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# Protection for U.S. Workers With AIDS Is Widened

By PHILIP SHENON

Special to The New York Times

WASHINGTON, Oct. 6 — The Justice Department today issued a legal opinion supporting Federal policies that bar discrimination against AIDS victims who work for the Government or for employers who receive Federal funds.

The opinion, which brought the department in line with a 1987 Supreme Court ruling, says that the protection of a Federal anti-discrimination law extends to people infected with the AIDS virus and that they should be treated like all others in the Federal workplace unless they pose health or safety risks.

The 29-page statement is not directed at most private employers.

Because President Reagan has already ordered equal treatment for workers infected with the AIDS virus, the department's new opinion is not expected to have a major impact on the Government's policy on AIDS. It could assist courts, however, in their response to AIDS-related litigation.

## Opinion Is Binding

In issuing the opinion, which is binding throughout the executive branch, the Justice Department's Office of Legal Counsel largely reversed its interpretation of a 1973 anti-discrimina-

tion law as the statute related to acquired immune deficiency syndrome.

In a legal finding two years ago that was widely attacked by gay rights groups and several lawmakers, the department said that contagiousness was not a handicap as defined by the 1973 law, the Rehabilitation Act.

Under the earlier opinion, the agency also found that the law did not prohibit employers from dismissing AIDS victims based on a fear of contagion, even if, as scientists argue, the fear of infection from casual contact is irrational.

Last year, the Supreme Court all but rejected the department's argument, ruling in a case involving a tuberculo-

sis victim that recipients of Federal money may not discriminate against people who are physically or mentally impaired by contagious diseases unless they pose a real risk of infection or could not do their work.

## 'Like Everybody Else'

Douglas W. Kmiec, the acting assistant Attorney General for legal counsel, said the Justice Department's new opinion reflected both the Court's reasoning and recent statements by the United States Public Health Service about the spread of AIDS.

Mr. Kmiec said that, so long as people infected with the virus "do not on a case-by-case basis pose health and safety dangers or performance problems, they should be treated in the Federal work force and in Federally-conducted or financed programs like

everybody else."

"The medical information that is available to us says that the risk of this infection being transmitted in the normal course in the workplace or in other activities is very low," he said. "It is only when the condition jeopardizes the safety of others on an individual basis that the employer can say, 'I don't think you can perform this job.'"

The AIDS virus is estimated to have infected up to 1.5 million people around the nation. According to Federal statistics, more than 73,000 people have become ill with the disease and more than half have died of it.

Medical experts say that AIDS is not spread through casual contact but only from mother to unborn child or through exchanges of bodily fluids, as in sexual intercourse or the sharing of needles.

The Justice Department's opinion

was welcomed by Representative Henry Waxman, a California Democrat who is chairman of the House Energy and Commerce Subcommittee on Health and the Environment and a frequent critic of the Reagan Administration's policies on AIDS.

"Everyone from the Supreme Court to the President's AIDS Commission has said that the Justice Department's original stand on this issue was wrong," he said. "I am glad that the Justice Department has finally agreed with these experts."

But Thomas B. Stoddard, executive director of a gay rights group in New York, the Lambda Legal Defense and Education Fund, called the announcement a "sleight of a hand that creates the illusion the Administration is doing something about discrimination."



10/7/88

Washington Post

# Justice Dept. Reverses Stance on AIDS Bias

## *Handicap Law Held to Protect Those With Disease or Carrying Virus*

By Ruth Marcus

Washington Post Staff Writer

The Justice Department, formally abandoning its controversial view that people with AIDS are not covered by federal anti-discrimination laws, said yesterday that a law barring discrimination against the handicapped protects people carrying the AIDS virus as well as those with symptoms of the disease.

The Supreme Court—rejecting the Justice Department's previous position—ruled last year that a 1973 law barring the federal government and recipients of federal funds from

discriminating against the handicapped extends to those with contagious diseases such as AIDS.

In a 29-page opinion by the Office of Legal Counsel released yesterday, the Justice Department not only accepted that view but said the law also protects those infected with the human immunodeficiency virus (HIV), which causes AIDS, but not yet diagnosed as having AIDS. The Supreme Court's decision had left open the question of whether the law covered HIV-infected people, although all the lower courts considering the matter ruled that it did.

The department's opinion has symbolic and practical significance.

Jean McGuire, executive director of the AIDS Action Council, described it as "a reiteration of what already has been confirmed by the Congress and the courts" but said it also represents "an important movement in the posture of an administration which has been slow, at best, to respond to the demands of this public health crisis."

On a practical level, the opinion gives legal force to guidelines instituted this year that federal agencies should not discriminate against

See AIDS, A18, Col. 3

### AIDS, From A1

workers who have AIDS or test positive for HIV; it adopts a broad interpretation of the anti-discrimination law for the Department of Health and Human Services and other agencies charged with enforcing the law; and—although it is not binding on courts—it offers a new weapon to plaintiffs in private discrimination suits.

"We are very pleased," said Chai Feldblum, legislative counsel for the American Civil Liberties Union's AIDS Project. "This makes our job a lot easier because it puts the department on record as saying that HIV is protected."

Acting Assistant Attorney General Douglas W. Kmiec said his of-

fice concluded that HIV infection is covered by the anti-discrimination law based on medical evidence gathered by the surgeon general that infection with the HIV virus constitutes "physical impairment."

Kmiec's opinion replaces a 1986 opinion by his predecessor, Charles J. Cooper, who said the law did not protect people with AIDS from discrimination based on "a fear of contagion, whether reasonable or not." Cooper said yesterday that "our opinion was not in force" after the Supreme Court's ruling and that yesterday's opinion is "quite consistent with the tentative views that I had formulated before I left" in July.

As part of its final report in June, the president's commission on AIDS said that "the absence of any further

statement" by the Justice Department since the Supreme Court decision "has created confusion and uncertainty about its position." It recommended that the department formally withdraw the Cooper opinion and "take the lead in endorsing lower court rulings" that the law covers HIV-positive individuals.

Yesterday's opinion responded to President Reagan's request, in the wake of the AIDS commission report, that the department review the scope of the 1973 law, known as Section 504 of the Rehabilitation Act.

It did not touch on the larger question posed by Reagan: whether, as the AIDS commission recommended, a new federal law is needed that would prohibit AIDS-based discrimination by private em-

ployers and others not covered by Section 504. Kmiec said that review "is under way."

Attorney General Richard L. Thornburgh, noting that the 1973 law was not designed to deal with the specific problem of AIDS, said in a statement that there are "legitimate questions as to whether existing law can adequately and appropriately serve these most unfortunate victims."

Under the opinion, the person infected with the HIV virus "is only protected against discrimination if he or she is able to perform the duties of the job and does not constitute a direct threat to the health or safety of others."

Staff writer Sandra G. Boodman contributed to this report.



## U.S. Agencies, Others Told to Bar Bias Against People With AIDS

By ANDY PASZTOR  
And JOE DAVIDSON

Staff Reporters of THE WALL STREET JOURNAL  
WASHINGTON — The Justice Department, reversing its earlier position on acquired immune deficiency syndrome, said the fear of contagion by itself doesn't permit federal agencies and federally assisted employers to fire or discriminate against workers infected with the virus.

A legal opinion by the agency, which establishes the government's interpretation of laws protecting the handicapped, significantly broadens the protection for AIDS victims. "There will often be little, if any, justification for treating infected individuals differently from others," the department concluded.

The move is an about-face for the Justice Department, which in 1986 determined that laws protecting the handicapped didn't guard victims of AIDS and other contagious diseases from discrimination prompted primarily by fears of spreading the disease.

The opinion is binding on federal agencies, government contractors, school boards, managers of federally subsidized housing projects and other organizations receiving federal contracts or financial assistance. It also is likely to be used in arguments by employees alleging discrimination by private companies, and could affect how some judges view the overall AIDS issue.

Asserting that even "unreasonable" fears of contamination wouldn't trigger anti-discrimination penalties, the 1986 opinion prompted sharp criticism from many public-health officials, lawmakers, civil rights activists and gay groups.

Department officials said the latest

opinion reflects recent medical developments, a 1987 Supreme Court decision and congressional action clarifying the scope of certain anti-discrimination statutes.

The opinion emphasizes that during the early stages of the disease, there generally isn't any legal or medical justification to discriminate in any way against such individuals. As more-serious symptoms appear, employers and others must determine on a case-by-case basis whether infected individuals pose a direct threat to the health or safety of others, according to the agency.

The opinion, written by Douglas Kmiec, acting head of the Office of Legal Counsel, and reviewed by Attorney General Dick Thornburgh, was praised by agency critics.

Christine Gebbie, a member of the now-defunct presidential AIDS commission and administrator of the Oregon health division, described the ruling as more than a symbolic victory. "I know people were fired because of a fear of AIDS," she said. "That [earlier] interpretation inhibited" those individuals "from taking legal action to protect themselves."

Jeffrey Levi, executive director of the National Gay and Lesbian Task Force, said he was "pleased the Justice Department has finally caught up with the Supreme Court."

The 29-page opinion says that in most situations "the probability that the AIDS virus will be transmitted is slight," and that generally neither health nor worker-performance considerations "will provide a justification for excluding" AIDS victims from employment or other benefits.



10/7/88

# AIDS Quilt, Larger Than Last Year, Returns to Mall

*'Stronger, More Confident' Names Project Remembers 8,288 Who Have Died of Disease*

By Sandra G. Boodman  
Washington Post Staff Writer

A year ago, when Cleve Jones came to Washington for the inaugural unfurling of a gigantic AIDS quilt, he appeared at a news conference casually dressed, visibly nervous and unsure about the reception his project would receive. Yesterday, when Jones faced an overflow crowd of reporters to kick off a weekend of activities that will revolve around the quilt, he wore a gray pin-striped suit and seemed calm and self-assured.

"We feel a lot stronger and more confident," said Jones, 34, executive director of San Francisco's Names Project. "While the tragedy has not lessened, we have a greater sense of clarity and strength. Last year the quilt was the symbol of our pain and our grief. This year it is the symbol of our determination."

In the past year, Jones has taken the quilt on a 20-city American tour and to Stockholm for the Fourth International Conference on AIDS. He has overseen the evolution of the Names Project from a shoe-string operation that could barely afford thread to a sophisticated nonprofit corporation that sells T-shirts, posters, books and notecards and enjoys the financial backing of major U.S. corporations and Hollywood celebrities.

The quilt that will be displayed on the Ellipse beginning at dawn tomorrow is five times bigger than the one that blanketed a two-block stretch of the Mall last year. It con-



Organizer Cleve Jones is hugged after he, actress Elizabeth McGovern and Rep. Gerry E. Studds (D-Mass.) show quilt at the American Textile Museum.

tains 8,288 handmade rectangular panels, each in memory of a person who has died of AIDS since 1981, linked with a five-mile grid of fabric walkways that allows viewers to inspect each panel and leave flowers or other mementos.

Each panel measures three by six feet, roughly the size of a person. All 50 states and 12 foreign countries are represented.

Some of those remembered are

well known, among them Rep. Stewart L. McKinney, the Connecticut Republican. A few commemorate mothers and their young children and there are panels for three brothers. The Smithsonian Institution announced yesterday it plans to acquire several panels for its collection.

Some of the 500 volunteers will arrive on the Ellipse at 9 a.m. today to begin setting up the walkways in

preparation for the unfolding of the quilt and reading of names, which is scheduled to start at sunrise at 7:13 a.m. tomorrow.

At 6 p.m. Saturday the quilt will be refolded and a candlelight march led by parents whose children have died will file past the White House and to the Lincoln Memorial for a memorial service. The quilt will be on display from 8 a.m. to 5 p.m. Sunday. Quilt organizers have told the National Park Service as many as 150,000 people are expected during the weekend.

Several demonstrations are planned by other organizations in conjunction with the quilt display. The biggest is slated for 7 a.m. Tuesday when as many as 1,000 protesters may converge on the federal Food and Drug Administration headquarters in Rockville.

Demonstrators will try to block the doors in a nonviolent protest of what organizers say is the slow pace by which experimental AIDS drugs are approved.

Montgomery County police say they have been told to expect up to 500 arrests.

Police Sgt. Harry Geehreg said officers had undergone AIDS training this week and may, if they wish, wear rubber gloves when making arrests.

Last year D.C. police wore long, yellow rubber gloves when arresting demonstrators, many of whom had AIDS, outside the White House.

BY JAMES A. PARCELL—THE WASHINGTON POST



Washington Times  
10/7/88

# Blacks hit hardest with heterosexual AIDS cases

By Joyce Price  
THE WASHINGTON TIMES

Heterosexual AIDS in the United States remains largely a problem of blacks, who account for nearly 70 percent of the cases.

In an article in today's issue of The Journal of the American Medical Association, researchers Harry W. Haverkos of the National Institute on Drug Abuse and Robert Edelman of the University of Maryland School of Medicine said AIDS "is not exploding into the heterosexual population, relative to other risk groups," such as homosexual males and intravenous drug users.

Still, they said, the increase in the number of heterosexual cases is "proportional to increases in other risk groups" and is "resulting in a doubling of heterosexual cases every 14 to 16 months."

For the most part, they said, these increases are occurring among blacks. "Heterosexual spread of AIDS appears to be more of a problem among blacks than among whites in the United States," Drs. Haverkos and Edelman said in their report.

Intravenous drug abuse is an important link in both the heterosexual and pediatric spread of HIV, the AIDS virus, the researchers said. "And the relatively high incidence of AIDS attributed to IV drug use among blacks is, surely, at least one of the factors involved in their higher rate of heterosexual transmission of AIDS," Dr. Haverkos of NIDA's Division of Clinical Research said in an interview yesterday.

Blacks make up 12 percent of the U.S. population and

## AIDS

From page A1

26 percent of all AIDS cases reported in this country since 1981. "But they account for 51 percent of the heterosexual intravenous drug users with AIDS, 69 percent of AIDS cases attributed to heterosexual contact, and 61 percent of pediatric AIDS patients, whose parents are at risk for AIDS," the researchers wrote.

Although whites account for 59 percent of all American AIDS cases, the researchers said, "One percent of AIDS cases among whites, 11 percent among blacks, and 4 percent among Hispanics are attributed to heterosexual spread of HIV."

In the District, blacks represent 53 percent of the 1,370 AIDS cases reported to date. Twenty-three of those cases allegedly resulted from heterosexual relations and 18 of the 23 cases involved blacks, according to Jane Silver of the D.C. Office on AIDS.

Dr. Haverkos said the higher incidence of heterosexual AIDS among blacks could also be explained by a larger proportion of bisexuals among black homosexual and bisexual men, or by a "greater overlap of homosexual/bisexual men and intravenous drug abusers in the black community than among whites."

"Some people speculate it might be culturally easier to lead a homosexual life if you're white than if you're black," Dr. Haverkos said. If that's the case, he said, black homosexuals might feel compelled to have heterosexual relationships so as not to arouse suspicion as to sexual preference.

Dr. Reed V. Tuckson, the D.C. commissioner of public health who is battling a growing problem of AIDS cases among black homosexuals in the District, said he found many black homosexuals are forced to lead double lives.

While many of the white homosexuals males living in the District have come from other cities, he said, many black homosexuals have been

## HETEROSEXUAL AIDS CASES IN THE UNITED STATES

Total AIDS cases of U.S. residents as of Oct. 3: 74,809.  
Cases attributed to heterosexual contact: 3,130

### Heterosexual contact cases by race:

|                            |       |
|----------------------------|-------|
| ■ Whites:                  | 591   |
| ■ Blacks:                  | 2,069 |
| ■ Hispanics:               | 454   |
| ■ Asian-Pacific Islanders: | 14    |
| ■ American Indians:        | 2     |

### Racial breakdown of heterosexual contact cases by transmission category:

| Transmission category      | Whites | Blacks | Hispanics |
|----------------------------|--------|--------|-----------|
| Heterosexual IV drug users | 20%    | 51%    | 29%       |
| Heterosexual contact cases | 17     | 69     | 14        |
| Pediatric AIDS cases       | 14     | 61     | 24        |

Source: Centers for Disease Control

The Washington Times

here all their lives and are living in the neighborhoods they grew up in.

As a result, he said, they often are forced to conceal their true sexual identities.

Dr. Haverkos said the greater heterosexual AIDS spread among blacks "might also represent an earlier introduction of HIV into the black heterosexual population of the United States." Genetic predisposition is another possibility, the researchers said. But because the proportion of AIDS cases attributed to blood transfusions and hemophilia among blacks parallels the proportion in the U.S. population, they said, it's more likely the heterosexual AIDS differential is a "behavioral rather than a genetic risk factor."

In an accompanying editorial in JAMA, Dr. H. Hunter Handsfield, director of the Seattle-King County Department of Public Health, said evidence suggests that female-to-male transmission of HIV may be less efficient than transmission from men to women and "that this may be limiting the heterosexual spread of HIV in industrialized countries."

According to the federal Centers for Disease Control, 1,979 AIDS cases in persons born in this country were classified as heterosexually acquired as of Oct. 3. Of that group,

1,517 cases involved women and 462 men.

"Anatomic considerations suggest that a pathogen whose transmission is dependent on exchange of semen and cervical secretions would be passed more efficiently from men to women than the reverse, due to retention of secretions in the woman, but not the man," Dr. Handsfield wrote.

In such underdeveloped regions as central Africa and Haiti, however, HIV transmission is more evenly divided between the sexes. Drs. Haverkos and Edelman suggested that factors such as chronic immune system activation, resulting from poorer overall health, lack of circumcision, extensive use of potentially HIV-infected prostitutes and a high incidence of genital ulcers and other sexually transmitted diseases could be factors.

"If the efficiency of HIV transmission increases with time and deteriorating immune function, the growing pool of women infected by needle-sharing or by sexual exposure [in this country] may become progressively more efficient transmitters of the virus," Dr. Handsfield said. "In the meantime, health officials and funding agencies must assume and prepare for the worst."



# Double standard on drugs?

Washington Times  
10/7/88

Until we are scandalized by some new outrage in athletics — say, a golfer wins the Masters Tournament while wearing cutoff blue jeans — the drug-tainted 1988 Olympic Games will rank as the reigning shame in the world of sports.

But with all the purple condemnations written and broadcast about the urinalysis results in Seoul, there remains considerable confusion over what to be mad about and why.

