRUS WAS TURNING UP IN SOMETHING LIKE 4 UNITS OF EVERY 10,000 UNITS OF BLOOD COLLECTED. TODAY, WE ESTIMATE THAT THE AIDS VIRUS MIGHT BE PRESENT IN NOT MORE THAN 4 OR 5 UNITS OUT OF EVERY ONE MILLION UNITS COLLECTED.

IS THAT GOOD OR BAD? WELL, I HAVE TO TELL YOU THAT I KNOW OF VERY FEW PROCESSES IN THE PUBLIC HEALTH ARENA THAT COME ANYWHERE NEAR THAT CLOSE TO PERFECTION. AS YOUR SURGEON GENERAL, I AM SATISFIED THAT THE AMERICAN BLOOD SUPPLY, RELATIVE TO AIDS, IS THE SAFEST IN THE WORLD. THAT GOES FOR AIDS...AND IT GOES FOR EVERYTHING ELSE, TOO.

ALSO, IN THE PAST 6 YEARS WE'VE BEEN ABLE TO GALVANIZE A LARGE, INTERNATIONAL ARMY OF BIOMEDICAL RESEARCHERS TO WORK ON UNLOCKING THE SECRETS OF THIS DISEASE. HERE IN THE UNITED STATES, THE FEDERAL GOVERNMENT ALONE IS SPENDING OVER \$300 MILLION IN AIDS RESEARCH THIS YEAR AND THE PRESIDENT HAS ASKED CONGRESS FOR MORE THAN \$400 MILLION FOR RESEARCH FOR 1988.

THOSE ARE YOUR TAX DOLLARS, OF COURSE...BUT I WANT TO ASSURE THAT, IN THIS CASE ANYWAY, THEY'RE BEING WELL-SPENT.

AND FINALLY, OVER THE PAST 6 YEARS WE'VE DEVELOPED A WAY OF MONITORING THE SPREAD OF THE DISEASE THROUGH AN INTRICATE NATIONAL AND INTERNATIONAL SYSTEM OF EPIDEMIOLOGICAL REPORTING. THIS IS EXTREMELY IMPORTANT, BECAUSE IT PROVIDES US WITH OUR ONLY BASIS FOR ESTIMATING WHAT THE IMPACT OF THIS DISEASE IS -- AND WILL BE -- UPON OUR HEALTH CARE SYSTEM AND UPON OUR SOCIAL INSTITUTIONS THEMSELVES...NOW AND, I'M AFRAID, FOR YEARS TO COME.

IT'S BECOMING QUITE CLEAR TO US THAT THE DISEASE OF AIDS -- AS IT CONTINUES TO SPREAD THROUGHOUT OUR POPULATION -- WILL BE DRAWING EVER MORE HEAVILY NOT ONLY UPON THIS COUNTRY'S MEDICAL AND FINANCIAL CAPITAL, BUT ALSO UPON OUR SOCIAL AND POLITICAL CAPITAL.

JUST HOW SERIOUS IS THIS EPIDEMIC ANYWAY. ONE LOOK AT THE NUMBERS SHOULD LEAVE YOU PROFOUNDLY IMPRESSED.

IT ALL BEGAN WITH ONLY 5 CASES OF PATIENTS IN LOS ANGELES. THESE WERE REPORTED IN JUNE 1981. AS OF LAST WEEK, THE END OF MARCH OF 1986, THE CUMULATIVE TOTAL OF AMERICANS WHO HAVE HAD AIDS HAS PASSED THE 33,000 MARK.

OVER HALF OF THEM HAVE ALREADY DIED OF THE DISEASE. MOST OF THE REST APPARENTLY WILL.

LAST YEAR MORE THAN 13,000 NEW CASES WERE ADDED TO THE TOTAL. THIS YEAR WE EXPECT ANOTHER 23,000 CASES.

BY THE MIDDLE OF 1991 -- A DECADE AFTER THOSE FIRST 5 REPORTS CAME IN FROM LOS ANGELES -- WE EXPECT THAT A QUARTER OF A MILLION AMERICANS WILL HAVE CONTRACTED AIDS...A DISEASE THAT, SO FAR, HAS A MORTALITY RATE OF 100 PERCENT.

MAKE NO MISTAKE ABOUT IT. AIDS IS FATAL AND IT IS SPREADING.

ANOTHER THING WE KNOW WITH SOME CERTAINTY IS THAT THE AIDS VIRUS IS TRANSMITTED FROM ONE PERSON TO ANOTHER EITHER IN BLOOD OR IN SEMEN. NO OTHER BODILY FLUIDS -- TEARS, SALIVA, OR PERSPIRATION, FOR EXAMPLE -- HAVE THE CONCENTRATION THAT THE VIRUS SEEMS TO REQUIRE.

WE HAVE NOT ONE SUBSTANTIATED CASE OF THE VIRUS BEING TRANSMITTED BY COUGHING OR SNEEZING...BY FOOD UTENSILS OR WATER GLASSES...BY TOILET SEATS, AND SO ON.

THIS IS WHY THE U.S. PUBLIC HEALTH SERVICE HAS ADVISED THE EDUCATIONAL COMMUNITY THAT THERE IS NO SCIENTIFIC, MEDICAL, OR PUBLIC HEALTH REASON FOR BARRING OR ISOLATING A PERSON WITH THE VIRUS FROM ANY ROUTINE SCHOOL ACTIVITY.

I HAVE TO SAY, THEREFORE, THAT A DECISION TO BAR A CHILD FROM SCHOOL BECAUSE HE OR SHE HAS TESTED POSITIVE FOR AIDS IS NOT A PUBLIC HEALTH DECISION.

SOME OF YOU MAY FEEL YOU HAVE TO MAKE SUCH A DECISION AND THAT IT IS WISE AND NECESSARY TO DO SO. THAT MAY OR MAY NOT BE SO. BUT THE REASON HAS TO BE SOMETHING OTHER THAN HEALTH BECAUSE -- PURELY ON THE GROUNDS OF PUBLIC HEALTH -- IT WOULD NOT BE A VERY GOOD DECISION AT ALL.

AS I STATED IN MY REPORT, SUCH DECISIONS SHOULD BE MADE ON AN INDIVIDUAL CASE-BY-CASE BASIS. IT IS A BALANCING ACT BETWEEN THE NEEDS OF MANY CHILDREN AND THE RIGHTS OF A FEW. RESPECTING AND HONORING THE CONFIDENTIALITY OF THE CHILD AND HIS OR HER FAMILY ARE PARAMOUNT ACTIONS...BUT THEY DO CONFLICT, AT TIMES, WITH THE NEED TO PROTECT THE JUVENILE VICTIM.

THE PECULIAR CHARACTERISTIC OF THE AIDS VIRUS ALSO EXPLAINS WHY TWO-THIRDS OF ALL AIDS VICTIMS ARE HOMOSEXUALS OR BISEXUAL MEN. SOME SEX PRACTICES AMONG THESE MEN NOT ONLY PRODUCE SEMEN, BUT THEY CAN ALSO CAUSE BLEEDING. AS BLOOD AND SEMEN ARE EXCHANGED BETWEEN PARTNERS, THE VIRUS MAY BE TRANSMITTED.

NOW, THERE'S A DISTINCTION HERE THAT NEEDS TO BE UNDERSTOOD BY US ALL. I'VE SAID MANY TIMES -- AND I'LL REPEAT IT AGAIN HERE -- THAT "WE'RE FIGHTING A DISEASE...NOT PEOPLE." WE'RE FIGHTING A VIRUS THAT HAS NOVEL BIOPHYSICAL CHARACTERISTICS AND REQUIREMENTS ...WE ARE NOT AT WAR WITH A LIFESTYLE.

SOME MEMBERS OF THE PUBLIC GENUINELY MISTAKE A GIVEN LIFESTYLE AS BEING -- ITSELF -- THE CAUSE OF AIDS. BUT THERE'S NOT A SHRED OF SCIENTIFIC TRUTH TO THAT.