Why is it, for example, that athletes in the Olympics, other professionals and the few odd amateurs in organized sports are condemned for drug use with a media stridency usually reserved for spies or child molesters?

But other drug-takers in the public eye — especially if they play a guitar and more especially if they've killed themselves with careless self-dosage — are given media treatment ranging somewhere between cultish adoration and the respect paid visiting royalty.

I'll take the word of the media experts that it was loathsome for Canadian sprinter Ben Johnson and several other world-class athletes to use steroids and other chemicals of choice to aid them in the Olympic competitions.

But if Johnson is to be remembered as a young man who took banned drugs and, thereby, betrayed himself, his country, his teammates, his youthful fans, the Olympic spirit and the well-being of the entire planet, why is it that entertainers — except for the notoriety of an occasional arrest — are seen differently by the media?

We're told, for example, that the Beatles were deeply into drugs of various effect; that, indeed, they were singing the praises of drugs in some of their songs and that drugs were profoundly inspirational in writing and performing their music.

But the media treatments I have seen of the performing careers of the Beatles carry no condemnations and pose no suggestions they were unfair or unfit to entertain millions while involved in personal drug use.

The original Saturday Night Live television program, we're also told now, not only made sport of drug use in its comedy but was a place where some of the comedians and other of the show's participants were users of illegal drugs, before, during and after the performances.

When one of the stars of the show, John Belushi, died of drug abuse, there was media comment on the sorry personal state he'd got into. But there was little to note or condemn the drug lifestyle, something like an institutionalization of drug use among entertainers, that helped to kill him.

Belushi, of course, did not run the 100-meter dash or lift weights in competition or play outside linebacker. And if he were still alive, he'd still be performing, in whatever condition. It's unlikely he'd ever be put on industry probation for flunking a urinalysis and certainly the wrath of the nation and the world wouldn't be turned against him.

But we have Ben Johnson of

Canada, whose record run will never be recognized, who has already been shamed beyond any redemption and who'll probably never again be permitted to compete as a runner.

In all the media criticism and demands for punishment against athletes who use drugs, there's obvious concern not only for the health of the athletes and the integrity of sport but also a wider fear that the drug use by athletes will be emulated, especially not by young people.

That's a fair judgment and one easily defended. But as the media reflects society, where is the judgment that drug use among entertainers — whose lives are more closely monitored and imitated by the young — deserves such an appropriate condemnation?

For television and movie stars who have been involved with illegal drugs, for rock musicians with their retinues of dope suppliers, the media furnishes occasional anecdotes, sometimes cautious speculation that this or that glittering personality may be approaching drug burnout.

There's a double standard here that ought not to be tolerated. If the media is mad at Ben Johnson and rejects what he's done, why does the media tolerate, even glorify, those other drug-users?

Leonard Larsen is a nationally syndicated columnist.

Ben Johnson

John Belushi





9/29/88

# Californians Mull Proposed AIDS Law

## Proposition 102 Would Curtail Carriers' Rights

By MARILYN CHASE

Staff Reporter of THE WALL STREET JOURNAL

When it comes to protecting the rights and privacy of those infected with acquired immune deficiency syndrome, California has been a pacesetter. But the state's voters could soon order a radical change of course.

A citizen's initiative prepared by U.S. Rep. William Dannemeyer, a conservative Orange County Republican, and by Whittier radiologist Lawrence McNamee is promoting passage of a law requiring that doctors report patients or blood donors with positive AIDS-test results to state health officials or be fined \$250.

The proposed law, to be voted on in November, would also require that anyone known or "reasonably believed" by doctors or health authorities to be infected with AIDS must divulge a list of intimate partners to the state or be charged with a misdemeanor.

### Chain Reaction

Just as California's Proposition 13 stimulated a tax-revolt movement around the country a decade ago, the enactment of Proposition 102 could have considerable nationwide influence. That enactment is a distinct possibility. Although California voters have twice rejected AIDS quarantine measures offered by right-wing extremist Lyndon LaRouche, findings of the California Poll indicate they currently favor Proposition 102's core provisions—reporting and contact-tracing—by 58%, with 31% opposed and 11% undecided.

Proposition 102, however, has other far-reaching provisions. It would permit use of

the AIDS antibody test by insurers and employers and would allow doctors to use the same test on a patient's blood without the patient's written consent. It would make willful transmission of the virus a crime and would stiffen sentences for rape or assault by AIDS-virus carriers.

The measure, if passed and upheld in court, would make the nation's most populous state a leader in a legal countertrend toward favoring alleged public interests and the needs of employers and insurers over patients' rights. No states have passed laws as sweepingly restrictive as the California proposal; indeed, the initiative's allowance of pre-employment testing runs counter to current trends toward "more states passing protective laws," says Dick Merritt, director of the Intergovernmental Health Policy Project at George Washington University in Washington, D.C.

Only two elements of Proposition 102 are in step with new trends: its loosening of strictures on medical information and its tightening of penalties for knowingly infecting others. Releasing information on a need-to-know basis to public servants—for example to firefighters and paramedics—is gaining currency, although only two or three states have devoted special statutes dealing specifically with the AIDS virus and information release. About 10 states have declared willful transmission a felony, with Louisiana setting the strictest standard. But Mr. Merritt cautions: "These things are very difficult to adjudicate."

Currently, all states by law require diagnosed AIDS cases to be reported to state and federal health agencies. But only a quarter of states ask doctors to report to health authorities when patients simply test positive for AIDS antibodies. The incubation period for AIDS infection, when those infected with the virus are often outwardly healthy though infectious, can last up to 12 years before illness develops.

The possibility of a seemingly healthy AIDS carrier infecting others warrants Proposition 102's reporting provisions,

**THE MEASURE**, if passed and upheld in court, would make the nation's most populous state a leader in a legal countertrend toward favoring alleged public interests and the needs of employers and insurers over patients' rights. No states have passed laws as sweepingly restrictive as the California proposal.

Rep. Dannemeyer argues. "We citizens have rights," he says, "but we also have a duty to know our own status and to avoid transferring a disease to another human being." Dr. McNamee, the co-author of the initiative, declares concern for civil liberties "has wrested control of this disease away from public-health officials and placed it the hands of infected people."

Lending his name—and added emotional charge—to the campaign for passing the initiative is Paul Gann, father of the Proposition 13 tax revolt. Today, Mr. Gann is an AIDS patient, having contracted the disease from tainted transfusions during heart surgery. He is speaking out, he says, "for my kids and grandkids." His message: "No one can say that you or I have a civil right to spread a virus."

But such arguments don't sway most of the state's medical establishment. Laurens White, president of the California Medical Association, the state branch of the American Medical Association, castigates Proposition 102 as "bad law and bad medicine" promoted by "a bunch of right-wing, anti-homosexual activists." Dr. White and AIDS experts such as Paul Volberding, a physician and head of the AIDS unit at San Francisco General Hospital, warn that the proposition's passage would drive patients underground, thus discouraging their participation in critical AIDS research, and would destroy blood banking through the fear of exposure. Moreover, Dr. White charges the measure's language about reporting persons "believed" infected invites witch hunts.

"If a guy is wearing jeans and boots and is walking on upper Market Street, you may have reasonable belief he is infected," he says.

Other opponents include the California Nurses Association and the American Civil Liberties Union. Most recently, the California Chamber of Commerce has come out against the Dannemeyer initiative, as have such companies as American Telephone & Telegraph Co., Apple Computer Inc., Burroughs Wellcome Co. (maker of anti-AIDS

drug AZT), Pacific Gas & Electric Co. and Levi Strauss & Co. The companies cite reasons ranging from humanitarian concerns to the belief that the proposed law would be counterproductive in the fight against AIDS. Economists at the University of California at Berkeley warn that in the first year alone the measure will cost \$1.75 billion to enforce.

### Flouting the Law

Proposition 102 partly represents a backlash against state policies viewed by some voters as overly restrictive, such as the ban on tests by insurers and the stringent confidentiality measures. A doctor referring a patient for surgery, for example, is currently forbidden to tell the surgeon if the patient is infected.

Notwithstanding threats of a \$10,000 fine, medical workers flout the law to inform their colleagues, Dr. White says. "Doctors were upset because information couldn't be shared within the medical loop," he adds. (State legislators recently passed a bill easing the restriction. If signed by the governor, it would render part of the initiative moot.)

But whatever the reasons underlying the initiative, the gay community regards Proposition 102 as "a nightmare ... LaRouche in sheep's clothing," says Benjamin Schatz, a San Francisco attorney with National Gay Rights Advocates. His group together with the ACLU lost a court fight to remove Proposition 102 from the ballot. If the proposition carries, the group is braced to renew its legal battle on the ground that the wide-ranging measure violates a law limiting citizen initiatives to a single subject.

Mr. Schatz raises the specter of what he calls "sexual McCarthyism," a political climate in which privacy could be invaded and rights revoked on the basis of a false report of infection or sexual association. "If this thing passes, it will be a disaster," he predicts. "It will be open season on gays ... We'll have packages like this all across the country."



THE WHITE HOUSE

Office of the Press Secretary

For Immediate Release

August 2, 1988

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

Fact Sheet

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

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

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

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

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

Comprehensive Review

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

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

--MORE--



### The 10-Point Plan

Under the action plan, the President:

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

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



Accomplishments in Combatting HIV

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

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

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THE WHITE HOUSE  
Office of the Press Secretary

For Immediate Release

August 5, 1988

August 5, 1988

MEMORANDUM FOR THE DIRECTOR OF THE  
OFFICE OF MANAGEMENT AND BUDGET

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

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

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

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

RONALD REAGAN

# # #



THE WHITE HOUSE

WASHINGTON

August 5, 1988

MEMORANDUM FOR THE SECRETARY OF HEALTH AND HUMAN SERVICES

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

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

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



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

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

*Ronald Reagan*



TO THE CONGRESS OF THE UNITED STATES:

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

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

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

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

*Ronald Reagan*

THE WHITE HOUSE,

August 5, 1988.



THE WHITE HOUSE

Office of the Press Secretary

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For Immediate Release

August 2, 1988

STATEMENT BY THE PRESIDENT

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

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

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

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

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THE WHITE HOUSE  
Office of the Press Secretary

For Immediate Release

August 5, 1988

August 5, 1988

MEMORANDUM FOR THE SECRETARY OF STATE

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

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

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

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

RONALD REAGAN

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THE WHITE HOUSE

WASHINGTON

July 28, 1988

ACTION

MEMORANDUM FOR THE PRESIDENT

FROM:

DONALD IAN MACDONALD, M.D. 

SUBJECT:

Report of the Presidential Commission on the Human Immunodeficiency Virus (HIV) Epidemic

Issue: Whether to approve an action plan to respond to the HIV Commission report.

Background: During the past seven years, you have led an ever-widening effort to combat the effects of HIV infection and Acquired Immunodeficiency Syndrome (AIDS) through biomedical research, drug and vaccine trials, education, and measures to protect the public health. In June 1987 you established a one-year Presidential commission to investigate the spread of HIV and "recommend measures that Federal, state, and local officials can take." Four weeks ago, you received the final report of the commission from its Chairman, Admiral James D. Watkins, and asked me to prepare "a course of action that takes us forward" against HIV infection. The commission's comprehensive report contains 597 overall recommendations directed at all levels of government and the private sector. In many cases the report has implications reaching beyond efforts to combat AIDS and HIV infection.

During the past 30 days, I have consulted with Executive Branch agencies, the Office of Management and Budget (OMB), White House staff, and a cross-section of private groups and individuals, including the National Academy of Sciences which recently released an AIDS report with conclusions similar to those of the commission.

Discussion: Government and private agencies have continued to work throughout the year the commission has been active. Fully 40 percent of the 360 commission recommendations with federal components are already completed, underway, or planned. An additional 30 percent are under consideration as part of FY 90 agency budget plans.

The commission has identified 20 priority recommendations.



- o I agree with their top recommendation that attention be focused on the threat from HIV infection (estimate: 1 to 1.5 million infected Americans) rather than on AIDS, the most advanced stage of the infection (about 65,000 cases since 1981).
- o Action is underway on 5 other commission recommendations which urge increased emphasis on counseling and testing, partner notification, and prevention and treatment of IV drug abuse.
- o An additional 12 of the commission's top 20 recommendations will be advanced if you approve this plan. They are in the areas of personal responsibility, safety of the blood supply, ensuring adequate resources and flexibility of effort, education, health care financing, boarder babies, youth, international cooperation and discrimination.
- o One of the top 20 recommendations which calls for more nurses should be deferred pending a Nursing Commission report to the Secretary of Health and Human Services in December. Another recommendation which calls for extension of the National Health Services Corps should be rejected because I believe it will not solve the problem it addresses and because the Administration has previously opposed such action.

HIV infection and AIDS have created an unprecedented crisis that will have tremendous social and economic costs. The myriad problems must be a shared responsibility of federal, state, local, and private health agencies and of private citizens, businesses, and foundations. The Federal government cannot solve these problems alone.

Difficult decisions about education, prevention, diagnosis, intervention, treatment, and research will be managed best when public health principles, epidemiological models, and knowledge are applied with compassion and skill. At the same time, issues of individual rights and legitimate state interests must not be ignored.

#### **TEN-POINT ACTION PLAN**

Your approval of this ten-point plan will take the Nation forward in our fight against HIV infection. The proposed actions reflect a combination of my consultations and those commission recommendations with which I agree.



1. Implementation of Traditional Public Health Measures. The report endorses a number of public health measures that you have already recommended and which need to be implemented at state, local, and private levels. These include increased counseling and testing, reporting of HIV infection, and partner notification. Education must include emphasis on the importance of personal values and behavior and we must especially increase our efforts to reach persons at highest risk, including those in minority communities. Federal leadership should address the adoption of criminal statutes dealing with HIV-infected individuals who knowingly persist in behaviors that will transmit their infection. Another key issue is the serious problem of local community resistance to neighborhood facilities for treating AIDS patients, drug abusers, and boarder babies.

I **recommend** that you: urge federal, state and local agencies, private citizens, businesses, and foundations to work together to more fully implement public health measures to reduce the spread of HIV infection; direct an increase in the number of community-based educational programs directed to persons at highest risk of HIV infection, including women and members of minority populations; urge that all HIV educational programs, especially those directed to youth, place greater emphasis on your Principles on AIDS Education.

2. Anti-Drug Programs. The commission, and virtually everyone with whom I consulted, stressed the explosive threat to society from HIV transmission by intravenous drug users. Expansion of drug treatment capacity is needed, but it must grow over a period of years because there are limits to how fast the treatment community can expand. We need to continue our research efforts to learn better what works in drug prevention and treatment.

I **recommend** that you continue to communicate publicly your concern about drug abuse and its relation to HIV infection and continue to call for bi-partisan effort to enact your anti-drug proposals.

3. Ensuring A Safe Blood Supply. The progress made to safeguard our Nation's blood supply has been remarkable, but the commission believes that additional measures are necessary. They raised issues of laboratory quality, better screening tests, greater use of self-donated blood, direct notification of past transfusion recipients, and a restructuring of the Food and Drug Administration's Blood Products Advisory Committee.

I **recommend** that you: call for immediate action to improve laboratory quality and screening tests; call for appropriate steps to promptly notify those most at risk of HIV infection from blood transfusion; and urge greater use of self-donated blood.



4. Eliminating Barriers to Development of Vaccines and Drugs. Because of genuine concern about HIV infection and knowledge of the many scientific miracles produced in our lifetime, public expectations seem overly-optimistic as to how quickly government, the research community, and the pharmaceutical industry can reasonably be expected to develop drug therapies and a vaccine for AIDS and HIV infection.

I **recommend** that you call for immediate action inside and outside of government to further accelerate the process for development, evaluation, approval, and distribution of HIV vaccines, drugs, and devices; call upon the pharmaceutical industry to increase their already considerable efforts to develop products to combat HIV; and call for an assessment of private incentives for development and marketing of HIV products, including an evaluation of the need, if any, to have federal authority with which to offer increased incentives in exchange for royalties, licenses, or pricing concessions. This assessment should take into consideration solutions proposed in the February 1986 report of the Federal Tort Policy Working Group.

5. Ensuring Adequate and Effective Use of Resources. The commission has serious concerns about management of federal resources, especially about whether a long-range perspective is being applied.

I **recommend** that you reaffirm your commitment to ensuring that the Federal government's HIV-related activities receive appropriate resource support (dollars, FTEs, and office and laboratory space) and that, consistent with your other management improvement initiatives, no impediments to efficient use of these resources exist (including any problems with grant, contract, and hiring procedures) to the extent consistent with good administrative and fiscal controls. The Administration should pursue a vigorous and creative solution to the numerous issues raised by the commission.

6. Accelerating FY 90 Appropriations. Delay in the congressional appropriations process slows planning and implementation of our HIV efforts.

I **recommend** that you call upon Congress to accelerate enactment of your FY 89 HIV appropriations request and adopt your FY 90 budget request for HIV activities as quickly in the coming year as possible. A special HIV emergency fund for unanticipated problems and opportunities should be incorporated in the FY 90 budget request.

7. Health Care Financing Issues. The commission found health care financing issues to be among the most difficult they confronted.



I **recommend** that you endorse the concept expressed in the commission's recommendation 10-13 that "the Secretary of Health and Human Services...should evaluate our current system of health care financing ...."

I also **recommend** that you call for specific studies of ways to: better promote out-of-hospital and case-managed care; encourage states to establish insurance risk pools for medically uninsurable persons; and increase the responsiveness of the public health and health services systems to HIV-infected infants, children, and adolescents, and to low-income disabled individuals.

8. International Initiative. The United States must continue to do its part to stem the international epidemic of HIV infection. The commission recommended increased international funding and better planning and coordination.

I **recommend** that you endorse a multi-focused initiative involving encouragement and assistance to international HIV efforts, with emphasis on less-developed countries; a heightened U.S. commitment to international technical assistance within established technology transfer laws; and development of a three-year plan for international efforts against HIV infection.

9. Sustained Federal Leadership. Because there is no cure in sight, most if not all of the 1 to 1.5 million who are infected with the HIV virus will die and will remain infectious to others until their death. There will be huge personal, social, and economic costs which will extend well into the future.

I **recommend** that you request an update of the 1986 Public Health Service (PHS) plan for combatting HIV infection, reflecting elements of the commission report and the recent PHS Charlottesville planning conference; and monitor progress on the Executive Branch's response to the Presidential commission report. Status reports can be given to the Nation in September and December, with the second report containing specific recommendations for your successor.

10. Compassionate and Fair Treatment of HIV-Infected Individuals. Several dozen commission recommendations deal with fair and compassionate treatment of HIV-infected individuals through school and workplace guidelines, anti-discrimination laws, and confidentiality of medical records. The commission report repeatedly stresses the virtual non-transmissibility of AIDS and HIV infection in casual settings, as well as the need for enhanced public education about how HIV is, and is not, transmitted. It is also relevant to note that HIV testing is an important diagnostic and preventive tool which will be less widely used if there is fear that positive results will be disclosed publicly and result in adverse consequences.



I **recommend** that you endorse the commission's call for all sectors of society to respond equitably and compassionately to those who are HIV-infected and to their families. I **recommend** that you direct every Federal agency to adopt a policy based on the recently issued Office of Personnel Management (OPM) guidelines. I further **recommend** that you call upon American businesses, unions, and schools to examine the OPM and Centers for Disease Control guidelines and suggest their use as a model with appropriate modifications.

RECOMMENDATION: I recommend that you approve implementation of the proposed ten point action plan.

DECISION

Approve\_\_\_\_\_ Disapprove\_\_\_\_\_ Approve as modified\_\_\_\_\_

In regard to the Federal government's role in non-discrimination, I want to raise an additional issue which has potentially far-reaching implications and could carry us in a policy direction that is uncharted. Both the courts and Congress are struggling with issues surrounding expansion of non-discrimination policy. These are complicated policy questions that will require us to balance competing values and need thoughtful legal review.

RECOMMENDATION: I recommend that you refer these issues to the Attorney General for expeditious review and response.

DECISION

Approve\_\_\_\_\_ Disapprove\_\_\_\_\_ Approve as modified\_\_\_\_\_

If you approve this action plan, appropriate directives will be prepared for your signature.

Attachment



HIGHLIGHTS OF ACCOMPLISHMENTS IN COMBATTING  
AIDS AND HIV INFECTION----1981 TO 1988

Acquired Immunodeficiency Syndrome (AIDS) existed, but was unknown, for a number of years prior to its discovery in 1981. Since that time, the Federal Government, in cooperation with state and local organizations, researchers, public health workers and health care professionals, has embarked on an ever-widening effort to combat this public health threat. During your Administration more than \$5.3 billion has been committed to fight Human Immunodeficiency Virus (HIV) infection: through biomedical research, drug trials, prevention education, health care delivery and financial assistance programs, and measures to protect the public health. Hundreds of millions of dollars more have been expended by state and local governments and our nation's many charitable institutions. The President has commissioned two major reports on the epidemic: the Surgeon General's Report on AIDS and the Report of the Presidential Commission on the HIV Epidemic.

There have been many successes over the past 7 years, among them:

- o discovery of the causative agent known as HIV;
- o improved knowledge of HIV incidence, prevalence, and disease transmission;
- o implementation of nationwide blood screening which has virtually eliminated virus transmission through the blood supply;
- o establishment, with federal funding and technical assistance, of a comprehensive HIV prevention program in every state;
- o nationwide availability of testing and counseling for individuals who think they may be infected;
- o establishment through the National Institute of Justice of a national clearinghouse for AIDS information as it pertains to law enforcement agencies;
- o an educational mailer to all 105 million American households;
- o Federal leadership in developing recommendations and guidelines on protecting the public against infection in the workplace, schools, and the community at large.
- o market availability of one significant drug therapy and substantial progress on a number of others, including ongoing clinical trials with thousands of persons with HIV-infection;
- o approval to test two experimental HIV vaccines in human volunteers;
- o significant United States involvement and support for international AIDS efforts, including funding for the World Health Organization's Global Program on AIDS.



9/15/88

## Human Immune Defenses Are Transplanted in Mice

By HAROLD M. SCHMECK Jr.

Scientists have transplanted the major elements of the human immune defense system into living mice, a stunning achievement that should provide a powerful new tool for medical research.

Describing the new experiments as "exciting" and "incredible," leading researchers predicted that the technique will have many important uses, including the study of AIDS and leukemia and the testing of treatments and vaccines. The altered mice are also expected to give scientists, for the first time, a direct way of studying the development of the human immune system and its functions.

The mice lack natural immune defenses of their own, but circulating in their blood is the full spectrum of human white blood cells, which play key roles in warding off infection and produce

human antibodies in response to infectious agents.

These human attributes have been produced in mice by two research teams working independently of each other and using different methods. Although the research is considered highly promising, it is still in an early stage at both institutions involved.

Researchers at the Medical Biology Institute, an independent research center in La Jolla, Calif., reported today in the journal *Nature* that they had produced mice that had the major functional elements of the human immune defenses. They did this by injecting the animals with purified lymphocytes, immune defense cells, from normal human adults. The cells, injected into the abdominal cavity, reproduced and migrated

*Continued on Page A30, Column 1*



Mouse into which scientists at Stanford University transplanted major elements of human immune system. A separate study achieved similar results using a different method.



9/15/88

THE NEW YORK TIMES, THURSDAY, SEPTEMBER 15, 1988

# Human Immune Defenses Transplanted in Mice

Continued From Page A1

throughout the blood and lymphatic systems.

Dr. Donald E. Mosier, leader of the research team, said the human immune defenses had persisted in some mice for as long as eight months so far. When such animals were injected with tetanus toxoid, used to produce immunity against tetanus bacteria, the animals developed human antibodies against the bacteria. The experiments also produced evidence of activity by the other fundamental arm of the human immune defenses, cell mediated immunity, which is mainly produced by two classes of cells: T cells and B cells.

## Surprisingly Simple Technique

The method of transplanting the immune defenses was relatively simple, but the scientists had hardly expected it to succeed. The normal expectation was that the transplanted human tissue would attack the mouse's body in a process, graft-versus-host disease, that is often fatal. Although there was some graft-versus-host disease, it was less destructive than expected.

The other research team, led by Dr. Joseph M. McCune and Dr. Irving Weissman of Stanford University, succeeded in a much more formidable task: transferring the entire human immune defense system into mice by transplanting human fetal tissues that are responsible for the development of the complete human blood-forming and immune system.

The team has developed a colony of more than 200 of the mice that have human immune defenses, according to a report that will be published in the journal *Science*. The scientists are not yet certain how complete the transplanted defenses are. But mice that would ordinarily die within three to

## Some believe a powerful research tool has been discovered.

four months because they lacked immune defenses, became healthy and have survived as long as 15 months to date. Among other things, they withstood pneumocystis carini infections, a major cause of death among AIDS patients.

The Stanford researchers will report on their experiments in next week's issue of *Science*, but the editors of that journal permitted the results of the study to be described in advance so that the two reports could be made public at the same time.

## Use of Fetal Tissue

The scientists at Stanford injected the mice with small amounts of fetal liver and lymphatic tissue as well as fetal thymus and spleen; all of them tissues vital to formation of blood and immune defenses. The tissues were obtained after abortion with the consent of the women involved. The use was approved by Stanford panels that regulate human and animal research. The work did not violate any Federal rules, Dr. Weissman said.

Only small amounts of tissue were needed and they were obtained before the current moratorium on Federal support for fetal research. The scientists at Stanford received support from the National Institutes of Health for the mouse research.

Crucial to both research teams was a breed of mice called SCID, for severe combined immune deficiency, that are almost totally lacking in immune de-

fenses of their own. Because the animals lacked defenses, they did not reject the foreign human tissues. The breed of mice was discovered five years ago by Melvin J. Bosma and Gayle C. Bosma, a husband and wife research team at the Fox Chase Cancer Center in Philadelphia.

Dr. Anthony S. Fauci, director of the National Institute of Allergy and Infectious Diseases, in Bethesda, Md. said the research by both groups was important. Dr. Fauci, an expert on both immunology and AIDS, described the experiments as "very exciting work" that "has major potential for being able to establish a small-animal model of the human immune system."

For example, he said, the mice may allow direct step-by-step studies of the manner in which the AIDS virus attacks cells of the human immune defense system. Such animals may also prove valuable for testing new drugs and new vaccines for AIDS and other important diseases.

At present there is no animal in which the acquired immune deficiency syndrome produces precisely the same effects that it does in humans. Chimpanzees, the closest animals to humans that can be infected with the HIV virus, are in short supply and do not develop an equivalent disease to AIDS. Whether the mice will do so is not yet known, but the scientists believe they will at least be able to follow the progression of the virus infection on cells of the human immune system in a direct manner that has not previously been possible.

## Research Termed Remarkable

In a commentary written for *Science*, Dr. George D. Yancopoulos and Dr. Frederick W. Alt, of Columbia University, described the research at Stanford as "remarkable." They said animals in which the immune defenses have been manipulated in various

## New insights into AIDS and leukemia may be possible.

ways permit many important studies of the way in which the immune system functions.

"The Weissman group now report remarkable experiments that appear to push this system to its incredible but logical extreme," they said.

Authors of the report from Stanford with Dr. Weissman and Dr. McCune were Dr. Reiko Namikawa, Dr. Hideto Kaneshima, Dr. Miriam Lieberman of Stanford and Dr. Len Shultz of the Jackson Laboratory in Bar Harbor, Me.

Authors of the *Nature* article with Dr. Mosier are Dr. Richard J. Gulizia and Dr. Darcy B. Wilson of the Medical Biology Institute and Dr. Stephen M. Baird of the Veterans Administration Medical Center in La Jolla.



AIDS HOUSEHOLD MAILOUT - TIMETABLE

As directed by Congress in Public Law 100-202, the Centers for Disease Control (CDC) developed and distributed a brochure entitled Understanding AIDS to all households and Post Office Box holders in the United States and its territories. Discussions regarding a possible national mailer began in the spring of 1987. Development of the actual brochure began in October 1987. Distribution began May 26, 1988, and was completed June 15, 1988.

## Major events:

- 10/1-31/87 Planning and development of national mailer began, including focus group meetings in cities around the country and consultation with organizations interested in AIDS.
- 12/24/87 Presentation of proposal for national mailer to Director, CDC.
- 1/15/88 Presentation of draft brochure to Director, CDC.
- 1/22/88 - Focus groups held in six locations throughout the U.S. to test  
1/27/88 draft brochure.
- 2/3/88 Presentation of reactions from focus groups to Director, CDC.
- 2/5-2/17/88 Draft of brochure reviewed by PHS/CDC physicians, educators, and others; brochure reviewed and endorsed by outside organizations, including medical and public health associations.
- 2/18/88 Final draft of brochure completed.
- 2/22/88 Presentation of brochure to Assistant Secretary for Health.
- 2/23/88 Presentation to the Secretary and the Secretary's AIDS Task Force.
- 3/7/88 HHS concurrence process completed.
- 3/10/88 Mechanicals (camera-ready copy) completed.
- 3/14/88 Printing specifications and mechanicals delivered to the Government Printing Office
- 3/88-8/88 Expanded CDC's national AIDS hotline (English); established a Spanish hotline; and increased the capacities of State and local hotlines to handle public response. Expanded the National AIDS Information Clearinghouse to respond to requests for AIDS materials.,
- 5/4/88 Brochure Understanding AIDS officially released by Secretary Otis R. Bowen, Surgeon General C. Everett Koop, and Dr. James O. Mason, CDC Director, in Washington, D.C., and by Dr. Robert E. Windom, Assistant Secretary for Health, in Geneva Switzerland, at the World Health Organization.
- 5/10/88 Distribution of an advance facsimile of brochure made to over 1 million health professionals to prepare the health community for public response to the mailer.
- 5/12/88 Printing, sorting, bundling, and delivery to U.S. Postal Service completed.



5/26/88-  
6/15/88 Delivery made to all U.S. households and P.O. Box holders, including 1,000,000 copies of the brochure in Spanish to households in Puerto Rico. Braille and audiotape versions made available through National AIDS Information Clearinghouse.

6/30/88 Distribution completed to military personnel assigned to U.S. bases and overseas, correctional institutions, shelters for the homeless, Foreign Service Personnel, and Peace Corps volunteers.

5/88-7/88 Surveys of public knowledge, attitudes, and beliefs conducted by National Center for Health Statistics (NCHS) to measure impact of national AIDS mailer.

7/88-9/88 Analysis of survey data conducted by NCHS.

7/88-9/88 Brochure being translated into Chinese, Portuguese, Haitian-Creole, Vietnamese, Laotian, and Cambodian.



ESTIMATED BUDGETARY COSTS ASSOCIATED WITH THE NATIONAL  
AIDS HOUSEHOLD MAILER\*

| <u>ITEMS</u>                                                                           | <u>ESTIMATED COSTS<br/>FY 1988</u> | <u>COSTS<br/>FY 1987</u> | <u>TOTAL</u> |
|----------------------------------------------------------------------------------------|------------------------------------|--------------------------|--------------|
| Printing, Postage, and<br>Distribution Costs (excluding<br>Clearinghouse distribution) | \$16,299,603**                     |                          |              |
| Special Assistance with the<br>English Hotline (AT&T)                                  | 2,100,000                          |                          |              |
| Special Assistance with the<br>Spanish Hotline (AT&T)                                  | 260,558                            |                          |              |
| Enhancement of Clearinghouse<br>Services                                               | 2,534,000                          |                          |              |
| Enhancement of Basic Hotline<br>Services                                               |                                    | \$1,000,000              |              |
| - Ogilvy & Mather Contract                                                             | 1,439,820                          |                          |              |
| - Macro Report/National Mailer                                                         | 25,000                             |                          |              |
| - Other NAIEP Costs                                                                    | 13,331 ***                         |                          |              |
| - National Center for Health<br>Statistics/Pre/Post-Mailer<br>Survey                   | 50,000****                         |                          |              |
| - Center for Prevention Services/<br>State Hotline Enhancement                         | 2,888,000                          |                          |              |
| TOTAL ESTIMATED COST                                                                   | \$25,610,312                       | \$1,000,000              | \$26,610,312 |

\* These costs are being used for budgeting purposes - the actual cost may be greater or less, depending upon the public response.

\*\* Printing \$5,355,593; Postage \$ 10,944,010 (\$16,299,603)

\*\*\*Travel, Transportation, Small Purchasing, Switchboard (\$13,331)

\*\*\*\*Costs for the evaluation by NCHS will be higher by \$125,000.

**DEPARTMENT OF LABOR**  
**OFFICE OF THE SECRETARY**  
**EXECUTIVE SECRETARIAT**

DATE:  
9-15-88

TO: Sue Daoulas

FROM: Ruth Morgenstern *Ruth*  
(523-6019)

Attached is the Department's response to your August 4 letter.

If you need any further information please call.



U.S. DEPARTMENT OF LABOR

SECRETARY OF LABOR  
WASHINGTON, D.C.

September 14, 1988

Dear Mac:

Thank you for your letter of August 4 concerning recommendations of the President's Commission on Human Immunodeficiency Virus (HIV) Epidemic Final report. I have enclosed status reports on those recommendations which impact the Department of Labor.

Per your request, we have changed the status classification on four of the updates to reflect completion before the end of FY 1989. In addition, in response to #10-14 and #10-17, we have completed Update Response sheets indicating that amendments which would be required to ERISA are not currently the subject of active agency consideration.

Should you have any additional questions, please have a member of your staff call Debi Bowland at 523-6212.

Sincerely,



ANN McLAUGHLIN

Donald Ian Macdonald, M.D.  
Director, Drug Abuse Policy Office and  
Special Assistant to the President  
The White House  
Washington, D.C. 20500

Enclosures

## COMMENTS ON HIV REPORT RECOMMENDATIONS

3-40 The DOL should move expeditiously to develop a permanent and enforceable standard covering blood-borne diseases, with penalties for noncompliance, to protect health care and other workers whose jobs involve exposure to blood and blood-contaminated body fluids.

### Proposed Federal Position

| Federal Responsibility                                      | Non-Federal Responsibility            |
|-------------------------------------------------------------|---------------------------------------|
| <input type="checkbox"/> A = Completed/Ongoing              | <input type="checkbox"/> F = Agree    |
| <input checked="" type="checkbox"/> B = Planned             | <input type="checkbox"/> G = Disagree |
| <input checked="" type="checkbox"/> C = Under Consideration | <input type="checkbox"/> H = Neutral  |
| <input type="checkbox"/> D = Disagree                       | <input type="checkbox"/> I = Other    |
| <input type="checkbox"/> E = Other                          |                                       |

### Organizations Providing Comments

Federal : DOL (OSHA)  
Non-Federal:

### Comments

~~Funds have been included in the FY 1989 budget for the preparation of a standard. However, the promulgation of an OSHA 6(b) standard probably would not easily allow the Agency to react to and accommodate changes in information about diseases and appropriate protections as they develop.~~

~~Staff position: Within 60 days, DOL and HHS should determine whether standard is necessary.~~

*OSHA plans to publish a proposal (NPRM) under  
Section 6(b) of the CSH Act.*



4

### COMMENTS ON HIV REPORT RECOMMENDATIONS

3-43 The DOL, through the OSHA, or the Joint Commission on Accreditation of Hospitals should require that all health care facilities make infection control devices and supplies available in all patient care areas. Institutions should be required to document that adequate stocks and timely disposal of filled infectious waste containers are accomplished.

#### Proposed Federal Position

| Federal Responsibility                                      | Non-Federal Responsibility            |
|-------------------------------------------------------------|---------------------------------------|
| <input checked="" type="checkbox"/> A = Completed/Ongoing   | <input type="checkbox"/> F = Agree    |
| <input checked="" type="checkbox"/> B = Planned             | <input type="checkbox"/> G = Disagree |
| <input checked="" type="checkbox"/> C = Under Consideration | <input type="checkbox"/> H = Neutral  |
| <input type="checkbox"/> D = Disagree                       | <input type="checkbox"/> I = Other    |
| <input type="checkbox"/> E = Other                          |                                       |

#### Organizations Providing Comments

Federal : DOL (OSHA), DoD

Non-Federal:

#### Comments

~~Refer to comments in 3-40.~~

OSHA plans to include this as part of the proposal published under Section 6(b) of the OSHA Act.

### COMMENTS ON HIV REPORT RECOMMENDATIONS

5-19 Officials from the Job Corps, the State Department (including the Peace Corps), and any other federal agencies conducting HIV screening should meet with organizations representing state and local public health authorities to ensure that a policy for referral and follow-up for those found to be HIV-infected is implemented. Implementation policies and procedures should be part of agencies's mission statements.