NEITHER HOMOSEXUALITY NOR HETEROSEXUALITY PER SE IS THE ISSUE.

I KNOW THIS IS MUCH EASIER FOR ME, TRAINED IN SCIENCE AND MEDICINE, TO EXPLAIN TO YOU THAN IT MAY BE FOR YOU -- AND FOR PARENTS AND SCHOOL PERSONNEL -- TO UNDERSTAND...AND ACCEPT.

BUT THE TRUTH IS THE TRUTH...AND WE AMERICANS HAVE ALWAYS CHOSEN TO FOLLOW THE TRUTH, NO MATTER HOW UNCOMFORTABLE THAT MAY BE, RATHER THAN FOLLOW AN UNTRUTH, NO MATTER HOW EASY THAT MIGHT BE.

BELIEVE ME, THIS IS NO ROSE GARDEN. BUT THERE IT IS.

THE SECOND LARGEST GROUP OF CARRIERS OF THE AIDS VIRUS -- ABOUT ONE-FOURTH OF THE TOTAL -- ARE DRUG ABUSERS WHO BORROW DIRTY INTRAVENOUS NEEDLES OR OTHER CONTAMINATED PARAPHERNALIA FROM OTHER ADDICTS WHO ALREADY HAVE AIDS.

NOW IT ALSO HAPPENS THAT A THIRD OF THESE DRUG ABUSERS ARE ALSO HOMOSEXUALS...MEN WHO'VE VASTLY INCREASED THEIR RISK OF AN EARLY DEATH.

HOMOSEXUALS, BISEXUAL MEN, AND INTRAVENOUS DRUG ABUSERS COMPRISE THE VAST MAJORITY OF AIDS VICTIMS SO FAR. BUT, AS YOU MAY KNOW BY NOW, THIS IS NO LONGER AN EXCLUSIVE CLUB.

LATELY THERE'S BEEN A RISE IN THE NUMBER OF AIDS CASES REPORTED AMONG HETEROSEXUAL MEN AND WOMEN WHO ARE NOT I.V. DRUG ABUSERS.

IN FACT, THE EVIDENCE SUGGESTS THAT THEIR HETEROSEXUAL ACTIVITY ALONE SEEMS TO BE THEIR SINGLE RISK FACTOR.

AS OF LAST WEEK, ABOUT 4 PERCENT OF ALL AIDS REPORTS SO FAR INVOLVED THESE TYPES OF HETEROSEXUAL MEN AND WOMEN. 1,200 CASES. YOU MIGHT SAY, "THAT'S NOT MUCH."

HOWEVER, WHILE THE OVERALL NUMBER OF AIDS CASES WILL PROBABLY INCREASE 9-FOLD OVER THE NEXT FIVE YEARS, THE NUMBER OF AIDS CASES INVOLVING HETEROSEXUALS WILL INCREASE ABOUT 20-FOLD.

ANOTHER FACT THAT IS EMERGING WITH MORE CLARITY IS THE INCIDENCE OF THE DISEASE AMONG BLACKS AND HISPANICS. IN THE POPULATION GENERALLY, 1 OF EVERY 8 AMERICANS IS BLACK...BUT AMONG AMERICANS WITH AIDS, 1 OF EVERY 4 IS BLACK: 24 PERCENT OF THE TOTAL CASES REPORTED SO FAR.

ONE OF EVERY 12 AMERICANS IS HISPANIC...BUT 1 OF EVERY 7 AMERICANS WITH AIDS IS HISPANIC. ALSO, ABOUT A THIRD OF ALL BLACK AND HISPANIC AIDS VICTIMS ARE I.V. DRUG ABUSERS, WHICH IS ALSO DISPROPORTIONATE.

AND ONE FURTHER NOT OF TRAGEDY. MORE THAN HALF THE NUMBER OF INFANTS WITH AIDS ARE BLACK AND ANOTHER 24 PERCENT ARE HISPANIC. AGAIN, THESE ARE HIGHLY DISPROPORTIONATE FIGURES.

NINE OUT OF 10 OF THOSE BLACK AND HISPANIC CHILDREN WITH AIDS GOT THE VIRUS FROM THEIR INFECTED MOTHERS EITHER IN UTERO OR DURING DELIVERY.

AND JUST TO INCREASE OUR SENSE OF HORROR AT THIS CATASTROPHE OCCURRING IN THE BLACK AND HISPANIC COMMUNITIES, WE SUSPECT THAT THESE CASES ARE VASTLY UNDER-REPORTED.

WHAT DO ALL THESE PIECES OF INFORMATION SUGGEST? I THINK THEY MEAN THAT THE DEMOGRAPHY OF THE DISEASE OF AIDS IS CHANGING ...AND DRAMATICALLY.

AT ONE TIME WE WERE CONCERNED PRIMARILY -- ALMOST EXCLUSIVELY -- WITH THE POPULATIONS AT RISK HERE IN SAN FRANCISCO, IN LOS ANGELES, AND IN NEW YORK CITY. AND THESE CITIES STILL HAVE THE HIGHEST NUMBERS OF AIDS CASES, TO BE SURE.

BUT THEY'RE NO LONGER ALONE. OTHER CITIES AND STATES ARE SHOWING A RISE IN CASES, TOO. HERE ARE SOME EXAMPLES OF THE SPREAD:

HOUSTON HAD 77 CASES IN 1983, BUT IT REPORTED 428 LAST YEAR.

DALLAS HAD ONLY 26 AIDS CASES IN 1983; IT HAD 284 LAST YEAR.

ATLANTA HAD 25 THEN AND 221 LAST YEAR.

BOSTON, 38...AND 187 LAST YEAR.

IN ALL, 17 CITIES HAVE EACH REPORTED MORE THAN 300 CASES OF AIDS SINCE THE COUNTING BEGAN IN 1981.

AS OF TODAY, AT LEAST 1 OR MORE CASES HAVE BEEN REPORTED IN ALL 50 STATES, GUAM, THE TRUST TERRITORY, THE VIRGIN ISLANDS, AND THE DISTRICT OF COLUMBIA.

COLORADO, FOR EXAMPLE, HAD 176 NEW CASES DURING THE PAST 12 MONTHS, MARCH '86 TO MARCH '87.

OHIO HAD 179 DURING THE SAME PERIOD.

ARKANSAS...32.

MISSISSIPPI...28. AND SO ON.

I BEGAN MY REMARKS THIS AFTERNOON BY SAYING THAT I CONSIDER THIS OPPORTUNITY ONE OF THE MOST IMPORTANT I'LL HAVE ALL YEAR. AND THESE FIGURES ARE PART OF THE REASON.

I WANT TO ALERT ALL OF YOU -- FROM WHATEVER STATE OR TERRITORY...FROM WHATEVER MAJOR CITY OR SMALL TOWN -- THAT THE DISEASE OF AIDS IS NO LONGER "POSSIBLY HEADED IN YOUR DIRECTION."

IT HAS PROBABLY ALREADY ARRIVED.

THE UNRELENTING SPREAD OF THIS DISEASE OVER FOR THE PAST 6 YEARS HAS CARRIED IT FURTHER AND DEEPER INTO OUR SOCIETY AND WE SIMPLY AREN'T YET ABLE TO SLOW IT DOWN, MUCH LESS STOP IT ALTOGETHER.

IT IS ESSENTIAL, THEREFORE, THAT THE AMERICAN PEOPLE HAVE A CLEAR UNDERSTANDING OF THE THREAT POSED TO THEM BY THIS DISEASE AND ARE, THEMSELVES, READY TO FIGHT BACK.