#### Proposed Federal Position

| Federal Responsibility                           | Non-Federal Responsibility            |
|--------------------------------------------------|---------------------------------------|
| <input type="checkbox"/> A = Completed/Ongoing   | <input type="checkbox"/> F = Agree    |
| <input type="checkbox"/> B = Planned             | <input type="checkbox"/> G = Disagree |
| <input type="checkbox"/> C = Under Consideration | <input type="checkbox"/> H = Neutral  |
| <input type="checkbox"/> D = Disagree            | <input type="checkbox"/> I = Other    |
| <input checked="" type="checkbox"/> E = Other    |                                       |

#### Organizations Providing Comments

Federal : DOL, HHS (CDC)

Non-Federal:

#### Comments

Most Job Corp sites have good working relationships with local/State health departments in their area. Meeting with and establishing formal referral agreements with all State and local health departments is impractical. A more sensible approach is to have centers establish relationships with agencies within commuting distance of the center.

Other listed agencies need to be heard from and some consideration needs to be given as to whether existing protocols respond adequately to the recommendation.



### COMMENTS ON HIV REPORT RECOMMENDATIONS

8-72 All federal agencies should serve as a role model for the private sector by immediately adopting and implementing the employment policies for HIV-infected workers described in the OPM guidelines. The guideline establish a policy for employers of responding to HIV-infected individuals just as employers should with an individual with any other disease or disability (i.e., in a compassionate, humane, and fair manner).

#### Proposed Federal Position

| Federal Responsibility                                    | Non-Federal Responsibility            |
|-----------------------------------------------------------|---------------------------------------|
| <input checked="" type="checkbox"/> A = Completed/Ongoing | <input type="checkbox"/> F = Agree    |
| <input type="checkbox"/> B = Planned                      | <input type="checkbox"/> G = Disagree |
| <input type="checkbox"/> C = Under Consideration          | <input type="checkbox"/> H = Neutral  |
| <input type="checkbox"/> D = Disagree                     | <input type="checkbox"/> I = Other    |
| <input type="checkbox"/> E = Other                        |                                       |

#### Organizations Providing Comments

Federal : VA, OPM, DOJ, HUD, DOT, DOL, DOD, Treasury  
Non-Federal:

#### Comments

See 8-71.

VA personnel policies relating to HIV-infected employees follow OPM Guidelines. DOD policy stresses the need to respond to HIV-infected individuals in the compassionate, humane, and fair manner individuals with any other disease or disability would receive. DOJ is developing a directive that implements the OPM guidelines for the Department in a way that is fully consistent with the OPM guidelines. DOT has published a Departmental policy adopting the OPM guidelines and stressing the responsibilities of the OPDIVS within the DOT to provide training for employees. HUD has developed a general AIDS in the Workplace policy statement as well as a guide for all employees. DOL has notified all personnel offices in the Department that OPM guidelines were to be followed. DOD and Treasury support. Treasury expands to issue implementing regulations on or before August 1, 1988.

## COMMENTS ON HIV REPORT RECOMMENDATIONS

8-74 All employers are encouraged to take active roles in the community response to the HIV epidemic by supporting research, education, health care coalitions, and local HIV support groups.

### Proposed Federal Position

| Federal Responsibility                | Non-Federal Responsibility |
|---------------------------------------|----------------------------|
| <u>      </u> A = Completed/Ongoing   | <u>  X  </u> F = Agree     |
| <u>      </u> B = Planned             | <u>      </u> G = Disagree |
| <u>      </u> C = Under Consideration | <u>      </u> H = Neutral  |
| <u>      </u> D = Disagree            | <u>      </u> I = Other    |
| <u>      </u> E = Other               |                            |

### Organizations Providing Comments

Federal : Treasury

Non-Federal: Health Industry Manufacturers Association

### Comments

HIMA has organized a two volume sourcebook which includes sections on AIDS in the Workplace including model corporate policies and guidelines for dealing with HIV-infected employees, worker safety and legal issues. The organization supports the recommendation.

Treasury has an ongoing initiative to encourage employees to volunteer to assist in supporting local community activities. A recent update included volunteering to assist HIV-infected persons.



### COMMENTS ON HIV REPORT RECOMMENDATIONS

8-78 Employees with any disease or disability, including HIV infection, should be treated with compassion and understanding and allowed to continue working as long as they are able to perform their job. The "otherwise qualified" standards articulated by Arline should be applied and reasonable accommodation should be made for the employee.

#### Proposed Federal Position

| Federal Responsibility                                    | Non-Federal Responsibility            |
|-----------------------------------------------------------|---------------------------------------|
| <input checked="" type="checkbox"/> A = Completed/Ongoing | <input type="checkbox"/> F = Agree    |
| <input checked="" type="checkbox"/> B = Planned           | <input type="checkbox"/> G = Disagree |
| <input type="checkbox"/> C = Under Consideration          | <input type="checkbox"/> H = Neutral  |
| <input type="checkbox"/> D = Disagree                     | <input type="checkbox"/> I = Other    |
| <input type="checkbox"/> E = Other                        |                                       |

#### Organizations Providing Comments

Federal : VA, HUD, DOL, DOD, Treasury  
Non-Federal:

#### Comments

All agencies reporting support the recommendation.

Policy is currently being considered in the OFFICE OF Federal CONTRACT COMPLIANCE PROGRAMS. (OFCCP) However, it is currently undetermined when the policy will be implemented.

## COMMENTS ON HIV REPORT RECOMMENDATIONS

9-6 The Office of Civil Rights within each agency should develop policy guidelines that state that all HIV-infected persons, including those who are asymptomatic, are subject to the jurisdiction of the Office. The agencies should publicize the availability of the services of their Offices of Civil Rights to those who have experienced HIV-related discrimination and should publish their intent to investigate actively all complaints. The agencies should distribute these policy guidelines to all contractors and grantees.

### Proposed Federal Position

#### Federal Responsibility

☒ A = Completed/Ongoing  
☒ B = Planned  
☒ C = Under Consideration  
☐ D = Disagree  
☐ E = Other

#### Non-Federal Responsibility

☐ F = Agree  
☐ G = Disagree  
☐ H = Neutral  
☐ I = Other

### Organizations Providing Comments

Federal : DOJ, HHS, Treasury, DOL

Non-Federal:

### Comments

DOJ would favor handling HIV-infection cases in the same manner as federal civil rights offices handle their other responsibilities on nondiscrimination activities.

HHS would like to take a more active role. It plans to issue a letter to all grantees alerting them to their AIDS-related anti-discrimination obligations.

Treasury will post policy in all bureau facilities. In addition, there will be disclosure of the procedures to process HIV-related complaints.

Staff position: Allow agencies to set their own policy above the minimum stated by DOJ.

*DOL's DIRECTORATE OF Civil Rights plans to implement a policy by November, 1988.*



## COMMENTS ON HIV REPORT RECOMMENDATIONS

10-14 In the course of the evaluation described in (10-13), consideration should be given to two major options:

- \* Extending the COBRA provision beyond the 18-month period for employee-paid, group rate premiums from the employer's health insurance coverage to provide adequate coverage for the former employee until qualifying for Medicare. Consideration should be given to providing federal assistance to help pay the private insurance premium for persons unable to pay the full premium.
- \* Decreasing the waiting period for qualifying for Medicare from 24 months to 12 months in order to provide health insurance coverage after the 18-month COBRA provision has expired. Consideration should be given to providing federal assistance to help pay the private insurance premium for persons unable to pay the full premium.

### Proposed Federal Position

| Federal Responsibility                                      | Non-Federal Responsibility            |
|-------------------------------------------------------------|---------------------------------------|
| <input type="checkbox"/> A = Completed/Ongoing              | <input type="checkbox"/> F = Agree    |
| <input type="checkbox"/> B = Planned                        | <input type="checkbox"/> G = Disagree |
| <input checked="" type="checkbox"/> C = Under Consideration | <input type="checkbox"/> H = Neutral  |
| <input type="checkbox"/> D = Disagree                       | <input type="checkbox"/> I = Other    |
| <input type="checkbox"/> E = Other                          |                                       |

### Organizations Providing Comments

Federal : HHS (HCFA),  
Non-Federal: Blue Cross/Blue Shield

### Comments

HCFA sees these two as alternatives to each other, but also very much a part of other issues, such that they would best be addressed by the larger evaluation called for in recommendation 10-13. HCFA further notes the following items: DOL is the lead agency for the COBRA provision; Medicaid has already issued policy guidance that State Medicaid agencies may pay health insurance premiums when it would be cost-effective, which may be the case in many instances under COBRA; in the context of a broad evaluation, HCFA would give consideration to shortening the waiver but not if it were restricted to persons with AIDS or disabling HIV infection. Also, the cost of shortening the waiver might run as high as \$10 billion if applied to all Medicare disabled.

Blue Cross/Blue Shield states that they would prefer to see the state risk pools under 10-17 rather than the COBRA extension because of the cost to employers.

1/8/89 Doc. 10-14-17-18-19-20-21-22-23-24-25-26-27-28-29-30-31-32-33-34-35-36-37-38-39-40-41-42-43-44-45-46-47-48-49-50-51-52-53-54-55-56-57-58-59-60-61-62-63-64-65-66-67-68-69-70-71-72-73-74-75-76-77-78-79-80-81-82-83-84-85-86-87-88-89-90-91-92-93-94-95-96-97-98-99-100-101-102-103-104-105-106-107-108-109-110-111-112-113-114-115-116-117-118-119-120-121-122-123-124-125-126-127-128-129-130-131-132-133-134-135-136-137-138-139-140-141-142-143-144-145-146-147-148-149-150-151-152-153-154-155-156-157-158-159-160-161-162-163-164-165-166-167-168-169-170-171-172-173-174-175-176-177-178-179-180-181-182-183-184-185-186-187-188-189-190-191-192-193-194-195-196-197-198-199-200-201-202-203-204-205-206-207-208-209-210-211-212-213-214-215-216-217-218-219-220-221-222-223-224-225-226-227-228-229-230-231-232-233-234-235-236-237-238-239-240-241-242-243-244-245-246-247-248-249-250-251-252-253-254-255-256-257-258-259-260-261-262-263-264-265-266-267-268-269-270-271-272-273-274-275-276-277-278-279-280-281-282-283-284-285-286-287-288-289-290-291-292-293-294-295-296-297-298-299-300-301-302-303-304-305-306-307-308-309-310-311-312-313-314-315-316-317-318-319-320-321-322-323-324-325-326-327-328-329-330-331-332-333-334-335-336-337-338-339-340-341-342-343-344-345-346-347-348-349-350-351-352-353-354-355-356-357-358-359-360-361-362-363-364-365-366-367-368-369-370-371-372-373-374-375-376-377-378-379-380-381-382-383-384-385-386-387-388-389-390-391-392-393-394-395-396-397-398-399-400-401-402-403-404-405-406-407-408-409-410-411-412-413-414-415-416-417-418-419-420-421-422-423-424-425-426-427-428-429-430-431-432-433-434-435-436-437-438-439-440-441-442-443-444-445-446-447-448-449-450-451-452-453-454-455-456-457-458-459-460-461-462-463-464-465-466-467-468-469-470-471-472-473-474-475-476-477-478-479-480-481-482-483-484-485-486-487-488-489-490-491-492-493-494-495-496-497-498-499-500-501-502-503-504-505-506-507-508-509-510-511-512-513-514-515-516-517-518-519-520-521-522-523-524-525-526-527-528-529-530-531-532-533-534-535-536-537-538-539-540-541-542-543-544-545-546-547-548-549-550-551-552-553-554-555-556-557-558-559-560-561-562-563-564-565-566-567-568-569-570-571-572-573-574-575-576-577-578-579-580-581-582-583-584-585-586-587-588-589-590-591-592-593-594-595-596-597-598-599-600-601-602-603-604-605-606-607-608-609-610-611-612-613-614-615-616-617-618-619-620-621-622-623-624-625-626-627-628-629-630-631-632-633-634-635-636-637-638-639-640-641-642-643-644-645-646-647-648-649-650-651-652-653-654-655-656-657-658-659-660-661-662-663-664-665-666-667-668-669-670-671-672-673-674-675-676-677-678-679-680-681-682-683-684-685-686-687-688-689-690-691-692-693-694-695-696-697-698-699-700-701-702-703-704-705-706-707-708-709-710-711-712-713-714-715-716-717-718-719-720-721-722-723-724-725-726-727-728-729-730-731-732-733-734-735-736-737-738-739-740-741-742-743-744-745-746-747-748-749-750-751-752-753-754-755-756-757-758-759-760-761-762-763-764-765-766-767-768-769-770-771-772-773-774-775-776-777-778-779-780-781-782-783-784-785-786-787-788-789-790-791-792-793-794-795-796-797-798-799-800-801-802-803-804-805-806-807-808-809-810-811-812-813-814-815-816-817-818-819-820-821-822-823-824-825-826-827-828-829-830-831-832-833-834-835-836-837-838-839-840-841-842-843-844-845-846-847-848-849-850-851-852-853-854-855-856-857-858-859-860-861-862-863-864-865-866-867-868-869-870-871-872-873-874-875-876-877-878-879-880-881-882-883-884-885-886-887-888-889-890-891-892-893-894-895-896-897-898-899-900-901-902-903-904-905-906-907-908-909-910-911-912-913-914-915-916-917-918-919-920-921-922-923-924-925-926-927-928-929-930-931-932-933-934-935-936-937-938-939-940-941-942-943-944-945-946-947-948-949-950-951-952-953-954-955-956-957-958-959-960-961-962-963-964-965-966-967-968-969-970-971-972-973-974-975-976-977-978-979-980-981-982-983-984-985-986-987-988-989-990-991-992-993-994-995-996-997-998-999-1000-1001-1002-1003-1004-1005-1006-1007-1008-1009-1010-1011-1012-1013-1014-1015-1016-1017-1018-1019-1020-1021-1022-1023-1024-1025-1026-1027-1028-1029-1030-1031-1032-1033-1034-1035-1036-1037-1038-1039-1040-1041-1042-1043-1044-1045-1046-1047-1048-1049-1050-1051-1052-1053-1054-1055-1056-1057-1058-1059-1060-1061-1062-1063-1064-1065-1066-1067-1068-1069-1070-1071-1072-1073-1074-1075-1076-1077-1078-1079-1080-1081-1082-1083-1084-1085-1086-1087-1088-1089-1090-1091-1092-1093-1094-1095-1096-1097-1098-1099-1100-1101-1102-1103-1104-1105-1106-1107-1108-1109-1110-1111-1112-1113-1114-1115-1116-1117-1118-1119-1120-1121-1122-1123-1124-1125-1126-1127-1128-1129-1130-1131-1132-1133-1134-1135-1136-1137-1138-1139-1140-1141-1142-1143-1144-1145-1146-1147-1148-1149-1150-1151-1152-1153-1154-1155-1156-1157-1158-1159-1160-1161-1162-1163-1164-1165-1166-1167-1168-1169-1170-1171-1172-1173-1174-1175-1176-1177-1178-1179-1180-1181-1182-1183-1184-1185-1186-1187-1188-1189-1190-1191-1192-1193-1194-1195-1196-1197-1198-1199-1200-1201-1202-1203-1204-1205-1206-1207-1208-1209-1210-1211-1212-1213-1214-1215-1216-1217-1218-1219-1220-1221-1222-1223-1224-1225-1226-1227-1228-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2229-2230-2231-2232-2233-2234-2235-2236-2237-2238-2239-2240-2241-2242-2243-2244-2245-2246-2247-2248-2249-2250-2251-2252-2253-2254-2255-2256-2257-2258-2259-2260-2261-2262-2263-2264-2265-2266-2267-2268-2269-2270-2271-2272-2273-2274-2275-2276-2277-2278-2279-2280-2281-2282-2283-2284-2285-2286-2287-2288-2289-2290-2291-2292-2293-2294-2295-2296-2297-2298-2299-2300-2301-2302-2303-2304-2305-2306-2307-2308-2309-2310-2311-2312-2313-2314-2315-2316-2317-2318-2319-2320-2321-2322-2323-2324-2325-2326-2327-2328-2329-2330-2331-2332-2333-2334-2335-2336-2337-2338-2339-2340-2341-2342-2343-2344-2345-2346-2347-2348-2349-2350-2351-2352-2353-2354-2355-2356-2357-2358-2359-2360-2361-2362-2363-2364-2365-2366-2367-2368-2369-2370-2371-2372-2373-2374-2375-2376-2377-2378-2379-2380-2381-2382-2383-2384-2385-2386-2387-2388-2389-2390-2391-2392-2393-2394-2395-2396-2397-2398-2399-2400-2401-2402-2403-2404-2405-2406-2407-2408-2409-2410-2411-2412-2413-2414-2415-2416-2417-2418-2419-2420-2421-2422-2423-2424-2425-2426-2427-2428-2429-2430-2431-2432-2433-2434-2435-2436-2437-2438-2439-2440-2441-2442-2443-2444-2445-2446-2447-2448-2449-2450-2451-2452-2453-2454-2455-2456-2457-2458-2459-2460-2461-2462-2463-2464-2465-2466-2467-2468-2469-2470-2471-2472-2473-2474-2475-2476-2477-247



### COMMENTS ON HIV REPORT RECOMMENDATIONS

- 10-17 The federal government should encourage all states to enact a qualified state pool for medically uninsurable individuals with the following provisions:
- \* The federal government should experiment with providing technical assistance to states to ensure adequate coverage, financing from a combination of private and public sector funds, adequate provision of benefits, and mandated case management;
  - \* The federal government should consider amending the Employee Retirement Income Security Act (ERISA) to include self-insured plans in pool funding; and
  - \* The federal government should consider establishing a risk pool fund, administered by a non-profit or limited-profit corporation acting as a reinsurance organization and should be the source of stop-loss subsidies for state risk pools. HCFA should evaluate the various sources of public and private financing that would be available for this fund to cover administrative losses and to subsidize costs to patients.