IT WAS, BY THE WAY, FOR THAT VERY PURPOSE -- THAT IS, TO INCREASE PUBLIC UNDERSTANDING -- THAT PRESIDENT REAGAN ASKED ME, BACK IN FEBRUARY 1986, TO PULL TOGETHER EVERYTHING WE KNEW ABOUT AIDS AND PUT IT ALL DOWN IN A PLAIN-ENGLISH REPORT TO THE AMERICAN PEOPLE.

FOR 8 MONTHS -- FEBRUARY THROUGH SEPTEMBER OF LAST YEAR -- I MET QUIETLY AND PRIVATELY WITH INDIVIDUALS AND GROUPS FROM ACROSS THE SPECTRUM OF SOCIETY...

GROUPS LIKE THE NATIONAL EDUCATION ASSOCIATION, THE P.T.A.,
AND THE STATE BOARDS OF EDUCATION...

I MET WITH THE CHRISTIAN LIFE COMMISSION OF THE SOUTHERN
BAPTIST CONVENTION AND THE SYNAGOGUE COUNCIL OF AMERICA...

I MET WITH THE NATIONAL COALITION OF BLACK AND LESBIAN GAYS
AND THE WASHINGTON BUSINESS GROUP ON HEALTH.

I MET WITH 26 GROUPS IN ALL.

THEY WERE ALL EXTRAORDINARILY HELPFUL. EACH ONE PLEDGED TO
DO WHATEVER WAS NECESSARY TO DISTRIBUTE MY REPORT ACROSS THE
LENGTH AND BREADTH OF AMERICA. AND MANY OF THEM ALREADY HAVE.

AFTER 8 MONTHS OF LISTENING AND WRITING, I DELIVERED MY REPORT TO THE WHITE HOUSE LATE LAST SEPTEMBER. THE DOMESTIC POLICY COUNCIL ACCEPTED IT...AND, OF COURSE, THE PRESIDENT ACCEPTED IT.

SO FAR THAT REPORT HAS ACCOMPLISHED TWO THINGS:

FIRST, IT HAS IMPRESSED THE COUNTRY GENERALLY THAT AIDS IS INDEED EVERYBODY'S PROBLEM. SOME PEOPLE DID NOT WANT TO BELIEVE THAT.

NOW THEY MUST.

SECOND, THE REPORT MAKES CLEAR THAT, IN ORDER TO END THE CHAIN OF TRANSMISSION OF THIS DISEASE ONCE AND FOR ALL, WE NEED TO TEACH OUR YOUNG PEOPLE THE FACTS ABOUT AIDS AND ABOUT THEIR OWN SEXUALITY. THE OBJECTIVE IS TO MAKE THEM A LOT MORE RESPONSIBLE IN THEIR RELATIONSHIPS THAN THEIR ELDERS HAVE BEEN.

WHAT MIGHT SUCH AN EDUCATION PROGRAM SAY? WHO SHOULD SAY IT? WHO SHOULD HEAR IT? AND WHEN SHOULD THEY HEAR IT?

THOSE ARE THE KEY QUESTIONS. AND LET ME ASSURE YOU THAT WE IN PUBLIC HEALTH AND IN THE FEDERAL GOVERNMENT LOOK TO YOU -- NOT TO OURSELVES -- FOR THE ANSWERS.

MAY I, HOWEVER, BE PERMITTED A PERSONAL STATEMENT. BEFORE AIDS EDUCATION BEGINS, A CHILD SHOULD BE GIVEN INFORMATION RELATIVE TO HIS OR HER OWN SEXUALITY. AND INSTEAD OF CALLING IT "SEX EDUCATION," I'D LIKE IT CALLED SOMETHING LIKE STUDIES IN HUMAN DEVELOPMENT.

I THINK CHILDREN SHOULD BE LEARNING ALL ABOUT THEMSELVES... THEIR UNBELIEVABLE COMPLEXITY, AND ESPECIALLY OF THEIR OWN GREAT VALUE. IF THEY ARE PROPERLY TAUGHT THEIR OWN WORTH, WE CAN EXPECT THEM TO TREAT THEMSELVES...AND OTHERS...WITH GREAT RESPECT.

HUMAN DEVELOPMENT INSTRUCTION SHOULD KEEP PACE WITH -- AND NOT ANTICIPATE -- THEIR INDIVIDUAL DEVELOPMENT AND CURIOSITY.

EDUCATION IN THIS COUNTRY HAS BEEN AND MUST CONTINUE TO BE A CONCERN AND RESPONSIBILITY OF STATES AND COMMUNITIES. WHAT I OFFER YOU TODAY -- I SINCERELY HOPE -- IS INFORMATION FOR YOUR GUIDANCE. WHAT YOU DO WITH IT IS -- LITERALLY AND LEGALLY -- YOUR BUSINESS.

THE FEDERAL ROLE, HOWEVER, IS IMPORTANT AS FAR AS GETTING FACTUAL, SCIENTIFICALLY ACCURATE INFORMATION INTO THE HANDS OF YOUR TEACHING STAFF. AND I CAN TELL YOU THAT THIS YEAR THE PUBLIC HEALTH SERVICE IS INVESTING A MILLION DOLLARS IN JUST SUCH AN ACTIVITY: GETTING YOU THE FACTS. HERE ARE SOME EXAMPLES:

* LAST DECEMBER OUR CENTERS FOR DISEASE CONTROL, THE LEAD AGENCY IN OUR EDUCATIONAL EFFORTS, BROUGHT TOGETHER AN AD HOC GROUP OF ADVISORS DRAWN FROM ORGANIZATIONS SUCH AS THE AMERICAN ACADEMY OF PEDIATRICS, THE NATIONAL CONGRESS OF P.T.A.s, THE NATIONAL EDUCATION ASSOCIATION, THE SCHOOL BOARD OF THE CITY OF NEW YORK, AND SO ON.

THIS GROUP MOVED AHEAD AND BROUGHT FORTH A SET OF GUIDELINES FOR TEACHING ABOUT AIDS IN THE NATION'S SCHOOLS BUT TO DO IT IN A WAY THAT IS RESPONSIVE TO -- AND CONSISTENT WITH -- THE NEEDS OF THE COMMUNITY.

* UNDER A GRANT FROM C.D.C., THE INDIANA DEPARTMENT OF HEALTH AND INDIANA UNIVERSITY HAVE JOINTLY PRODUCED A MANUAL ON AIDS FOR STUDENTS AND TEACHERS, AND COPIES OF THIS ARE ALREADY AVAILABLE FROM C.D.C. IN ATLANTA. I MIGHT ADD THAT OUR ENTIRE EDUCATION PROGRAM HAS HAD THE PERSONAL ENCOURAGEMENT OF A FORMER GOVERNOR OF INDIANA AND NOW THE SECRETASRY OF HEALTH AND HUMAN SERVICES, DR. OTIS R. BOWEN.

AND DR. BOWEN HAS MADE IT QUITE CLEAR THAT HIS DEPARTMENT PERCEIVES EDUCATION AS AN ACTIVITY THAT IS "LOCALLY DETERMINED" AND "CONSISTENT WITH PARENTAL VALUES" EXPRESSED WITHIN EACH COMMUNITY.

IN THE FOREWORD TO OUR OVERALL EDUCATION PLANNING DOCUMENT, WHICH IS AVAILABLE TO ANYBODY WHO WRITES IN FOR IT, DR. BOWEN EXPRESSLY SAYS THAT...

"ANY HEALTH INFORMATION DEVELOPED BY THE FEDERAL GOVERNMENT THAT WILL BE USED FOR EDUCATION SHOULD ENCOURAGE RESPONSIBLE SEXUAL BEHAVIOR -- BASED ON FIDELITY, COMMITMENT, AND MATURITY, AND PLACING SEXUALITY WITHIN THE CONTEXT OF MARRIAGE."

HE GOES ON TO SAY THAT SUCH INFORMATION "PROVIDED BY THE FEDERAL GOVERNMENT" FOR SCHOOLS "SHOULD TEACH THAT CHILDREN SHOULD NOT ENGAGE IN SEX" AND THAT SUCH INFORMATION "SHOULD BE USED WITH THE CONSENT AND INVOLVEMENT OF PARENTS."