#### Proposed Federal Position

##### Federal Responsibility

☐ A = Completed/Ongoing  
☐ B = Planned  
☒ C = Under Consideration  
☐ D = Disagree  
☐ E = Other

##### Non-Federal Responsibility

☐ F = Agree  
☐ G = Disagree  
☐ H = Neutral  
☐ I = Other

#### Organizations Providing Comments

Federal : HHS  
 Non-Federal: Blue Cross/Blue Shield

#### Comments

Approximately 15 States already have risk pools. HHS is willing to assist others and promote this concept. HCFA/IOM held a meeting in February 1988 of private insurers and State representatives to discuss issues/options concerning financing of AIDS care. The conclusion was that the existing public and private system, with some minor modifications can handle the AIDS issue.

Blue Cross/Blue Shield favors the risk pool approach and particularly supports an amendment to ERISA to include self-funded programs in pool funding. They do not agree with the implication in the recommendation that private insurers are not involved and supportive of case management.

(SEE DOC update sheet FOR # 10-17)



12 ✓

UPDATE ON RESPONSES TO THE RECOMMENDATIONS OF THE  
REPORT OF THE PRESIDENTIAL COMMISSION ON THE HIV EPIDEMIC  
SEPTEMBER 1988

Recommendation # 10-14 Department/Agency DOL/PWBA

Other

If the status of the recommendation is "Under consideration" or "Other," please mark one of the following:

|                                      |                                      |
|--------------------------------------|--------------------------------------|
| <u>        </u> Planned for FY 1990  | <u>        </u> Further study needed |
| <u>        </u> Alternative approach | <u>  x  </u> Other                   |

Please elaborate on the status below:

PWBA states that this would require an amendment to ERISA, and that such an amendment is not the subject of active consideration.

13

UPDATE ON RESPONSES TO THE RECOMMENDATIONS OF THE  
REPORT OF THE PRESIDENTIAL COMMISSION ON THE HIV EPIDEMIC  
SEPTEMBER 1988

Recommendation # 10-17 Department/Agency DOL/PWBA

Other

If the status of the recommendation is "Under consideration" or "Other," please mark one of the following:

|                                               |                                               |
|-----------------------------------------------|-----------------------------------------------|
| <input type="checkbox"/> Planned for FY 1990  | <input type="checkbox"/> Further study needed |
| <input type="checkbox"/> Alternative approach | <input checked="" type="checkbox"/> Other     |

Please elaborate on the status below:

PWBA indicates that such an amendment is currently not under active consideration.





UNITED STATES ENVIRONMENTAL PROTECTION AGENCY  
WASHINGTON, D.C. 20460

SEP 8 1988

OFFICE OF  
ADMINISTRATION  
AND RESOURCES  
MANAGEMENT

Donald Ian Macdonald, M.D.  
Deputy Assistant to the President  
for Drug Abuse Policy  
Alcohol, Drug Abuse and Mental  
Health Services - PHS  
Department of Health and Human Services  
Rockville, Maryland 20857

Dear Dr. Macdonald:

On behalf of the Administrator, I am pleased to respond to the President's request for information concerning our AIDS Education Program here at the Environmental Protection Agency.

EPA took an early lead in assuring that employees with AIDS receive fair and compassionate treatment. I sent a letter to our senior level management describing the Agency's policy of non-discrimination towards employees with AIDS. Also, we established a specific Agency contact point for managers and supervisors who need assistance in dealing with employees who have this catastrophic illness.

We have produced and distributed two brochures, one is for all supervisors and managers and the other is for all employees. (Copies of these are enclosed for your information.) We have also produced a video on AIDS In The Workplace. In addition, we have obtained other videos and brochures, including several in both English and Spanish versions. All of this information has been made available to our managers and employees nationwide.

If we can be of further assistance, please do not hesitate to contact me.

Sincerely,

*Charles L. Grizzle*  
Charles L. Grizzle  
Assistant Administrator

Enclosures



UNITED STATES ENVIRONMENTAL PROTECTION AGENCY

WASHINGTON, D.C. 20460

FEB 29 1985

OFFICE OF  
ADMINISTRATION  
AND RESOURCES  
MANAGEMENT

MEMORANDUM

SUBJECT: Dealing with AIDS in the Workplace

FROM: Charles L. Grizzle  
Assistant Administrator

TO: Assistant Administrators  
General Counsel  
Inspector General  
Associate Administrators  
Regional Administrators  
Staff Office Directors

A number of you have expressed an interest in how EPA as an employer is dealing with the issue of AIDS in the workplace. I thought it might be worthwhile to describe our basic approach and what you might expect from us in the way of assistance and guidance on this very sensitive subject.

Clearly, AIDS falls into the category of a "handicapping condition." What that means to us is we cannot discriminate against an employee with AIDS and we must make a bona fide effort to provide reasonable accommodation if requested. In other words, we treat AIDS as we would any other catastrophic illness. Because there are existing policy statements on how to deal with such situations in general, there is no compelling need for a specific policy document on AIDS. Additionally, we have decided that an AIDS policy pronouncement per se would create unnecessary anxiety and concern among our employees. That approach seems to be the one most commonly adopted by both private and public employers.

We do recognize that you may have situations which dictate some form of management response. So, we have developed a two-pronged approach. The first part is an educational program designed for your employees and supervisors. It is intended to reduce employee anxiety and to give supervisors a better understanding of their role and responsibilities. The program was developed by Hector Suarez, our personnel officer in RTP, and has been successfully piloted there. It is a superb piece of educational material and we will be sending it to your servicing personnel office in the very near future.



# Bill to Protect AIDS Carriers Opposed

*Saying States Should Be Allowed to Act, HHS Chief Urges Congress Not to 'Rush In'*

By Sandra G. Boodman  
Washington Post Staff Writer

Health and Human Services Secretary Otis R. Bowen told a congressional panel yesterday that the Reagan administration opposes legislation to protect persons infected with the AIDS virus because "each state should be able to set its own rules."

Bowen said that even though the absence of federal laws to safeguard the privacy of AIDS-infected people and bar discrimination against them might jeopardize the administration's testing policy, Congress should not "rush in" before the states can act.

"I would not necessarily oppose all new federal legislation on this issue, but . . . it is preferable to defer action on specific proposals for new substantive rights or new enforcement procedures," Bowen told the House Energy and Commerce subcommittee on health and the environment, which is considering several bills to control the spread of acquired immune deficiency syndrome.

On these reasons, Bowen said, the administration opposes a bill sponsored by Rep. Henry A. Waxman (D-Calif.), chairman of the subcommittee, as well as several mandatory testing measures sponsored by Rep. William E. Dannemeyer (D-Calif.).

White House spokesman Marlin Fitzwater, traveling with President Reagan in New York, said, "We oppose discrimination . . . but we do believe the states probably have a preemptive responsibility in this area."

Waxman's bill, regarded as the chief AIDS testing measure before Congress, has the support of major health-care organizations including the American Medical Association. The bill would authorize spending \$1.2 billion over the next three years to expand voluntary counseling and testing; prohibit disclosing test results except in



HHS SECRETARY OTIS R. BOWEN  
... "it is preferable to defer action"

specific situations, and permit civil penalties against those who breach confidentiality. The bill also would bar discrimination against those who test positive.

Dannemeyer's measures would require testing of certain hospital patients and clients of sexually transmitted disease clinics. It would also require health officials to collect the names and addresses of those infected and contact their sexual partners.

The administration's opposition to Waxman's bill—a companion measure in the Senate is sponsored by Sen. Edward M. Kennedy (D-Mass.)—had been expected.

In June Reagan, saying AIDS is "surreptitiously spreading throughout our population," called for wider routine testing for pris-

oners, immigrants, couples seeking marriage licenses and those seeking treatment for sexually transmitted diseases or drug abuse.

Several weeks later the AMA, a powerful, generally conservative group that represents most of the nation's doctors, rejected Reagan's call in favor of widespread voluntary testing, counseling and new laws protecting civil liberties of those who are tested.

The administration's position places Bowen in an awkward position. Officials within HHS, including Surgeon General C. Everett Koop and Dr. James O. Mason, director of the Centers for Disease Control, have warned that the lack of strong civil rights protections will probably doom widespread testing and drive the epidemic underground.

Waxman focused on this apparent contradiction, noting that 21 states lack laws protecting confidentiality of the results of tests for sexually transmitted diseases, including AIDS. "If the administration wants more widespread testing, aren't we jeopardizing [its] success if we don't assure [confidentiality] at the federal level for all Americans?" he asked Bowen.

Bowen said that although some people might not agree to be tested without new safeguards, the primary issue is "whether we should rush into it on the federal level or leave it up to the states."

Rep. Ron Wyden (D-Ore.) predicted that Bowen's approach would lead to a "crazy quilt" of state laws. "It makes no sense to try and transfer the leadership to states . . . We wouldn't do that in the event of a war."

Dr. Reed V. Tuckson, commissioner of Public Health for the District of Columbia, which ranks fifth among the states in the number of reported AIDS cases, praised the bill. "People who already live on the margins need to be reassured" that test results will not lead to discrimination, he said.



# HHS NEWS

~~HSS~~

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

FOR IMMEDIATE RELEASE  
Wednesday, September 23, 1987

Contact: Campbell Gardett  
(202) 245-6343

HHS Secretary Otis R. Bowen, M.D., issued the following statement today concerning AIDS confidentiality and anti-discrimination legislation. These issues were the subject of a hearing Sept. 21 by the House Energy and Commerce Subcommittee on Health and the Environment.

"In much of the news coverage of Monday's hearing, it was left unclear that HHS is already taking steps to support states in their efforts to ensure confidentiality and to protect against discrimination for those with AIDS or HIV infection, and that eventual federal action was not precluded.

"HHS is supporting state efforts to ensure confidentiality and protect against discrimination, and I do not rule out the possibility of federal legislation on this issue, if it is shown to be needed. But now is not the time to leap beyond our current supportive role nor to override states' current active efforts to protect confidentiality and prevent discrimination while encouraging testing, counseling and other steps to reduce the risk of additional infection.

"HHS is vigorously carrying out its proper role in combating AIDS and in protecting both the public health and the rights of individuals. The federal government has primary

- MORE -



responsibility in basic research, in the search for treatments and vaccines, and in providing for wide public education on AIDS.

"Likewise in the areas of confidentiality and anti-discrimination, HHS is carrying out its appropriate role in support of the states, which have long had primary responsibility in this area of the law.

"Several HHS activities are already underway to assist states and to help them properly protect both the public health and the rights of individuals.

"This June, I asked the HHS Policy Council to explore a wide range of issues related to AIDS protections. Based on the council's recommendations, I directed earlier this month that several actions be taken:

"First, I am contacting each of the nation's governors to seek their ideas and cooperation on issues of disclosure, discrimination and protections for the public. I expect that many states will be able and willing to share what they have learned.

"Second, I have asked the HHS General Counsel, our Office for Civil Rights, my Deputy Under Secretary and the Public Health Service to work with the states in developing model legislation to protect confidentiality and prevent discrimination. We are already in the process of contacting state health officials with the objective of developing a model law for states. Such model legislation could help provide guidance for states in improving

disclosure protections not only for persons with AIDS, but for all citizens.

"Third, I have asked HHS agencies to review and if necessary to strengthen various protections in federal regulations under existing law. We have found, for example, that current regulations require clinical laboratories to maintain the names of persons tested. We plan to amend these regulations to allow exceptions for anonymous testing for the HIV virus. We also plan to review, and as appropriate to clarify, the responsibilities of health care providers and others under existing laws.

"Finally, we are working on studies which will help guide us on current needs in these areas. One study compares existing and pending state laws and another will document the nature and extent of confidentiality and anti-discrimination problems and state responses. We will use these results to pinpoint issues that need attention.

"Many press accounts left unclear why the administration favors state legislation rather than federal legislation at this time. There are several reasons why states are at present the appropriate entities to enact legislation of this kind:

"First, states have historically had primary responsibility in areas of medical confidentiality, control of infectious diseases and many areas of civil rights. Most states already have the necessary law and the systems in place to deal with problems in these areas. Of course, as in other areas of the



law, federal statute could be used to override state law, if the need existed. But there is no clear indication at present that such a step is necessary.

"To the contrary, there is already considerable activity in the states to address the special problems which AIDS cases may pose. And at the same time, state law can reflect the particular situation which each individual state may face.

"Finally, this is an area where no one yet has all the right answers. We can benefit from a variety of approaches at this time, and we can learn from innovation in the states. This is not the time for the federal government to cut off new ideas or approaches by rushing in with a single, imposed solution.

"There is the real possibility that a federal solution at this time would aggravate rather than ameliorate the problems -- by creating a burdensome new federal administrative enforcement bureaucracy, by supplanting existing systems which are working for individual states, and by cutting off innovative approaches.

"As I said in my testimony Monday:

"'We are working with the Association of State and Territorial Health Officials to review state experience with breaches of confidentiality, to gain better insight into the protections afforded by different types of confidentiality provisions. I believe the optimal situation would be one in which there would be, perhaps through model legislation, a set of common criteria and a great deal of flexibility for states to serve their own needs. We will shortly begin to explore this concept with state officials.'"

###



# STATEMENT OF ADMINISTRATION POLICY

April 20, 1988  
(Senate)

S. 1220 - AIDS Research and Information Act of 1987  
(Kennedy (D) Massachusetts and 20 others)

The Administration shares the concerns of the Labor and Human Resources Committee regarding AIDS as a major national and international health problem. We agree that aggressive steps should be taken to prevent, treat, and find a cure for AIDS, and have sought over \$2.2 billion in the President's FY 1989 budget for AIDS-related research, prevention, and treatment, a 42 percent increase over FY 1988. Federal staff working on all aspects of the AIDS problem have been increased.

We believe major, restrictive legislation such as S. 1220 would disrupt our efforts against AIDS. Impressive advances in AIDS research and prevention have been achieved under broad statutory authorities which permit rapid and flexible responses to changing research opportunities. Similarly, Medicaid is available to impoverished AIDS patients under current statutes. S. 1220, by narrowing research authorities and locking managerial decisions in statute, would impede responses to future opportunities.

HHS is actively pursuing management and program improvements consistent with its best scientific judgment. Some of these improvements parallel provisions of S. 1220. All AIDS activities, including research funding decisions and reviews of investigational drugs, have been accelerated without new statutory requirements.

\* \* \* \* \*

(Not to be Distributed Outside Executive Office of the President)

This draft of a position was developed by LRD in consultation with HIMD (Kleinberg/Clendenin/Jacob) and GO (Merck) and the White House Office of Policy Development (Sweet). HHS (per Trisha Knight, Office of Legislative Affairs) agrees with the position.

S. 1220 was reported unanimously by the Committee on Labor and Human Resources on June 17th. Cosponsors of S. 1220 include Senators Dole, Hatch, and Thurmond.



## Background

As reported, S. 1220 would authorize an additional \$605 million for FY 1988 and "such sums" for fiscal years 1989 and 1990. The proposed authorizations for 1988 include: (1) State prevention programs (\$150 million), (2) information dissemination (\$115 million), (3) National Institutes of Health AIDS Clinical Evaluation Unit and up to 690 additional personnel (\$100 million), and (4) grants to States for AIDS services, including home health care (\$100 million). The bill also includes proposed authorizations for an international data bank, training programs, continuing medical education, and an increase in the authorization level for the Public Health Service emergency fund from \$30 million to \$60 million.

The Administration has not submitted any authorizing legislation pertaining to AIDS because we believe current authorities are sufficient to carry out the President's proposals to combat AIDS. The current authorities give broad managerial discretion to Federal scientists, thereby assuring high quality AIDS research, education, and health services demonstrations. In contrast, S. 1220 establishes discrete authorizations for AIDS activities, thereby foreclosing Federal and State flexibility in combatting the disease.

HHS is actively managing a joint Federal/State/local AIDS education effort with the \$315 million appropriated during FY 1988 for these purposes. An additional \$636 million was appropriated for HHS AIDS research in FY 1988. HHS has significantly increased the number of FTEs assigned to AIDS activities during FY88, and plans to make further increases in FY 1989. HHS has also made some of the management improvements mandated by S. 1220, such as expediting the review of AIDS research grant applications. Using existing authorities, the Federal Government will spend a total of \$1.5 billion on AIDS activities in FY 1988; the President's FY 1989 Budget requests a total of \$2.2 billion for FY 1989.

Under S. 1220, if the Director of the Office of Personnel Management or the Administrator of General Services fails to respond to a request from the Director of the National Institute of Allergy and Infectious Diseases or the Director of the Centers for Disease Control for space or personnel within a 21-day period, the request will automatically be approved. This trigger mechanism circumvents normal review procedures and is strongly opposed by GO (Merck).

Rep. Waxman (D, CA) has recently introduced legislation (H.R. 3825) similar to the research provisions of S. 1220.

LEGISLATIVE REFERENCE DIVISION DRAFT

4/20/88



9/1/88  
Wall St. Jnl.

# End of Du Pont Venture Spurs Questions

## Move Clouds Trials of AIDS Drug Ampligen

By MICHAEL WALDHOLZ  
Staff Reporter of THE WALL STREET JOURNAL

A controversy is flaring over Du Pont Co.'s mysterious announcement that it is dropping its support of an experimental drug for AIDS.

Without explanation, Du Pont announced Aug. 18 that it would pull out of a joint venture with HEM Research Inc. to develop the drug, Ampligen, as a treatment for acquired immune deficiency syndrome. The big chemical maker said that it would continue to supply the drug, which is extremely expensive to make, and that it would financially support studies already in progress, but that it wouldn't back any further studies after the venture is officially dissolved in mid-November.

Since then, officials of Du Pont, based in Wilmington, Del., have steadfastly refused to elaborate on the announcement. They also have refused to comment on reports that Ampligen is failing to show any significant effect against AIDS or that trials of the drug have been compromised because patients secretly began taking other AIDS therapies.

### Flabbergasted Partners

Du Pont's partners at HEM Research—a small, Philadelphia biotechnology concern that developed Ampligen—were flabbergasted by Du Pont's decision.

"I know of no scientific or business reason for Du Pont to end the joint venture," says Ian Brick, president and chief executive officer of closely held HEM. Mr. Brick says Du Pont's abrupt move prior to the completion of a major clinical study "is bizarre." He and several academic researchers studying Ampligen say it continues to show promise as an AIDS drug.

"I have got to believe that it was purely a business decision made by Du Pont," says Mathilde Krim, a biologist and founding chairwoman of American Foundation for AIDS Research, a nonprofit group that has pressed for rapid testing of experimental AIDS drugs. Ms. Krim, a longtime campaigner for research into Ampligen, complains that Du Pont's failure to explain its action "puts a shadow over the drug it does not deserve. I am worried that Du Pont's action will make it very hard for HEM to keep and recruit test subjects or attract future financial backers."