I THOROUGHLY AGREE WITH SECRETARY BOWEN. AND I HOPE YOU DO, TOO.

BUT I'VE SAID IT ANOTHER WAY. I BELIEVE CHILDREN SHOULD BE TAUGHT TO BE ABSTINENT UNTIL THEY GROW UP, ASSUME THE ROLE OF A RESPONSIBLE ADULT, AND FIND A MUTUALLY MONOGAMOUS RELATIONSHIP. THAT DOESN'T SEEM TO BE TOO FAR-FETCHED. IN FACT, IT WAS ONCE THE NORM FOR THIS COUNTRY AND A RETURN TO SUCH A NORM WOULD INSURE THE END OF SEXUALLY TRANSMITTED AIDS.

* CONTINUING WITH OUR EDUCATION PLAN, WE ALSO WANT TO ESTABLISH COOPERATIVE AGREEMENTS WITH STATE EDUCATION DEPARTMENTS AND LOCAL SCHOOL DISTRICTS TO SUPPORT THEIR EFFORTS IN MOUNTING PROGRAMS TO THAT TEACH ABOUT AIDS. THE PAPERWORK FOR THAT PROGRAM IS MOVING THROUGH THE BUREAUCRACY EVEN AS I SPEAK.

THE INTERESTING THING ABOUT AIDS EDUCATION IS THAT THIS IS AN AREA WHERE SCIENCE AND MORALITY ARE WALKING THE VERY SAME PATH.

FROM A PUBLIC HEALTH POINT OF VIEW, THE BEST DEFENSE AGAINST AIDS IS TOTAL ABSTINENCE. AND THAT IS CERTAINLY THE MESSAGE WE SHOULD GET ACROSS TO OUR CHILDREN.

BUT MOST CHILDREN WON'T REMAIN ABSTINENT AFTER THEY BECOME ADULTS, SO -- AS I NOTED A MOMENT AGO -- WE MUST INTRODUCE THEM TO THE NOTION OF THE VALUE OF -- AND I WOULD ALSO SAY THE BEAUTY OF -- A FAITHFUL, MONOGAMOUS RELATIONSHIP...THE KIND OF RELATIONSHIP IN WHICH YOU HAVE ONLY ONE CONTINUING SEXUAL PARTNER...AND THAT PERSON IS AS FAITHFUL AS YOU ARE.

TO PARAPHRASE MR. LEE IACOCCA, I SAY...

IF YOU HAVE A MONOGAMOUS RELATIONSHIP...KEEP IT.

IF YOU DON'T HAVE ONE, GET IT.

FOR INDIVIDUALS WHO WON'T ABSTAIN, YET DO NOT HAVE A MONOGAMOUS RELATIONSHIP EITHER, I STRONGLY ADVISE THAT THEY TAKE EVERY PRECAUTION TO PROTECT THEMSELVES AND THEIR PARTNERS FROM THE RISK OF GETTING AIDS.

THEY NEED TO KNOW WITH ABSOLUTE CERTAINTY THAT NEITHER THEY NOR ANY OF THEIR SEXUAL PARTNERS ARE CARRYING THE AIDS VIRUS. IF THEY ARE NOT ABSOLUTELY CERTAIN, THEN THEY MUST TAKE PRECAUTIONS. FOR EXAMPLE...

* DON'T HAVE SEX WITH SOMEONE WHO ALREADY HAS AIDS OR WHO INDULGES IN HIGH-RISK BEHAVIOR. SUCH A PERSON MIGHT BE A PROSTITUTE OR AN I.V. DRUG USER WHO BORROWS USED NEEDLES. IT WOULD ALSO INCLUDE ANY SEXUALLY PROMISCUOUS PERSON -- WHETHER HOMOSEXUAL OR HETEROSEXUAL.

* AND IF YOU DO DECIDE TO HAVE SEX WITH SUCH AN INDIVIDUAL -- A PROFOUNDLY SERIOUS HEALTH DECISION -- THEN, IF YOU'RE A MAN, USE A CONDOM FROM START TO FINISH. IF YOU'RE A WOMAN, MAKE SURE YOUR MALE PARTNER USES A CONDOM.

A CONDOM WON'T PROVIDE 100 PERCENT PROTECTION -- FEW THINGS IN LIFE DO. BUT, SHORT OF MONOGAMY AND ABSTINENCE, CONDOMS SEEM TO OFFER THE BEST BARRIER TO THE TRANSMISSION OF AIDS.

IF WE ARE TRULY CONCERNED ABOUT THEIR LIVES AND THE FUTURE LIFE OF OUR SOCIETY, THIS IS THE KIND OF INFORMATION WE NEED TO GET ACROSS TO THOSE MEMBERS OF OUR TEENAGE POPULATION WHO, EACH YEAR, ARE SUFFICIENTLY SEXUALLY ACTIVE TO PRODUCE OVER A MILLION UNWANTED PREGNANCIES EACH YEAR.

I HAVE ALWAYS FELT THAT THIS WAS PRIMARILY A JOB FOR PARENTS. THEY'RE THE ONES WHO SHOULD BE THE PRIMARY TEACHERS OF SEXUALITY AND HUMAN RELATIONS TO THE CHILDREN OF THIS COUNTRY.

BUT I KNOW THAT MOST PARENTS EITHER CAN'T OR WON'T. HENCE, OUR SCHOOLS, CHURCHES, SYNAGOGUES, AND OTHER COMMUNITY INSTITUTIONS MUST STEP IN TO DO WHAT'S NEEDED...AND WHAT'S RIGHT.

IT'S A DIFFICULT CHALLENGE FOR AMERICANS...ESPECIALLY FOR PEOPLE SUCH AS YOURSELVES WHO CARE ABOUT YOUR COUNTRY AND ITS FUTURE.

BUT I BELIEVE THAT WE AMERICANS ARE A GOOD AND STRONG PEOPLE. THROUGH TWO CENTURIES OF CHALLENGES OF MANY KINDS, WE'VE CLUNG TO OUR FUNDAMENTAL VALUES OF PERSONAL FREEDOM, MUTUAL ASSISTANCE, AND NATIONAL UNITY.

THOSE VALUES HAVE WITHSTOOD EVERY TEST OF THE PAST. AND THEY ARE BEING TESTED AGAIN...RIGHT NOW...BY THE INFILTRATION OF THIS LETHAL DISEASE OF AIDS.

BUT I FIRMLY BELIEVE THAT OUR ENDURING AMERICAN VALUES WILL ONCE MORE BE OUR GUIDES FOR COLLECTIVE ACTION AND ONCE MORE WE SHALL SURVIVE A GRAVE THREAT TO OUR NATIONAL HEALTH AND WELL-BEING.

THANK YOU.

#

THE WHITE HOUSE
WASHINGTON

Date: May 28, 1987

TO: Carl Anderson

FROM: TIMOTHY R. ARCHIE
Executive Assistant to the
Director of Public Liaison

The attached is for:

- | | |
|---|---|
| <input type="checkbox"/> Information | <input type="checkbox"/> Review & Comment |
| <input type="checkbox"/> Direct Response | <input type="checkbox"/> Appropriate Action |
| <input type="checkbox"/> Draft Letter | <input type="checkbox"/> Signature |
| <input type="checkbox"/> File | <input type="checkbox"/> Other |
| <input checked="" type="checkbox"/> Other <u>Status</u> | |

THE WHITE HOUSE
WASHINGTON

Date: 5/13

TO: Carl

FROM: MARI MASENG /BW
Deputy Assistant to the President
and
Director, The Office of Public Liaison

SUBJECT:

The attached is for:

- | | |
|--|---|
| <input type="checkbox"/> Information | <input type="checkbox"/> Review & Comment |
| <input type="checkbox"/> Direct Response | <input type="checkbox"/> Appropriate Action |
| <input type="checkbox"/> File | <input type="checkbox"/> Per Request |
| <input type="checkbox"/> Other _____ | |

Please discuss with Mari.



American Council of Life Insurance

11/aseug FYI

April 17, 1987

Mr. T. Kenneth Cribb, Jr.
Assistant to the President
for Domestic Affairs
The White House
Washington, D.C. 20500

Dear Ken:

Knowing of the President's concern for the problem of AIDS, I thought you would want to know of a significant private sector initiative on this critical issue.

Six months ago, on October 23, 50 organizations representing the diversity of our society met here in Washington to assess the feasibility of creating a national body to coordinate the efforts of the private sector in responding to AIDS. Business, labor, religious, health, AIDS, social service, gay and minority groups participated and officials of the Public Health Service and the Centers for Disease Control were present and highly supportive.

On February 10, another somewhat larger group met again to act on the consensus established earlier. A steering committee was set up which meets next week in Chicago to prepare plans and papers for the third full membership meeting here on May 26. At the May session it is hoped and expected the National Leadership Coalition on AIDS will be announced. Its chairman is Dr. Edward Brandt, former Assistant Secretary for Health of H.H.S.

Although we have quite deliberately not sought attention to our effort until we were in a position to announce, you should be aware of this in connection with Administration efforts on AIDS. Dr. Brandt and I will be pleased to give you further information at any time.

Sincerely,

Richard S. Schweiker

bmt

Carl / M. (Dre)

June 12, 1987

MEMORANDUM FOR KEN CRIBB

FROM: CHUCK HOBBS

SUBJECT: AIDS STATEMENT

If the purpose of an anti-AIDS educational program is to induce behavior that will reduce the spread of the AIDS virus, I believe the attached statement is a clear and accurate summary of our knowledge applied to that purpose. If I am wrong on either count, I will stand corrected. If I am right, I wonder why we are not sending this message in a simple and direct way to all Americans.

I do not mean to imply that this statement should be the whole educational campaign, but rather that our efforts to educate should begin with and build from a simple statement of facts about risk, as we know them.

Attachment

cc: Gary Bauer
Nancy Risque
James Warner

AIDS is a fatal disease caused by a virus which lives in body fluids and quickly dries out and dies when exposed to air. In the United States those infected with the AIDS virus are primarily homosexual men and drug users and people in intimate contact with them, and the virus is spread most commonly through anal intercourse and shared use of drug needles. To minimize the risk of getting AIDS, don't have anal sex with people you think might be infected, don't inject yourself with a needle someone else has used, and don't have sex at all with homosexuals and drug users. If you plan to have children, you should know that an infected mother may pass the infection on to her unborn or infant child.

Card -
hope you get this
around

The Deadly Silence AIDS and Social Censorship

Eugene V. Clark

WE are an amazing nation. Almost daily we are reminded that we are blessed with media analysts who fear nothing and will always tell us the unvarnished truth. Nor do we lightly ridicule the media's sacred cows. Defamation awaits anyone who speaks impiously of, for instance, the Nobel Prize, clubbing seals, Black African governments, Planned Parenthood, anti-Fascists, etc.

With such imperial powers, commentators are tempted now and again to don the Emperor's clothes.

Consider one example. *U. S. News & World Report*, no partisan publication, printed (January 12, 1987) a cover story on AIDS. It exposed the fearful statistics. 29,000 Americans infected, with between 1.5 and 4 million carrying the virus at the end of 1986; by 1991, 179,000 will have died, with 91,000 dying. In twenty years, "a significant portion of our nation may be incapacitated." Dying, that is. AIDS is 100 percent lethal.

With all that, the writers in *U. S. News* danced as close as they dared to the unmentionable fact that promiscuous sodomy is the root cause, not of the untraceable virus, but of incubating the virus into a plague.

U. S. News posed the question bravely. "What causes AIDS?" Answer: "AIDS is caused by a virus usually known as human immuno deficiency virus or HIV." No one laughed. The naked Emperor stared us down. No one in the media dares ask the obvious next question: And how did the HIV get into the bloodstreams of homosexuals who in turn sent it via bisexuals, into the bloodstreams of heterosexuals on a plague level?"

Remember that these writers are the same men and women who will track apartheid into hidden unconscious prejudice; who will track a national policy to a casual remark of Nancy Reagan; who can trace an anti-Sandinista dollar in and out of Switzerland,

Zaire, and the Cayman Islands; who pursue the causes of any social horror--discrimination, censorship, anti-Semitism, fascism--right into the ganglia of miscreants. But our major publications and the networks are satisfied to trace the "cause" of this major death-dealing plague to a dumb, hitherto quiescent virus, not to any human action.

The closest the media come to mentioning real causes is to state that AIDS victims are 65 percent homosexual, 25 percent users of contaminated needles, and 4 percent heterosexual, with 3 percent transfusion victims. The unthinking might conclude that AIDS is a disease that comes, with unfair emphases, from many sources--two kinds of sex, one needle and one operation. In fact, the virus-turned-plague has only one source--sodomy. Heterosexuals are infected only from homosexuals, or from heterosexuals infected by bisexuals, the latter transmission being impossible without a previous homosexual encounter. Despite the millions of words that have been written on AIDS this simple fact is rarely stated.

What restrains the pens and stops the tongues of a news industry that otherwise revels in its fearlessness? It is time to speculate. Speculation is forced upon those who see an exception to the strongly stated ideal of intellectual integrity among American newspeople. Why this exception?

The accepted wisdom seems to be this. Talking morals may lead to a renewed popular condemnation of sodomy which, in turn, may become a vicious discrimination against homosexuals. Since the fury of a public facing death for themselves and their children may not be containable, let us never, never raise the question of the morality or ethics of sodomy and its *sequellae*. We may start a train of events leading to a fascism based on public health and on to the lynching

of homosexuals.

Two nervous adjuncts strengthen the case. First, everyone can see an awkward parallel in the insouciant exiling of smokers from elevators, restaurants and the like, with little regard for the rights of smokers. Second, religious people, in the secular myth ever ready for more burnings at the stake, may use the terrible consequences of this particular moral failure (sodomy) to reassert faith by the sword.

The merry fascism of the anti-smoking drive--always for the good of the people, whether or not they know what is good for them--needs no comment. Anti-smoking loses its real punch once this parallel becomes clear. Soon anti-tobacco activists will be coming out of the trenches with their hands high.

But the religious factor is real and more complex. The homosexual trust, very powerful indeed, and its libertarian protectors are generally and reasonably angry with institutional religion which condemns sodomy as a serious sin. But the fact is that religion has been anything but aggressive on this question. Overwhelmingly, traditional moralists do not want AIDS victims or high-risk homosexuals to lose their jobs or housing. They support programs to care for the lonely victims and have tolerated demands for research disproportionate to all other health research. Catholics first, and many other religious groups, quickly joined in the compassionate care of dying AIDS victims. By and large, the homosexual community has done little for the victims, but that has not decreased religious commitment and generosity.

The reaction of religious persons to AIDS victims is not important to homosexual activist tacticians. What bothers them is their suspicion that believers in the Ten Commandments, rattled by the sexual revolution, are now regrouping and saying to themselves, "Ha! We were right all along. Sexual promiscuity is wrong, and homosexual practice is heading us toward Sodom and Gomorrah." In dirty talk among themselves, homosexuals say that religious people across the nation rejoice in the extermination of homosexuals as a display of God's anger against sinners. Such a mind exists perhaps among a few fevered fundamentalists and cocktail-party wise guys. But homosexual activists will not relinquish the rhetorical weapon of anticipated persecution.

It may be important to say here that Christians and Jews, in contemplating any sin, do not pass judgment on the guilt of individuals. That is exclusively

God's province. The media choose not to understand this. Maybe they cannot.