Du Pont's tie with HEM wasn't unusual for the drug industry. In the race to find an AIDS cure, for example, a number of large companies are establishing presences by

bankrolling small outfits in the costly procedure of clinically testing a drug.

A look at some of the reasons for Du Pont's pullout, based on a number of interviews, offers a glimpse into the particular complexities involved in developing AIDS treatments. Indeed, while AIDS activists and others attack the federal bureaucracy for dragging its feet on AIDS research, the Ampligen affair illustrates that other factors also have hindered the effort.

### Early Excitement

When researchers at Hahnemann University in Philadelphia presented the preliminary results of a pilot study of 25 patients last December, Ampligen had already aroused intense interest. The results suggested that the drug stabilized the immune system of patients with AIDS-related complex, or ARC, a condition that often precedes AIDS. The patients had an increase in the number of their T-4 cells, key agents in the immune system; a decrease in the amount of AIDS virus in their blood; and no serious side effects from the drug.

While Ampligen didn't seem effective in patients who already had developed AIDS, and some AIDS researchers cautioned that even its positive effects in ARC patients involved too small a sample of patients to allow for a proper analysis, the report spurred great excitement. Some AIDS activists called on the Food and Drug Administration to allow widespread use of Ampligen, especially because it seemed safe.

"I'm not exaggerating when I say that around then, about every other patient I was treating for AIDS asked about Ampligen," says Susan Krown, an AIDS researcher and physician at Memorial Sloan-Kettering Cancer Center in New York.

Within weeks of the report's release, Du Pont announced it had formed a joint venture with HEM to fund and oversee clinical trials of the drug, including an important 300-patient test comparing the drug with a placebo in patients with pre-AIDS conditions. Earlier in 1987, Du Pont had agreed to acquire a small stake in HEM in exchange for rights to manufacture and market Ampligen.

While financial details of the joint venture agreement haven't been released, it was understood that Du Pont would produce the Ampligen for the study and provide cash needed to keep the trial going.

Weeks before the Aug. 18 announcement, top Du Pont officials are believed to

have begun questioning the investment. According to several sources, Du Pont had conducted its own analysis of the pilot study at Hahnemann—which had grown to 40 patients—and its review produced a less positive picture of the drug's ability to boost the immune system. Also, the sources say, Du Pont officials were concerned when they took an interim look at progress of the 300-patient study and saw that many patients had developed AIDS.

Moreover, the 300-patient study was being complicated by two factors that haunt all AIDS drug trials. In order to get into the study, some patients hid the fact that they had suffered from certain illnesses. Those maladies would have tipped off researchers to the fact that the patients were too sick to be in the study. Thus, many test subjects were progressing to AIDS much more quickly than expected. Also, some patients, worried about their declining health, began taking the AIDS drug AZT.

Both situations meant that the study would need to enroll perhaps four times the original number of patients and that it would take much longer to complete than planned, sharply increasing the study's costs.

Du Pont's decision to dissolve its Ampligen venture may well have been sealed following a meeting it called in early August in which the test results were presented to a group of AIDS research experts. One of the AIDS researchers at the meeting says the data presented was "equivocal."

"I didn't see that there was evidence yet that the drug in humans was better than any number of other unproven agents," says Daniel Hoth, head of the National Allergy and Infectious Disease's AIDS drug program. He says that he thinks "more research should have been done before they undertook such a large [300-patient] comparative study," but that he was "very surprised by Du Pont's action" to end the venture.

Some industry executives believe Du Pont's unwillingness to state its opinion of Ampligen is an effort to avert a lawsuit from HEM. But the company's silence is upsetting patients in the drug trials. "There is enough uncertainty with AIDS without this going on, too," says one ARC patient who has been in the pilot study for more than a year. "If they'd tell me what's going on, I could decide whether I ought to drop out of the Ampligen study and pursue other experimental treatments."



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# HEALTH

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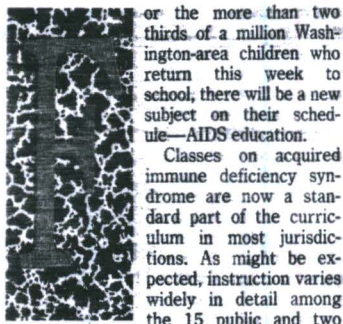
## Teaching Your Kids About AIDS

WHAT D.C., MARYLAND AND VIRGINIA SCHOOLS ARE DOING



# Teaching Your Kids

By William Hines and Judith Randal  
Special to The Washington Post



For the more than two thirds of a million Washington-area children who return this week to school, there will be a new subject on their schedule—AIDS education.

Classes on acquired immune deficiency syndrome are now a standard part of the curriculum in most jurisdictions. As might be expected, instruction varies widely in detail among the 15 public and two Catholic school systems in the District, Northern Virginia and suburban Maryland. But all systems have a common goal: to raise the consciousness of pupils about a so far incurable disease that in just seven years has struck more than 70,000 Americans and killed almost 40,000.

The longstanding controversy over sex education in schools has been overtaken by the AIDS epidemic. In the absence of effective treatments, public education on ways to prevent the spread of the virus is seen as the prime weapon against the disease. At the same time, teaching children about AIDS is not just a course in biology. It is a frank examination of personal behavior and sexual relationships that

— Edward Masood  
coordinator of health services  
Montgomery County schools

breaks down traditional barriers against bringing what goes on in the bedroom into the classroom. It is a subject that goes beyond the dynamics of a disease to include information on intravenous drug use, prostitution and specific sexual practices.

Authorities in the District, Maryland and Virginia have established general guidelines on AIDS education but largely have left the question of what to teach, and how and when, up to individual principals in the District or school boards in the surrounding states.

In Maryland, the State Board of Education has passed a bylaw mandating AIDS instruction sometime during the elementary grades 3 through 6, again in grades 7 through 9, and once more in the high-school grades 10 through 12. This requirement is in effect in Maryland's six nearby counties, with 539 schools and an enrollment of 338,000; as well as in all other parts of the state.

Virginia's legislature, in its last session, enacted a law requiring family life instruction (the state's euphemism for sex educa-

tion) beginning in the 1989-90 school year. The eight nearby Virginia city and county school systems enroll 211,000 students in 404 schools. Some of the state's fiercely independent school districts are years ahead of the legislature with well-established programs. Others are using the present school year as a shakedown time to develop a course under the new mandate.

The District has had mandatory sex education in its public schools since 1979, and this year, according to Jackie Sadler, director of AIDS education, the program will be targeting AIDS instruction to the middle grades, from 4 through 10. Some 40,000 of the 87,000 students in the District's 165 schools will attend classes in which information about AIDS will be taught. (As in other systems, not all District students get AIDS instruction each year.)

The Catholic schools of the Archdiocese of Washington (which embraces the District and surrounding Maryland counties) and the Diocese of Arlington (covering the Northern Virginia area) are moving more slowly, the Arlington diocese slowest of all, although even it is planning to offer some AIDS instruction in the coming year.

"The diocese doesn't have a policy, as such, regarding AIDS education," said communications director Ellen McCloskey. With 28 elementary and five high schools and an enrollment of 13,000 students, the diocese is "awaiting guidelines from the National Catholic Educational Association, which are due out this fall, to formulate a diocesan policy," McCloskey added.

The Washington archdiocese is somewhat ahead of its Virginia counterpart in bringing AIDS into the classroom, but still is developing its course of instruction. "We hope that these [plans] will be ready to go early in the school year," said Vincent Clark, the archdiocese's director of school marketing. There are 111 Catholic schools of various types and grade levels, enrolling 31,000 students, in the archdiocese.

Mandates to teach all pupils about the risks and implications of AIDS pose both strategic and tactical problems for administrators: strategic in the sense of what should be taught, and tactical in the sense of how and when. These administrators have a smaller, additional problem—what to do with students whose parents object to AIDS instruction.

With one exception, the school districts of the area have an "opt-out" policy to cope with parental objections. This means that parents are notified at the beginning of the school year—usually through a direct mailing or in a newsletter sent home with the student—of AIDS instruction plans and the parental right to exclude their children from classes.

The exception is Frederick County, Md., with 41 schools and 18,000 students. According to Jean Flory, Frederick's coordinator of health education, health services and home economics, an "opt-in" policy is in place, requiring a note from home before a child will be given AIDS instruction. Although it is unclear whether "opt-in" is in accord with the Maryland AIDS education bylaw, Flory said that "in Frederick we have always gone under the rule that we notify

parents beforehand and allow them to sign a permission slip." As she said: "Frederick is very conservative."

## The Banana Movie

Perceptions of grassroots conservatism have been a sticking point for many school administrators when selecting instructional materials, notably visual material. A film called "Changing the Rules," produced for television and featuring Ronald Reagan Jr., is a case in point.

After the film was shown on Channel 26, the Greater Washington Educational Television Association made videotapes available to school districts in the WETA listening area. For one expressed reason or another—and sometimes with no reason offered—no school board outside the District has incorporated the film into its AIDS curriculum.

The underlying reason may be found in the film's unofficial nickname, "The Banana

WHAT  
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AND VIRG  
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ARE DO



## AIDS EDUCATION

| School system               | No. of schools | No. of students |
|-----------------------------|----------------|-----------------|
| <b>DISTRICT OF COLUMBIA</b> | 165            | 87,000          |
| <b>MARYLAND</b>             |                |                 |
| Anne Arundel County         | 105            | 64,000          |
| Charles County              | 29             | 18,000          |
| Frederick County            | 41             | 25,000          |
| Howard County               | 47             | 27,000          |
| Montgomery County           | 156            | 101,000         |
| Prince George's County      | 162            | 103,000         |
| <b>VIRGINIA</b>             |                |                 |
| Alexandria City             | 14             | 9,000           |
| Arlington County            | 27             | 13,000          |
| Fairfax County              | 169            | 130,000         |
| Falls Church City           | 2              | 1,100           |
| Loudoun County              | 30             | 14,000          |
| Manassas City               | 7              | 4,500           |
| Manassas Park City          | 4              | 1,400           |
| Prince William County       | 51             | 38,000          |
| <b>CATHOLIC</b>             |                |                 |
| Dioscese of Arlington       | 33             | 13,000          |
| Archdiocese of Washington   | 111            | 31,000          |

\* Risk factors, rather than risk groups, are discussed in D.C. schools.

\*\* Needle-sharing and heterosexual transmission as AIDS factors are discussed in the elementary grades in Montgomery County.

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Movie." One sequence in the hour-long show illustrates the correct way to put on a condom, using a banana as a demonstrational template. Condoms, used correctly, can help prevent the transmission of AIDS.

"We're not going to show that," said Frederick County's Flory. "We will refer to condoms, but we are not showing condoms in classrooms."

In Virginia's minuscule Falls Church city school system, with two schools and an enrollment of 1,100, the area's only professional sex educator in charge of AIDS instruction cited fear of parental backlash as grounds for nixing The Banana Movie.

"I wouldn't use that one," Mary Lee Tatum said. "Not in a public school. The parents would never agree. The idea that the public has is that teen-age kids are innocent and don't have sex and don't see things like that."

Edward Masood, coordinator of health ser-

vices for the Montgomery County schools, turned thumbs-down on The Banana Movie because, he said, it is too long. Except for a 30-minute film called "The AIDS Movie" supplied by the Maryland department of education, all the videos Masood has approved for the county's 155 schools and 101,000 students run under 20 minutes.

"That gives you adequate time for lead-in, discussion, previewing preparation, viewing and follow-up" in a single classroom period of about 50 minutes, Masood said.

"You don't want to just show something and let the kids go out the door," he added.

To the District's Jackie Sadler, the film's length is no problem, since it can be divided into three segments of suitable length. It is available, she said, for showing in all District high schools.

When—at what grade level—to impart specific information to pupils is always a major consideration for educators, who take "age-appropriateness" into account in tailoring lesson plans. Jean Hunter, teacher specialist for family life education in Alexandria's 14-school, 9,000-student system, put it this way in discussing AIDS instruction:

"A general film for all kids is mis-education; a film for an 11th- or 12th-grader isn't appropriate for a seventh-grader."

The District, with its overwhelmingly black enrollment, and Alexandria, which has a sizable Hispanic minority as well in its small system, have special pedagogic requirements that most of the outlying systems do not have.

One of the most popular AIDS films, produced by the American Red Cross, is "Letter From Brian," aimed at a white, middle-class audience. For predominantly black schools, the Red Cross has produced a film called "Don't Forget Sherrie," which, as Sadler put it, "is more ethnically appropriate" for the District.

Alexandria, says Hunter, distributes pamphlets in both Spanish and English so as to get the AIDS message across not only to students but also to others in their families.

Jean Flory, in "conservative" Frederick County, spoke highly of a film for the seventh and eighth grades, "AIDS: Everything You Should Know," featuring comedian Whoopi Goldberg, and a 12th-grade film with actress Rae Dawn Chong, daughter of the junior partner of the comedy team Cheech and Chong.

Until last year, several educators said, good AIDS films and other instructional materials were hard to come by, but producers of educational materials have now geared up to meet the demand, and there is a greater choice available to schools that are setting up AIDS courses.

## The AIDS-Sex Connection

Implementing an AIDS education program has been easier where sex education was already in place—in the District, Alexandria and Falls Church, for example—than in communities where there was no such instruction.

When guidelines for AIDS education were developed by the federal Centers for Disease Control in 1986 (they were up-

dated earlier this year), Falls Church had no problem finding a place for the new disease in its curriculum. "We precede the CDC guidelines by 15 years," Mary Lee Tatum said. "Our program is 17 years old. Sex education in Falls Church is older than AIDS."

The details, however, of exactly what is taught about AIDS and other sexually transmitted diseases are still to be worked out in many schools. Communities approach the job in a variety of ways, but the ruling philosophy is typified by this statement from Joan Palmer, associate supervisor in the 41-school, 25,000-student system of Howard County, Md.: "The best defense [against AIDS] is abstinence from sexual activity until you are old enough to establish and maintain a monogamous relationship, but we also recognize that not all youngsters will listen to that. So we do, at 8th grade, start talking about condoms as *safer*—not safe, safer. We don't recommend it, but we recognize as a fact of life that some youngsters will become sexually active."

The Catholic schools do not mention condoms in any of their AIDS instruction, according to the Washington archdiocese's Vincent Clark, since birth control is contrary to church teaching.

Montgomery's Ed Masood has a punchy way of summing up the risk factors for AIDS—"It's transmitted by blood, sex and birth, and that covers the waterfront."

**"We precede the CDC guidelines by 15 years. Our program is 17 years old. Sex education in Falls Church is older than AIDS."**

— Mary Lee Tatum  
sex education specialist  
Falls Church city schools

Masood advocates starting instruction about intravenous drug use early in elementary school. The same goes for alcohol use, says Masood, because liquor lowers inhibitions. To the observation that alcohol is not usually considered a risk factor for AIDS, Masood replies, "What I'm trying to say is, it needs to be."

Masood's pithy "blood, sex and birth" phrase is reflected in District AIDS coordinator Jackie Sadler's belief that warnings about needles should be sounded in the lowest grades "because you find a lot of drug paraphernalia on the school ground, and these little preschoolers and first- and second-graders run the risk of picking up contaminated works and playing with them or trying to use them as they've seen on TV."

In semi-rural Loudoun County, where intravenous drug use is by no means unknown but far less rampant than in the in-

See AIDS, Page 16

## CHMARKS

### Grade in Which Topics are First Discussed

| drug use | Homosexual transmission | Heterosexual transmission | Condom use |
|----------|-------------------------|---------------------------|------------|
| 4        | 4*                      | 4*                        | 5-6        |
| 5        | 6                       | 6                         | 7          |
| 5        | 8                       | 8                         | 8          |
| 6        | 6                       | 6                         | 7          |
| 6-8      | 8                       | 8                         | 8          |
| Elem.**  | 8                       | Elem.**                   | 8          |
| 6        | High***                 | 6                         | 7          |
| 7        | 9                       | 7                         | 7          |
| 5        | 9                       | 5                         | 8          |
| 7        | 7                       | 7                         | 7          |
| 7        | 7                       | 6                         | 8          |
| 7        | 7                       | 7                         | 7          |
| N.A.     | N.A.                    | N.A.                      | N.A.       |
| N.A.     | N.A.                    | N.A.                      | N.A.       |
| N.A.     | N.A.                    | N.A.                      | 7          |
| N.A.     | N.A.                    | N.A.                      | N.A.       |
| 7-8      | 7-8                     | 7-8                       | none       |

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# Teaching Your Kids About AIDS

## WHAT D.C., MARYLAND AND VIRGINIA SCHOOLS ARE DOING



parents beforehand and allow them to sign a permission slip." As she said: "Frederick is very conservative."

### The Banana Movie

Perceptions of grassroots conservatism have been a sticking point for many school administrators when selecting instructional materials, notably visual material. A film called "Changing the Rules," produced for television and featuring Ronald Reagan Jr., is a case in point.

After the film was shown on Channel 26, the Greater Washington Educational Television Association made videotapes available to school districts in the WETA listening area. For one expressed reason or another—and sometimes with no reason offered—no school board outside the District has incorporated the film into its AIDS curriculum.

The underlying reason may be found in the film's unofficial nickname, "The Banana

Movie." One sequence in the hour-long show illustrates the correct way to put on a condom, using a banana as a demonstration template. Condoms, used correctly, can help prevent the transmission of AIDS.

"We're not going to show that," said Frederick County's Flory. "We will refer to condoms, but we are not showing condoms in classrooms."

In Virginia's minuscule Falls Church city school system, with two schools and an enrollment of 1,100, the area's only professional sex educator in charge of AIDS instruction cited fear of parental backlash as grounds for mixing The Banana Movie.

"I wouldn't use that one," Mary Lee Tatum said. "Not in a public school. The parents would never agree. The idea that the public has is that teen-age kids are innocent and don't have sex and don't see things like that."