It is a critical distinction. To equate the objective wrongness of any act with personal guilt is an error that paralyzes moral reflection. Personal guilt is established in the unfathomable relationship between God and a human person. If we accuse anyone of moral guilt, we err. We act *ultra vires*. But we can and should discuss the objective moral meaning of any significant act, in this case the protection of some or exploitation of others in a plague situation. This can be done without pretending to know any individual's guilt.

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Annoyance that religious believers may be strengthened in their moral convictions runs deep in many circles today. It revealed itself in the *U.S. News* piece. The only allusion to a moral dimension in the spreading of HIV was this: "As in those (Dark Ages) now there are calls for quarantines--social exile--especially from the religious right, whose members see AIDS as God's rough justice for the sin of homosexuality." In eleven pages, that was the only reference to Christianity's contribution to the question. Nor was there a reference to any moral or ethical question that practicing homosexuals, bisexuals or dying AIDS victims might address in so grave a situation. Remember that this article appeared in one of our three leading news weeklies that handily discuss the ethics and moral stature of political leaders, C.E.O.'s, pressure groups, Sandinistas and *contras*, and many others, as if readers were begging for their moral and ethical judgments.

The terror of any editor today seems to be that through a careless phrase, he or she might appear to consider a religious view of AIDS as less dangerous than AIDS itself. To be safe, writers must avoid anything like a moral or ethical approach to AIDS. If the dread subject must be raised, let someone else handle it. And try not to think of how one deals with smoking.

Is this censorship? No, it would be said, only the condition for survival in the world of publishing. But of course it is censorship, however voluntarily submitted to.

This raises another question for religious believers. Why is that people who do care about morality and who are mandated to love homosexuals (and probably do) do not speak more precisely about AIDS as a moral and ethical problem? The question invites reflection on the plight of religious spokesmen in our time.

Mainline Christians, accustomed to a marginal role in public life, do not often enter the major debates. There are two unhappy results of this. First, the debates engage the views of only half the nation. For example, the exchange between rationalist evolutionists and fundamentalist creationists should have been joined by intellectual Christians with informed views on both evolution and the meaning of the Bible. As it took place, the debate was perfect for the media, but the fault for that lies in good measure with thoughtful Christians who were lethargic about addressing a tired question.

A second and more disturbing result of this marginality is the dilution of moral commentary in general. Today Christians and Jews of traditional conviction often fall silent on moral issues that affect individuals. They speak volubly enough on community morals, but rarely speak at all of individual morality. The reason is clear. Moral norms for individuals suggest moral authority and discipline, both unacceptable to many.

Consider the weak Judeo-Christian response to the reality of AIDS and the anger of homosexuals.

Has any minority reaction ever silenced logical discussion as effectively as the current fury of the homosexual community? If, conscious of that anger, most media commentators have said everything they can about AIDS except to mention its cause, mainline religious commentators have not said much more. Writers in the religious press and spokesmen for the Church have concentrated on good works toward the dying victims. But that sympathetic response cannot excuse religious writers if they too bury the truth.

It is a classic red herring and harmful to homosexuals to speak of the plague of death-dealing AIDS as if it were equally a problem of heterosexuals or even drug users. This is the rhetoric of the media and of public health officials. Surely, they know this is

not the case. They know that there would be no AIDS threat in this nation if it were not for homosexual acts performed voluntarily and promiscuously by so many. Who has spoken or written this central fact? Have our moral theologians and bishops? Homosexuals did not,

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of course, invent the deadly *viri* that are normally kept at bay by the wonderful balance of created life. But the imbalance that led to AIDS in this country (and soon in the world) was not caused by mysterious developments in Africa and Haiti. The plague (not the virus) was caused by the promiscuous performance of an essentially unsanitary sexual act. I use the words carefully. Such activity continues to be the source of the plague. Does any thoughtful religious person think that homosexuals are helped by clouding that fact?

In recent decades, many homosexuals quietly dismissed the cautions of nearly every culture and the strictures of the Judeo-Christian revelation against the homosexual act. Homosexuals dealt with morality in their own way. Then nature reacted to the violation of its ageless requirement that healthy organisms be protected from noxious elements. Research has not yet pinpointed the chemistry of AIDS, but it is glaringly clear what activity brought about and daily expands the base of the plague. It is the act of sodomy. Without promiscuous sodomy, the plague would cease to be fueled and would die back, slowly and perhaps painfully, but it would die back.

A similar paragraph can be written about heterosexual promiscuity. Forbidden by Judeo-Christian morality, sleeping around is now also proscribed by diseases that emerged after the wisdom of nature and her Creator were dismissed by many.

After reading the escalating projections of death among homosexuals, among the innocent wives of promiscuous bisexual men, and among babies born deformed and dying, why are Jews and Christians

reluctant to ask the homosexual community to re-think its destructive practice? Does homosexual preference stand irresistible against their own group suicide? And where are the moralists? Persistent sodomy kills friends, wives, babies, and pathetic prostitutes. Does this not involve objective moral questions homosexuals must deal with? Do thoughtful Christians and Jews serve them well in not urging these thoughts upon them?

There is a body of Judeo-Christian thought regarding homosexuality. Sodomy is not a birthright. Like adultery and running a red light, it is a voluntary act. And like them it has consequences.

The obscurantism of homosexual activists and the relative silence of Christians and Jews are not made worse by the number of victims. But it is important to know that we are just at the beginning of a plague that could become genocidal. We know that the killer *virii* have entered our society through and because of promiscuous sodomy; they are transmitted only by sexual contact or dirty needles or contaminated blood. All heterosexual victims can trace their illness back to a homosexual source. But--and this is the latest horror--these facts do not mean that the *virii*, multiplying geometrically, will continue to confine themselves to a sexual transmission belt. Public health officials are well aware of this hideous potential.

With determination and some gusto we told alcoholics, drug-abusers, air and water polluters, and smokers that only abstention from their health destroying habits would allow nature to restore health. We gave them honest sympathy, but we did not deceive them. It is unlikely that expensive research will cure AIDS any more than it did venereal disease, of which there is a richer variety today than before penicillin. The manufacturers of condoms will now add to the lies, despite the fact that the protection they market provides much the same odds as Russian roulette. An active homosexual will be infected in August instead of July. Predictably, the facts are not deterring manufacturers, advertisers or publishers.

The truth is writ large. *Every AIDS victim diagnosed in 1982 and 1983 is now dead.* Soon those of 1984 will be dead--all of them. The only way to protect the next class of potential victims, of whatever year, is homosexual abstinence. Only sodomy is the primary cause of AIDS. Was a moral imperative for abstinence ever clearer? Neither accusations against others nor "promising research,"



any more than "safe sex," will save thousands, perhaps hundreds of thousands, in the next class. Only homosexual abstinence in 1987 will save them.

Other sticky moral questions arise and need careful reflection. Since AIDS kills 100 percent of its victims, does a known HIV carrier have a right to marry? A right to sexual acts with another person, knowing it is more than probable that he or she will transmit the lethal virus? We forbid marriage of first cousins for the safety and health of progeny. But we have yet even to ask the question: May a known AIDS carrier be allowed to acquire a right to sexual intercourse with a non-infected person or sire an infected baby? Will the AIDS carrier enjoy the protection of civil rights in bringing about the death of spouse and child? Perhaps of contributing to genocide? If so, why do we still ban marriage of first cousins?

Denouncing the heterosexual community, hospitals, Congress and Mother Teresa are ways for homosexuals and their protectors to run away from the truth, away from the law of God that thou shalt not kill--not even for sex. Christians and Jews must enter the public debate and say that sodomy, even for unbelievers, is wrong, profoundly wrong, because it ineluctably punishes practitioners and threatens millions of innocents with a terrible death.

If we do not say this, who will?

Homosexuals deserve the nation's sympathy and the love of those who believe in the Gospel and all the help they need in this exceedingly difficult decision. But we will not help them by cooperating in the burial of the truth. ■

Monsignor Eugene V. Clark holds the John A. Flynn Chair of Catholic Questions at St. John's University in New York.

THE WHITE HOUSE
WASHINGTON

Date: 6/19

TO: Carl

FROM: BRENDA WONG
Office of Public Liaison



Comments by
H.G.M. on
Monday AIDS
File

WHITE HOUSE STAFFING MEMORANDUM

6/22/87 at noon

SUBJECT: REVISED EXECUTIVE ORDER ON AIDS

	ACTION FYI			ACTION FYI	
VICE PRESIDENT	<input type="checkbox"/>	<input type="checkbox"/>	FITZWATER	<input type="checkbox"/>	<input type="checkbox"/>
BAKER	<input type="checkbox"/>	<input checked="" type="checkbox"/>	GRISCOM	<input type="checkbox"/>	<input type="checkbox"/>
DUBERSTEIN	<input type="checkbox"/>	<input checked="" type="checkbox"/>	HENKEL	<input type="checkbox"/>	<input type="checkbox"/>
MILLER - OMB	<input type="checkbox"/>	<input type="checkbox"/>	HOBBS	<input type="checkbox"/>	<input type="checkbox"/>
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REMARKS: Please let me know by noon on Monday, June 22nd, if you have any comments on the attached executive order, which has been revised to incorporate senior staff comments. Thank you.

RESPONSE:

RECEIVED OPL - WAW
87 JUN 19 P 3:51

Rhett Dawson
Ext. 2702

EXECUTIVE ORDER

- - - - -

PRESIDENTIAL COMMISSION ON THE
HUMAN IMMUNODEFICIENCY VIRUS EPIDEMIC

By the authority vested in me as President by the Constitution and laws of the United States of America, including the Federal Advisory Committee Act, as amended (5 U.S.C. App. I), and in order to create an advisory commission to investigate the spread of the human immunodeficiency virus (HIV) and the resultant acquired immune deficiency syndrome (AIDS) in the United States, it is hereby ordered as follows:

Section 1. Establishment. (a) There is established the Presidential Commission on the Human Immunodeficiency Virus Epidemic to investigate the spread of the HIV virus and the resultant AIDS. The Commission shall be composed of eleven members appointed or designated by the President. The members shall be distinguished individuals who have experience in the fields, among others, of medicine, epidemiology, virology, law ~~and medicine~~, insurance, education, public health and other ~~public policy~~ ^{relevant} disciplines.

(b) The President shall designate a Chairman from among the members of the Commission.

Sec. 2. Functions. (a) The Commission shall advise the President, ~~the Secretary of Health and Human Services, and the heads of other Cabinet agencies on long-range~~ ^{ON} planning to deal with the public health dangers including the medical, legal, ethical, social, and economic impact, from the spread of the HIV virus and resulting illnesses including AIDS, AIDS-related complex, and other related conditions.

(b) The primary focus of the Commission shall be to recommend measures that Federal, State, and local officials can take to (1) protect the public from contracting the HIV virus; (2) assist in finding a cure for AIDS; and (3) care for those who already have the disease.

(c) In particular, the Commission shall (1) evaluate efforts by educational institutions and other public and private entities to provide education and information concerning AIDS; (2) analyze the efforts currently underway by Federal, State and local authorities to combat AIDS; (3) examine long-term impact of AIDS treatment needs on the health care delivery system, including the effect on non-AIDS patients in need of medical care; (4) review the United States history of dealing with communicable disease epidemics; (5) evaluate research activities relating to the prevention and treatment of AIDS; (6) identify future areas of research that might be needed to address the AIDS epidemic; (7) examine policies for development and release of drugs and vaccines to combat AIDS; (8) monitor the progression of AIDS among the general population and among specific risk groups; (9) study legal and ethical issues relating to AIDS; and (10) review the role of the United States in the international AIDS pandemic.

(d) The Commission shall make a preliminary report to the President ~~and the Secretary of HHS~~ not later than 90 days after the date the members of the Commission are first appointed or designated. The Commission shall submit its final report no later than one year from the date of this Order.

Sec. 3. Administration. (a) The heads of Executive departments and agencies shall, to the extent permitted by law, provide the Commission, upon request, with such information as may require for purposes of carrying out its functions.

(b) Members of the Commission shall serve without additional compensation for their work on the Commission. While engaged in the work of the Commission, members appointed from among private citizens of the United States may, to the extent funds are available, be allowed travel expenses, including per diem in lieu of subsistence, as authorized by law for persons serving intermittently in the government service (5 U.S.C. 5701-5707).

(c) The Office of the Secretary of Health and Human Services shall, subject to the availability of appropriations, provide the Commission with such administrative services, funds, facilities, staff, and other support services as may be necessary for the performance of its functions. The heads of other Executive departments and agencies shall, to the extent permitted by law, cooperate with the Commission and provide such personnel and administrative support as may be necessary for the performance of its functions.

Sec. 4. General Provisions. (a) The functions of the President under the Federal Advisory Committee Act, as amended (5 U.S.C. App. I), except that of reporting annually to the Congress, which are applicable to the Commission, shall be performed by the Secretary of Health and Human Services, in accordance with guidelines and procedures established by the Administrator of General Services.

(b) The Commission shall, unless sooner extended, terminate 30 days after submitting its final report to the President.

FOIA review

THE WHITE HOUSE,

THE PARADIGM COMPANY

MARK C. WATT
Publicist

1011 S. 20th St., Arlington, VA 22202
(703) 979-1211

AGENDA
FEDERAL COORDINATING COMMITTEE ON
AIDS INFORMATION, EDUCATION, AND RISK REDUCTION

THURSDAY, JANUARY 8, 1987
10:30 - NOON, ROOM 503A HUMPHREY BUILDING

- | | | |
|------|---|-------------------------------|
| I. | WELCOME AND UPDATE ON CURRENT
AIDS ACTIVITIES | DR. WINDOM
DR. NOBLE |
| II. | PRESENTATION ON <u>THE AIDS</u>
<u>COVER-UP</u> BY GENE ANTONIO | MR. SWEET, DPC |
| III. | AIDS LEGAL ISSUES | MR. RISEBERG, HHS/OGC |
| | O CONTACT FOLLOW-UP | MR. MATTHEWS, HHS/OGC |
| | COMMENTS ON DOD POLICY ON
AIDS DISEASE SURVEILLANCE
AND CONTACT FOLLOW-UP | MR. BEACH, DOD
FCC MEMBERS |
| | O FDA'S REGULATORY ROLE | MR. SCARLETT, HHS/OGC |
| | O DISCRIMINATION ISSUES | MR. ALITO, DOJ |
| III. | UPDATE ON HEALTH CARE POLICY
TASK FORCE | DR. SUNDWALL, HRSA |
| V. | GENERAL DISCUSSION AND PLANS FOR
NEXT MEETING | ALL |

Gene Antonio
January 7, 1987

THE AIDS CRISIS

I. AIDS DEMENTIA

From the onset of the AIDS epidemic to the present, the public has been repeatedly misinformed that people don't die of AIDS, they die of other diseases they can't fight as a result of a weakened immune system. However, it has been well established for almost two years that the AIDS virus can and does kill directly by destroying cells in the brain (1). In his October 1986 Report, the Surgeon General has finally brought into focus the lethal ability of the AIDS virus to destroy brain tissue (2).

Revealing that the AIDS virus can directly cause brain disease is a positive step. Deaths from AIDS dementia (brain disease) have already occurred and are growing among persons who have never developed ARC or what Dr. Koop calls "classic AIDS" (3,4,5,6). Such cases have not been included in the number of AIDS cases reported by the Centers for Disease Control (CDC).

The CDC now admits that dementia apart from immune deficiency may be a manifestation of AIDS virus infection. However, the many persons suffering solely from AIDS virus induced dementia still are not included in the total number of AIDS cases reported by the CDC (7,8).