Edward Masood, coordinator of health ser-

### AIDS EDUCATION BENCHMARKS

#### Grade in Which Topics are First Discussed

| School system               | No. of schools | No. of students | I.V. drug use | Homosexual transmission | Heterosexual transmission | Condom use |
|-----------------------------|----------------|-----------------|---------------|-------------------------|---------------------------|------------|
| <b>DISTRICT OF COLUMBIA</b> | 165            | 87,000          | 4             | 4*                      | 4*                        | 5-6        |
| <b>MARYLAND</b>             |                |                 |               |                         |                           |            |
| Anne Arundel County         | 105            | 64,000          | 5             | 6                       | 6                         | 7          |
| Charles County              | 29             | 18,000          | 5             | 8                       | 8                         | 8          |
| Frederick County            | 41             | 25,000          | 6             | 6                       | 6                         | 7          |
| Howard County               | 47             | 27,000          | 6-8           | 8                       | 8                         | 8          |
| Montgomery County           | 156            | 101,000         | Elem.**       | 8                       | Elem.**                   | 8          |
| Prince George's County      | 162            | 103,000         | 6             | High***                 | 6                         | 7          |
| <b>VIRGINIA</b>             |                |                 |               |                         |                           |            |
| Alexandria City             | 14             | 9,000           | 7             | 9                       | 7                         | 7          |
| Arlington County            | 27             | 13,000          | 5             | 9                       | 5                         | 8          |
| Fairfax County              | 169            | 130,000         | 7             | 7                       | 7                         | 7          |
| Falls Church City           | 2              | 1,100           | 7             | 7                       | 6                         | 8          |
| Loudoun County              | 30             | 14,000          | 7             | 7                       | 7                         | 7          |
| Manassas City               | 7              | 4,500           | N.A.          | N.A.                    | N.A.                      | N.A.       |
| Manassas Park City          | 4              | 1,400           | N.A.          | N.A.                    | N.A.                      | N.A.       |
| Prince William County       | 51             | 38,000          | N.A.          | N.A.                    | N.A.                      | 7          |
| <b>CATHOLIC</b>             |                |                 |               |                         |                           |            |
| Dioscese of Arlington       | 33             | 13,000          | N.A.          | N.A.                    | N.A.                      | N.A.       |
| Archdioscese of Washington  | 111            | 31,000          | 7-8           | 7-8                     | 7-8                       | none       |

\* Risk factors, rather than risk groups, are discussed in D.C. schools.

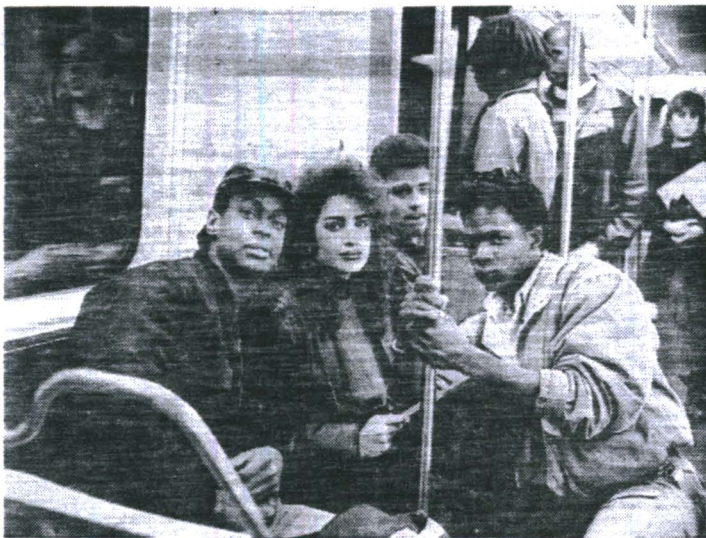
\*\* Needle-sharing and heterosexual transmission as AIDS factors are discussed in the elementary grades in Montgomery County.

\*\*\* Homosexual acts as AIDS risk factors are discussed in high school.

N.A.—Responses were not available.

NOTE: Information based on interviews with school system spokesmen. Some lesson plans were still under development.





In "Don't Forget Sherrie," a new Red Cross educational film on AIDS, actors portraying Sherrie's classmates discuss whether she got the disease from sharing drug needles.

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### How is it spread?

The AIDS virus can be spread by sexual relations if one partner has the AIDS virus or by sharing hypodermic needles, as drug abusers sometimes do. A mother who has the virus can spread it to her infant before or during birth. Before blood was tested for the virus, some people got AIDS from blood transfusions.

A person can spread AIDS any time after becoming infected, even though he or she has not yet developed any symptoms. AIDS is *not* spread by sneezing, coughing, through food or by sitting near someone who has it.

### What is a homosexual (or a gay)?

A homosexual is a person who has a sexual preference for people of the same gender.

### Why is AIDS a gay disease?

It is not. Anyone can get AIDS if he or she is exposed to the virus.

### But don't more gays have AIDS?

In the U.S., AIDS first appeared and spread among homosexual people. However, others are getting AIDS, too. You don't have to be gay to get AIDS.

### How can AIDS be prevented?

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AIDS, do not have sexual relations with anyone who might ever have been exposed to the virus, and never share hypodermic needles with anyone.

### Do condoms (rubbers) prevent the spread of AIDS?

Condoms can help prevent the spread of AIDS but are not 100 percent effective.

### What effect will AIDS have on the general population?

We can only speculate (or guess). Probably more people will understand that casual sex can be dangerous to their health. Perhaps fewer people will inject drugs. More people will probably see people they know sick and die from diseases related to AIDS, as those already infected develop the disease. Health insurance costs may go up.

### Can a person be cured of AIDS?

So far there is no cure, although many scientists are working hard on this.

### Can a person have AIDS and look healthy?

A person can have the AIDS virus in his or her blood and be otherwise healthy for two, five or 10 years before developing the disease. Some people who are infected may never get sick, but no one really knows.

### How can a person find out if he or she has been infected with the AIDS virus?

There are confidential tests that can tell whether a person has developed antibodies to the AIDS virus. A person can check with a physician or call the Health Department to find out about the tests, or to ask other questions about AIDS. No medical question is ever too unimportant to ask.

A student could also ask his or her parents, or ask the school nurse.

## AIDS, From Page 15

ner city, Instructional Supervisor Larry Farmer sees another peril facing his 31-school, 14,000-student system—the innocent exchange of blood in a juvenile rite of friendship.

"This is not something that the general public worries about," said Farmer, "but since time immemorial kids have wanted to be 'blood brothers' and cut their fingers, put them together and mingle their blood. That's one behavior we discourage early on. We're actually doing that in the second grade."

In just about all schools, most of the focus in education is on AIDS as a sexually transmitted disease, with varying degrees of emphasis on homosexual relations as a risk factor. Homosexuality is dealt with in most school districts between grades 6 and 9. In at least two systems—the District's and Alexandria's—the emphasis is placed on behavior rather than on individuals.

"When we talk to seventh graders [about risk], we don't group it by homosexuality; we talk about types of behavior, and there's almost no behavior that only homosexuals do, so we don't couch it in those terms," said Alexandria's Jean Hunter. Homosexuality as a human behavior is discussed in 9th grade, she added.

The District's Jackie Sadler voiced a similar attitude: "Homosexuality is not really the problem," she said. "The virus is transmitted primarily through anal intercourse, vaginal intercourse, oral sex, contaminated works, from mother to child and through contaminated blood. We don't talk about high-risk groups, we talk about high-risk behaviors. We mention anal intercourse, and if someone wants to associate that with homosexuality, I simply inform them that heterosexuals engage in anal intercourse, too."

On the touchy subject of anal intercourse, Sadler sees a need to inform young children that "nothing is to be inserted in the anus, because it could be damaging and painful. Little kids need to know because many sexual molesters use the anus as a way of child molestation."

Although AIDS instruction throughout the area is tailored to the age of the pupil-audience, a virtually universal rule tells teachers not to duck any questions that come from students. "If a child raises a question, I don't care what grade it's in, it should be tactfully answered in such a way that the child is not offended or feels ashamed for having asked the question," said Sadler.

## Training Teachers

Most educators believe AIDS instruction is best given in small, classroom-size groups rather than in large, assembly-type gatherings. Some also advocate offering information on AIDS well along in the school year, after classmates have gotten to know one another and are less likely to be edgy than they might be among strangers.

Teachers generally are briefed about questions likely to be asked at their grade levels and given answers deemed to be age-appropriate. In some but not all systems, all staff members—even including bus drivers and custodians—get some degree of training on AIDS.

The question of age-appropriateness some-

"You find a lot of drug paraphernalia on the school ground, and these little preschoolers and first- and second-graders run the risk of picking up contaminated works and playing with them."

— Jackie Sadler, AIDS coordinator, D.C. schools

times collides head-on with the mandate for universal instruction. This is especially true in the upper grades, where students are allowed leeway in choice of elective subjects. It is often hard, with high-school seniors, to find a course that all are taking.

In Fairfax County, the largest area school system with 130,000 students and 169 schools, the problem of providing AIDS instruction in the 11th and 12th grades was solved by offering it in English class. Explained Mary Ann Lecos, the county's assistant superintendent for instruction:

"All 11th- and 12th-graders take English, so last year a special series of lessons were taught in English classes by teachers trained to present both the information and films approved for use."

Montgomery County, third-largest of the area systems (156 schools, 101,000 students) takes a different tack. "The only way in senior high to get absolutely every kid is to put the unit into English, but we don't want to take time for anything away from language arts," said Masood. "Instead, [AIDS instruction] goes into a variety of courses as part of biology or science or an elective in human life and human development and two courses within the child lab program of home economics. That way we'll get 99-plus percent and try to pick up the others before, during or after school."

Because of the need to teach children about different aspects of AIDS at different stages of their education, school districts sometimes find novel avenues of instruction. Anne Arundel County, Md., scotch-tapes AIDS questions into eighth-grade math lessons, using "actual figures, countywide, statewide, nationwide... to do problems [in statistics] in that way," said health education specialist Sid Molofsky.

In preparing to teach about AIDS, most school districts organized outreach programs aimed at adults on the assumption that informed parents are less likely to oppose the instruction if they know about it in advance. Whether this strategy succeeded, or whether parents simply were apathetic, is unclear; at any rate, parent-teacher association meetings about AIDS instructions were sparsely attended almost everywhere, and negative feedback from the public to date has been minimal.

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This scene in "A Letter From Brian" shows Brian's girlfriend receiving the letter in which he tells her he has AIDS. The 29-minute video was produced by the American Red Cross.

well established, "we never had a bit of flap until last year when the General Assembly issued guidelines for comprehensive family life education, kindergarten through 12," said sex educator Mary Lee Tatum. "Then everyone who felt very badly about sex education came out of the woodwork."

A much more sensitive topic—what to do about schoolchildren who come down with AIDS—has not caused problems for administrators in most jurisdictions. Most jurisdictions have not reported any cases of students with AIDS, but some—including the District, Fairfax County and Prince George's County—have. No precise area-wide figures are available. The most notable controversy was stirred by a Fairfax County policy requiring notification of all parents in a particular school when a child with AIDS was in attendance. The policy was upheld by a federal court last month after being challenged by the parents of an AIDS child.

All school systems in the area, in theory at least, are prepared for an AIDS case in the classroom. Each system has a policy in place—in some cases two policies, one for children and another for staff—calling for case-by-case consideration by a special panel pledged to confidentiality.

Michael Schaffer, supervisor of health education in Prince George's County's 162-school, 103,000-student system, points out two facts about children with AIDS attending school: First, their numbers are small and their attendance sporadic, and second, the AIDS child is in greater danger of catching a life-threatening infection from classmates than the other way around.

"We have had some kids [with AIDS] who have been admitted to school," Schaffer said, "but unfortunately, by the time they are diagnosed as having AIDS, the kids are, in the large percentage of cases, entirely too sick to attend school."

"Also, children at school who have AIDS, and whose immune systems are suppressed by the disease, put themselves at much greater risk than they do anybody else. All another kid has to do is sneeze or cough on them and cause them to get pneumonia that could kill them."

## How Parents Stand

While the vast majority of Americans believe public school students should be taught about AIDS, only one fourth of those surveyed believe they should share classrooms with children suffering from the deadly disease, a new Gallup Poll shows.

The report, published late last month, said 90 percent of the general public and 94 percent of public school parents believe in AIDS education in public schools, and 81 percent of the parents endorse instruction about "safe sex" practices. But only 24 percent of the respondents opposed permitting AIDS-infected students to attend public schools, 57 percent approved and 19 percent were undecided, according to the report, titled "The 20th Annual Gallup Poll of the Public's Attitudes Toward the Public Schools."

In analyzing parents' overwhelming support of safe-sex instruction, the report, in the September issue of the educational journal *Phi Delta Kappan*, said, "Presumably most respondents understood this to be teaching the use of condoms."

On how early AIDS education should begin, the report said 40 percent of the respondents believed it should be between the ages of 5 and 9; another 40 percent said between the ages of 10 and 12, while 11 percent believed such instruction should "wait until children are 13 or older."

The report also said drug use, for the third straight year, topped the list of problems facing public education in the United States, as cited by 32 percent, followed by lack of discipline, 19 percent.

— United Press International

## What Children's Doctors Say

In the current *Pediatrics*, journal of the American Academy of Pediatrics, doctors made suggestions for AIDS education. Some excerpts:

### Curriculum

Schools should provide a comprehensive program of health education in which health promotion and prevention of disease are emphasized. As part of this program, AIDS education should start in kindergarten and continue through 12th grade. From kindergarten to third grade: As a foundation, concepts of disease and health should be taught, including the role of microorganisms and the importance of cleanliness in maintaining a healthy body. The role of health professionals in preventing and treating illness in the family should be introduced. In the fourth through sixth grades: The nature of AIDS and methods of transmission should be discussed, as well as concepts involving the control of body fluids. Myths about insect bites and the casual spread of AIDS should be dispelled.

Schoolchildren in grades 7 through 12 begin to engage in behavior that may increase the risk of human immunodeficiency virus (HIV) infection. It is in this group, therefore, that the curriculum needs to be most intense. Although the regular classroom teacher can handle the early grades, professional health educators should be used in these grades. Programs should consist of five topics:

- The spectrum and natural history of AIDS as a sexually transmitted disease.
- The relationship between the AIDS virus and the human immune system.
- The transmission of the AIDS virus.
- Prevention and treatment of AIDS.
- Social and psychologic aspects of AIDS. Students must understand how the AIDS virus is transmitted to under-

stand its prevention. Candid discussion of all aspects of sexual transmission must occur in an age-appropriate and culturally sensitive fashion. Intravenous drug use with needle sharing should be emphasized as an important cause of AIDS transmission. In the past, blood products contaminated by virus caused disease. Present methods of screening and preparing blood have greatly reduced this problem. Congenital transmission from an infected mother to her baby is an important cause of AIDS. Its prevention should be emphasized.

AIDS is a disease that has a complex social impact on children, families, schools and the community. Curricula should emphasize an understanding of the psychologic problems of families with children or other members who have AIDS, a knowledge of alternate life styles, special cultural sensitivities, civil rights and testing issues.

### Prevention

The prevention of AIDS can be incorporated into an overall approach to responsible sexual behavior and decision making that includes prevention of all sexually transmissible infections. The safest method of prevention is abstinence from sexual activity until one reaches psychosocial maturity and a mutually faithful relationship is established with a person who has never been exposed to HIV.

Because not all students will remain abstinent or be able to ensure that their sexual partners are uninfected, appropriate barrier methods should be discussed as part of the curriculum. The proper use of latex condoms and virucidal spermicides (contraceptive vaginal foams containing nonoxonyl-9) should be described as well as the lack of protection against AIDS and other sexually transmitted diseases from use of oral contraceptives alone.

## Pupils With AIDS: Fewer Cases, No Danger

While the students with AIDS in the classroom are an understandable source of concern to parents, the number is almost vanishingly small and, say public health experts, the danger they present is smaller still.

The Centers for Disease Control's periodic AIDS surveillance reports, as of mid-August, gave this picture:

Total AIDS cases reported in U.S. since 1981.....71,171  
Cases reported in children of school age.....471

By Aug. 22, about 57 percent had died. Applied to the 471 schoolchildren reported to CDC in the last seven years, this suggests that only about 200 children 5 to 18 are now alive with AIDS in the U.S. Many are too sick to attend school. An additional 941 had been diagnosed as of Aug. 15 but were

under 5 at the time. Most are believed to have been born of women with AIDS and showed symptoms at birth or soon afterward. Congenital AIDS babies rarely live to school age.

In its state-by-state tabulations, CDC does not have parallel breakdowns by age. It tabulates cases as "adult/adolescent"—all children 13 or older—and "children, covering younger individuals." Latest figures are: District 12, Maryland 26 and Virginia 18, or 56 cases reported in the three jurisdictions since recordkeeping began in 1981. Up-to-date statistics on surviving AIDS children in the area are not available, but on the basis of the 57 percent national death rate, there are probably around 24. Of those, probably 20 are too young for school, leaving four in kindergarten through eighth grade.



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### Antidiscrimination

Data from the recent Intragovernmental Health Policy Project survey indicate that many States have taken some action to address discrimination against HIV infected individuals. Since this was the first survey, we do not have comparable data. IHPP reports that last year was a very active year for HIV legislation in the states, and we can assume that this extends also to discrimination.

Now, 24 states have extended their handicapped provisions to include HIV infection. Most have done this by issuing a policy statement or regulation. These 24 states have reported 54,694 of the 69,000 (75 percent) AIDS cases:

Alaska, Arizona, California, Colorado, Connecticut, Delaware, Florida, Illinois, Iowa, Maine, Maryland, Massachusetts, Michigan, Minnesota, Montana, New Jersey, New Mexico, New York, Oklahoma, Oregon, Pennsylvania, Vermont, Washington, and the District of Columbia.

Another 8 states have enacted AIDS-specific laws. These differ greatly in what is covered (only real estate transactions in Hawaii, applies only to funeral directors and embalmers who can not discriminate against persons who have died of AIDS in Kentucky). These states are Hawaii, Kansas, Kentucky, Missouri, Nebraska, Rhode Island, Virginia, and Wisconsin. They account for another 2,446 of the 69,000 (3.5 percent) AIDS cases.

The only other state with a bill pending is Ohio (906 reported cases or 1.3 percent of the total).

All 3 categories account for 80 percent of the AIDS cases.

Other states reported that they have no plans to take any action on HIV discrimination. Reasons vary from the case load being too low to priority must be given to other matters.