In fact, both the terms HTLV-III and HIV are misleading because they obscure the profound effect of the virus itself on the central nervous system (9).

II. THE NATURE OF THE VIRUS

The crucial nature of the AIDS virus itself has generally been ignored. It has been known for almost two years that the AIDS virus is a lentivirus (10,11). As some of you know, lentiviruses are called slow virus infections because they frequently have a lengthy incubation period before symptoms develop. Apart from the new human form, only three types of lentiviruses are known. They cause grave disease in sheep, horses and goats.

One hallmark of all lentivirus infections in animals is degenerative brain disease (encephalitis), apart from immune suppression (12). This has profound implications for the course of AIDS lentivirus infection in humans. Dr. Paul Volberding, head of AIDS services at San Francisco General Hospital states:

It is entirely reasonable to speculate that everyone who is seropositive (infected with the virus) will develop central nervous system complications. We are seeing an increasing number of signs of this on our ward. They take the form of varying degrees of dementia (13).

III. LONG RANGE MORTALITY

The public is being told that the majority of those infected with the AIDS virus may never develop AIDS. However, AIDS lentivirus infection in humans most closely resembles maedi-visna lentivirus infection in sheep. Among sheep, maedi infection results in a death rate of 100%. Dr. William Haseltine of Harvard has stated:

We must be prepared to anticipate that the vast majority of those infected with the AIDS virus will ultimately, over a period of five to ten years, develop life threatening illness (14).

After ten years, the prognosis is even worse. By comparing the progress of other slow-acting infections of the brain, scientists estimate that the incubation period of AIDS-induced brain disease could range from two to thirty years, with a mean of fifteen years (15).

Incidentally, among sheep, maedi-visna lentivirus kills by causing dementia and a deadly form of lung disease similar to the inflammation of lung tissue (chronic interstitial pneumonitis) occurring in humans infected with the AIDS virus, especially infants (16). Maedi infection is spread by coughing while the animals are in close contact (17). Those of you who wish to have a fuller grasp of the implications of lentivirus infection may wish to peruse the brief book Slow Virus Diseases of Animals and Man, by P. A. Palsson (Amsterdam: North Holland Publishing Co., 1976).

The AIDS virus has been found in human lung secretions (18). Given the aerosol spread (i.e., coughing) of maedi infection in sheep, there appears to be a serious potential for non-sexual spread of AIDS (19). The August 28, 1986 (p.586) New England Journal of Medicine reported the case of a nurse who contracted AIDS virus infection through a superficial needlestick injury to her finger while recapping a needle contaminated with the bloody pleural (lung) fluid of an AIDS patient. AIDS tainted lung fluid coughed into the air and contacting the surface of the eye could be a means of transmitting infection. According to the Council on Scientific Affairs of the American Medical Association, hepatitis B, which is similar to AIDS in means of spread, "may be transmitted through mucosal surfaces, including the mouth and the eye" (20). Perhaps this is one of the reasons that the CDC advises wearing masks and eye coverings when there is a risk of coming into contact "with blood or potentially infective body fluids (21)."

In horses, the lentivirus which causes equine infectious anemia is spread among other means, through insect vectors. It has now been found that bedbugs represent a potential means of AIDS spread among humans (22).

Lentiviruses mutate at a very high rate. According to Myron Essex of the Harvard School of Public Health:

The mutation rate and degree of genomic variation is known to be high for this virus; with other lentiviruses such as the equine infectious anemia agent and visna virus, antigenic drift can occur within a single infected animal (23).

Dr. Martin Malcom, chief of the Laboratory of Molecular Microbiology in the Infectious Diseases Institute notes:

The data from our laboratory and other suggest that there isn't a single virus entity isolated from a given person. The same person can harbor multiple forms of the virus (24).

The genetic variability of the AIDS virus is one of the major reasons why developing a vaccine is "like trying to hit a moving target."

According to Dr. Luc Montagnier of the Pasteur Institute:

The potential for genetic variation is perhaps the greatest danger in the future of the AIDS epidemic. It will make it difficult to design efficient vaccines protective against all strains, and a further change of the virus in its tropism [ability to infect types of cells] and ways of transmission cannot be excluded (25).

The astounding ability of the AIDS virus to rapidly change form does not lend itself to glib, absolutistic statements regarding the potential for non-sexual means of AIDS spread. The virus could well increase in virulence.

In addition, the adoption of "safe sex" techniques are of unproven efficacy in preventing AIDS transmission. With the AIDS virus being exuded from almost every bodily orifice, pore and secretion (probably including sweat), prolonged sexual contact of any kind is potentially lethal. Dr. Jeffrey Laurence, an AIDS researcher at New York Hospital Cornell Medical Center asserts that cells outside the blood, such as nerve cells, and the cells of epithelium (skin and related tissues) may serve as reservoirs for the AIDS virus (26). Recently, researchers have found that the AIDS virus may be spread without getting directly into the bloodstream. Infected cells in the rectum and colon could be sources of continued spread of the AIDS virus to the brain and other organs in the body (27).

If the CDC recommendations on avoiding contact with AIDS-tainted secretions are taken seriously, the only "safe" sex with an AIDS carrier would necessitate wearing surgical gowns and mask, rubber gloves and eye goggles.

IMPLICATIONS FOR PUBLIC HEALTH POLICY

I. The term AIDS misleads, because it diverts attention exclusively to the immune deficiency while ignoring the capacity of the virus to infect and destroy cells in the brain. Another acronym which accurately includes the brain destroying properties of the virus ought to be utilized.

II. Each infectious AIDS carrier has the potential for knowingly or unknowingly, killing all of his or her present and future sexual partners. Solely encouraging the use of so-called "safe sex" techniques and barrier contraceptives permits widespread dissemination of the infection. Individuals suffering with AIDS dementia (brain impairment) cannot be expected to act prudently. AIDS should at least be treated with health measures similar to those taken for syphilis and gonorrhea which are highly treatable and far less devastating than AIDS. Persons who are found to be infected with the AIDS virus are permanently infectious, i.e., capable of infecting others. They must be reported to health authorities and their prior and present sexual contacts be traced and informed that they are at high risk of AIDS virus infection.

III. The insidious neurological impairment caused by the AIDS virus (e.g., impaired short-term memory, personality change, confusion) can and does have an adverse effect on job performance. Physicians, nurses, airline pilots and other professionals whose mental deterioration would endanger the lives of others must be screened and job performance evaluated at regular intervals. Federal and military hospitals should be the first to implement such testing procedures.

NOTES

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3. J.I. Slaff and J.K. Brubaker, The AIDS Epidemic (New York: Warner Books, 1985), p. 170.
4. L.R. Sharer et al., "HTLV-III and Vacuolar Myelopathy," N Eng J Med 1986;315:62-63.
5. S.S. Mirra et al., "HTLV-III/LAV Infection of the Central Nervous System in a 57-Year Old Man with Progressive Dementia of Unknown Cause," New Eng J Med 1986;314:1191-1192.
6. M. C. Bach et al., "Dementia Associated with Human Immunodeficiency Virus with a Negative Elisa," New Eng J Med 1986;315:891-892.
7. "Classification System for Human T-Lymphotropic Virus Type III/Lymphadenopathy-Associated Virus Infection," Mortality and Morbidity Weekly Report 1986;35:334-339.
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9. J. Seale, Journal of the Royal Society of Medicine, 1986;77:121.
10. R.C. Gallo and F. Wong-Staal, "A Human T-Lymphotropic Retrovirus (HTLV-III) as the Cause of the Acquired Immunodeficiency Syndrome," Annals of Internal Medicine 1985;103:680-681.

11. L. Montagnier, Lymphadenopathy-Associated Virus: From Molecular Biology to Pathogenicity," Ann Int Med 1985;103:691.
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14. New York Times 27 September 1985.
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