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THE NEW YORK TIMES, SUNDAY, SEPTEMBER 4, 1988

## Hot Line on AIDS Is Aimed at the Teen-Ager

Special to The New York Times

KANSAS CITY, Mo., Sept. 2 — Teen-agers afraid to ask parents or teachers specific questions about AIDS now have a toll-free alternative, a hot line based here that is run by their peers.

"If an adult tells a teen-ager about safer sex, they think of it as preaching," said Lisa Brooks, 19 years old, a volunteer who fields questions called in to the phone service from around the country and helps train other operators. "We hope they feel more comfortable asking other teens. There's so much that's left out on the news, and we're trying to fill in the details."

"Teen-agers need to know we're not

invincible. We can die of AIDS. If we don't protect ourself."

High school students looking for ways to help battle AIDS were the seed of the program. The Good Samaritan Project, a nonprofit group that runs education programs here about acquired immune deficiency syndrome, nurtured the group of youths and helped them form Teens Teaching AIDS Prevention.

They started the hot line with the goal of assuring that all teen-agers have access to accurate information about the disease. A \$3,500 donation from a local pediatrician covered start-up costs; donations to the Good Sa-

maritan Project pay to keep it going.

Other groups have set up toll-free lines to answer questions about AIDS, but the age of the operators and the appeal to a specific age group sets this hot line apart from the others.

"Teens teaching teens is the only way this will work because they listen to other kids," said Jeanie Zinn, interim director of the Good Samaritan Project.

Most callers are teen-agers asking about the symptoms of AIDS and how they can protect themselves from the disease. The volunteers, who always work with an adult adviser on duty, tell callers that symptoms include night

sweats, swollen glands, fever, loss of appetite and a flu that does not go away. The operators say that the disease is transmitted through "unsafe sex" and the sharing of needles used for intravenous drugs.

### Operators Follow Guidelines

Hot line guidelines call for the operators to say that the safest sexual practice is abstinence but that to reduce the risk of disease during sexual relations a caller should use latex condoms and avoid contact with a partner's bodily fluids.

Parents also phone for information and brochures for their children, Ms. Zinn said. A few callers are teen-agers who already have AIDS and need someone to talk with.

The 130 volunteers from high schools in the metropolitan area also devel-

oped brochures tailored to the needs of teen-agers and set up a speakers' bureau that arranges for trained teen-agers to talk about AIDS at schools and to youth groups.

More recently, the volunteers wrote a manual so that teen-agers in other cities can organize chapters. Ms. Zinn said they received requests from throughout the country, including New York, where a new chapter in White Plains is being organized.

### Flooded With Calls

She said it is important that teen-agers be informed about AIDS because many are sexually active.

"Teen-agers are the third wave of this disease," she said. "Two and a half percent of the daily diagnosed cases are teen-agers."

According to the Centers for Disease Control in Atlanta, 15,002 cases of AIDS had been diagnosed among 13 to 20 year olds as of Aug. 15. No breakdown was available for just teen-agers.

"I believe morals should be taught at home, but regardless of any immoral act, these kids shouldn't have to die for it," she said. Ms. Zinn said people predicted that the hot line would not be busy, but on the average 1,000 calls a month have come in since it opened in April.

Scott Finnerty, 17, another volunteer learned about the Good Samaritan Project from a friend and wanted help.

The hot line, 1-800-234-TEEN, is staffed by trained high school students Mondays through Saturdays, 4 to 8 P.M. Central Time.

Broader search on  
AIDS brought up  
26 bills. There is  
some overlap but no  
list is all inclusive).



CURRENT MEASURES IN FILE NAMED "AIDS":

DESCRIPTION: aids

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|           |                                                                                                                                                                        |
|-----------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| H.R.276   | BY WEISS (D-NY) -- Social Security Act, Amendment                                                                                                                      |
| H.R.338   | BY DANNEMEYER (R-CA) -- Blood, Semen, and Organ Donations, Prohibition                                                                                                 |
| H.R.339   | BY DANNEMEYER (R-CA) -- AIDS Counseling, Provisions                                                                                                                    |
| H.R.344   | BY DANNEMEYER (R-CA) -- AIDS Testing, Requirements                                                                                                                     |
| H.R.345   | BY DANNEMEYER (R-CA) -- Transfer of Body Fluids by Federal Officers and Armed Forces Members, Prohibition                                                              |
| H.R.758   | BY LEWIS, JERRY (R-CA) -- National Commission on Acquired Immune Deficiency Syndrome Act of 1987                                                                       |
| H.R.1551  | BY DORNAN, ROBERT (R-CA) -- AIDS Exposure Protection Act                                                                                                               |
| H.R.1789  | BY BURTON, DAN (R-IN) -- Requirement for Annual Testing for AIDS, Provisions                                                                                           |
| H.R.1943  | BY DORNAN, ROBERT (R-CA) -- Block Grants to States to Provide Information About AIDS, Establishment                                                                    |
| H.R.2626  | BY RANGEL, CHARLES (D-NY) -- Acquired Immunodeficiency Syndrome Education, Information, Risk Reduction, Training, Prevention, Treatment, Care and Research Act of 1987 |
| H.R.2881  | BY ROWLAND, ROY (D-GA) -- National Commission on Acquired Immune Deficiency Syndrome Act                                                                               |
| H.R.3009  | BY OWENS, MAJOR (D-NY) -- Abandoned Infants Assistance Act of 1987                                                                                                     |
| H.R.3071  | BY WAXMAN (D-CA) -- AIDS Federal Policy Act of 1987                                                                                                                    |
| H.R.3253  | BY PANETTA (D-CA) -- Acquired Immunodeficiency Syndrome Education, Information, Risk Reduction, Training, Prevention, Treatment, Care, and Research Act of 1987        |
| H.R.3292  | BY RANGEL, CHARLES (D-NY) -- Intravenous Substance Abuse and AIDS Prevention Act of 1987                                                                               |
| H.C.R.8   | BY DANNEMEYER (R-CA) -- Resolution Concerning Enactment of States Laws Concerning Acquired Immune Deficiency Syndrome                                                  |
| H.C.R.10  | BY DORNAN, ROBERT (R-CA) -- Resolution Concerning the President's 1988 Budget for Activities Related to Acquired Immune Deficiency Syndrome                            |
| H.C.R.70  | BY FAZIO (D-CA) -- Resolution Concerning the Preparation of Public Service Announcements About Acquired Immune Deficiency Syndrome (AIDS)                              |
| H.J.R.16  | BY DANNEMEYER (R-CA) -- Resolution Concerning the Disapproval of an Action Taken by the District of Columbia Council                                                   |
| S.24      | BY MOYNIHAN (D-NY) -- Social Security Act, Amendment                                                                                                                   |
| S.63      | BY STEVENS (R-AK) -- National Commission on Acquired Immune Deficiency Syndrome Act of 1987                                                                            |
| S.613     | BY WILSON, PETE (R-CA) -- Congressional Advisory Panel on Acquired Immune Deficiency Syndrome Act of 1987                                                              |
| S.945     | BY METZENBAUM (D-OH) -- Abandoned Infants Assistance Act of 1987                                                                                                       |
| S.1220    | BY KENNEDY, EDWARD (D-MA) -- Acquired Immunodeficiency Syndrome Research and Information Act of 1988; Information Awareness Act of 1988                                |
| S.1575    | BY KENNEDY, EDWARD (D-MA) -- AIDS Federal Policy Act of 1987                                                                                                           |
| S.RES.184 | BY DOLE (R-KS) -- Resolution Concerning AIDS                                                                                                                           |

WHICH TYPE OF EDITING DO YOU DESIRE:

1: ADD MORE MEASURES TO THIS FILE?

Status of Measures in File Named "TODAY"  
Most Recent Action

-----  
Measure, Sponsor and Short Title:

H.R.276 by WEISS (D-NY) -- Social Security Act, Amendment

Most Recent Action:

01/06/87 -- In The HOUSE

Introduced by WEISS (D-NY)

Joint referral to HOUSE COMMITTEE ON WAYS AND MEANS

Joint referral to HOUSE COMMITTEE ON ENERGY AND COMMERCE

01/07/87 -- In The HOUSE

Extensions to Remarks by WEISS (D-NY) in "Congressional Record" (CR Page E-16)

Full text of measure printed in "Congressional Record" (CR Page E-17)

-----No. 2 of 26-----

Measure, Sponsor and Short Title:

H.R.338 by DANNEMEYER (R-CA) -- Blood, Semen, and Organ Donations, Prohibition

Most Recent Action:

09/29/87 -- In The HOUSE

Hearings adjourned by HEALTH AND THE ENVIRONMENT SUBCOMMITTEE

-----No. 3 of 26-----

Measure, Sponsor and Short Title:

H.R.339 by DANNEMEYER (R-CA) -- AIDS Counseling, Provisions

Most Recent Action:

09/29/87 -- In The HOUSE

Hearings adjourned by HEALTH AND THE ENVIRONMENT SUBCOMMITTEE

-----No. 4 of 26-----

Measure, Sponsor and Short Title:

H.R.344 by DANNEMEYER (R-CA) -- AIDS Testing, Requirements

Most Recent Action:

09/29/87 -- In The HOUSE

Hearings adjourned by HEALTH AND THE ENVIRONMENT SUBCOMMITTEE

-----No. 5 of 26-----

Measure, Sponsor and Short Title:

H.R.345 by DANNEMEYER (R-CA) -- Transfer of Body Fluids by Federal Officers  
and Armed Forces Members, Prohibition

Most Recent Action:

09/29/87 -- In The HOUSE

Hearings adjourned by HEALTH AND THE ENVIRONMENT SUBCOMMITTEE

-----No. 6 of 26-----

Measure, Sponsor and Short Title:

H.R.758 by LEWIS, JERRY (R-CA) -- National Commission on Acquired Immune



Deficiency Syndrome Act of 1987

Most Recent Action:

01/27/87 -- In The HOUSE

Introduced by LEWIS, JERRY (R-CA)

Referred to HOUSE COMMITTEE ON ENERGY AND COMMERCE

Extensions to Remarks by LEWIS, JERRY (R-CA) in "Congressional Record" (CR Page E-261)

-----No. 7 of 26-----

Measure, Sponsor and Short Title:

H.R.1551 by DORNAN, ROBERT (R-CA) -- AIDS Exposure Protection Act

Most Recent Action:

03/11/87 -- In The HOUSE

Introduced by DORNAN, ROBERT (R-CA)

Referred to HOUSE COMMITTEE ON ENERGY AND COMMERCE

06/30/87 -- In The HOUSE

Extensions to Remarks by DORNAN, ROBERT (R-CA) in "Congressional Record" (CR Page E-2689)

-----No. 8 of 26-----

Measure, Sponsor and Short Title:

H.R.1789 by BURTON, DAN (R-IN) -- Requirement for Annual Testing for AIDS, Provisions

Most Recent Action:

09/30/87 -- In The HOUSE

Public hearings held by TELECOMMUNICATIONS AND FINANCE SUBCOMMITTEE

03/09/88 -- In The HOUSE

Remarks by BURTON, DAN (R-IN) in "Congressional Record" (CR Page H-780)

-----No. 9 of 26-----

Measure, Sponsor and Short Title:

H.R.1943 by DORNAN, ROBERT (R-CA) -- Block Grants to States to Provide Information About AIDS, Establishment

Most Recent Action:

04/06/87 -- In The HOUSE

Introduced by DORNAN, ROBERT (R-CA)

Referred to HOUSE COMMITTEE ON ENERGY AND COMMERCE

-----No. 10 of 26-----

Measure, Sponsor and Short Title:

H.R.2626 by RANGEL, CHARLES (D-NY) -- Acquired Immunodeficiency Syndrome Education, Information, Risk Reduction, Training, Prevention, Treatment, Care and Research Act of 1987

Most Recent Action:

06/08/87 -- In The HOUSE

Introduced by RANGEL, CHARLES (D-NY)

Referred to HOUSE COMMITTEE ON ENERGY AND COMMERCE

Extensions to Remarks by RANGEL, CHARLES (D-NY) in "Congressional Record" (CR Page E-2277)

07/14/88 -- In The HOUSE

Extensions to Remarks by MAVROULES (D-MA) in "Congressional Record" (CR Page E-2449)

-----No. 11 of 26-----

Measure, Sponsor and Short Title:

H.R.2881 by ROWLAND, ROY (D-GA) -- National Commission on Acquired Immune Deficiency Syndrome Act

Most Recent Action:

09/21/87 -- In The HOUSE

Motion by WAXMAN (D-CA) to grant extension to HOUSE COMMITTEE ON ENERGY AND COMMERCE until September 24, 1987 to print its report

11/10/87 -- In The HOUSE

Extensions to Remarks by MILLER, GEORGE (D-CA) in "Congressional Record" (CR Page E-4412)

06/24/88 -- In The SENATE

Placed on Senate Legislative Calendar (Order 761)

-----No. 12 of 26-----

Measure, Sponsor and Short Title:

H.R.3009 by OWENS, MAJOR (D-NY) -- Abandoned Infants Assistance Act of 1987

Most Recent Action:

06/14/88 -- In The HOUSE

Cleared for full committee, as amended, by HEALTH AND THE ENVIRONMENT SUBCOMMITTEE

-----No. 13 of 26-----

Measure, Sponsor and Short Title:

H.R.3071 by WAXMAN (D-CA) -- AIDS Federal Policy Act of 1987

Most Recent Action:

09/29/87 -- In The HOUSE

Hearings adjourned by HEALTH AND THE ENVIRONMENT SUBCOMMITTEE

10/01/87 -- In The HOUSE

Remarks by DANNEMEYER (R-CA) in "Congressional Record" (CR Page H-8071)

10/08/87 -- In The HOUSE

Remarks by PELOSI (D-CA) in "Congressional Record" (CR Page H-8331)

Remarks by LEVINE, MEL (D-CA) in "Congressional Record" (CR Page H-8333)

Remarks by DE FAZIO (D-OR) in "Congressional Record" (CR Page H-8334)

10/09/87 -- In The HOUSE

Remarks by WEISS (D-NY) in "Congressional Record" (CR Page H-8338)

10/27/87 -- In The HOUSE

Extensions to Remarks by SYNAR (D-OK) in "Congressional Record" (CR Page E-4183)

06/09/88 -- In The HOUSE

Extensions to Remarks by BONKER (D-WA) in "Congressional Record" (CR Page E-1904)

06/20/88 -- In The HOUSE

Extensions to Remarks by BONKER (D-WA) in "Congressional Record" (CR Page E-2067)

08/11/88 -- In The HOUSE

Extensions to Remarks by BONKER (D-WA) in "Congressional Record" (CR Page E-2774)

-----No. 14 of 26-----

Measure, Sponsor and Short Title:



H.R.3253 by PANETTA (D-CA) -- Acquired Immunodeficiency Syndrome Education,  
Information, Risk Reduction, Training, Prevention,  
Treatment, Care, and Research Act of 1987

Most Recent Action:

09/10/87 -- In The HOUSE

Introduced by PANETTA (D-CA)

Referred to HOUSE COMMITTEE ON ENERGY AND COMMERCE

Extensions to Remarks by PANETTA (D-CA) in "Congressional Record" (CR Page E-3487)

-----No. 15 of 26-----

Measure, Sponsor and Short Title:

H.R.3292 by RANGEL, CHARLES (D-NY) -- Intravenous Substance Abuse and AIDS  
Prevention Act of 1987

Most Recent Action:

09/16/87 -- In The HOUSE

Introduced by RANGEL, CHARLES (D-NY)

Referred to HOUSE COMMITTEE ON ENERGY AND COMMERCE

Extensions to Remarks by RANGEL, CHARLES (D-NY) in "Congressional Record"  
(CR Page E-3563)

Full text of measure printed in "Congressional Record" (CR Page E-3563)

10/08/87 -- In The HOUSE

Remarks by DE FAZIO (D-OR) in "Congressional Record" (CR Page H-8334)

01/28/88 -- In The SENATE

Remarks by MOYNIHAN (D-NY) in "Congressional Record" (CR Page S-281)

-----No. 16 of 26-----

Measure, Sponsor and Short Title:

H.Con.Res.8 by DANNEMEYER (R-CA) -- Resolution Concerning Enactment of  
States Laws Concerning Acquired Immune Deficiency  
Syndrome

Most Recent Action:

09/29/87 -- In The HOUSE

Hearings adjourned by HEALTH AND THE ENVIRONMENT SUBCOMMITTEE

-----No. 17 of 26-----

Measure, Sponsor and Short Title:

H.Con.Res.10 by DORNAN, ROBERT (R-CA) -- Resolution Concerning the  
President's 1988 Budget for Activities Related to  
Acquired Immune Deficiency Syndrome

Most Recent Action:

01/06/87 -- In The HOUSE

Introduced by DORNAN, ROBERT (R-CA)

Referred to HOUSE COMMITTEE ON ENERGY AND COMMERCE

-----No. 18 of 26-----

Measure, Sponsor and Short Title:

H.Con.Res.70 by FAZIO (D-CA) -- Resolution Concerning the Preparation of  
Public Service Announcements About Acquired Immune  
Deficiency Syndrome (AIDS)

Most Recent Action:

03/10/87 -- In The HOUSE

Introduced by FAZIO (D-CA)

Referred to HOUSE COMMITTEE ON ENERGY AND COMMERCE

-----No. 19 of 26-----

Measure, Sponsor and Short Title:

H.J.Res.16 by DANNEMEYER (R-CA) -- Resolution Concerning the Disapproval of  
an Action Taken by the District of Columbia Council

Most Recent Action:

09/29/87 -- In The HOUSE

Hearings adjourned by HEALTH AND THE ENVIRONMENT SUBCOMMITTEE

-----No. 20 of 26-----

Measure, Sponsor and Short Title:

S.24 by MOYNIHAN (D-NY) -- Social Security Act, Amendment

Most Recent Action:

01/06/87 -- In The SENATE

Introduced by MOYNIHAN (D-NY)

Referred to SENATE COMMITTEE ON FINANCE

Remarks by MOYNIHAN (D-NY) in "Congressional Record" (CR Page S-252)

Full text of measure printed in "Congressional Record" (CR Page S-253)

07/17/87 -- In The SENATE

Remarks by MOYNIHAN (D-NY) in "Congressional Record" (CR Page S-10235)

-----No. 21 of 26-----

Measure, Sponsor and Short Title:

S.63 by STEVENS (R-AK) -- National Commission on Acquired Immune Deficiency  
Syndrome Act of 1987

Most Recent Action:

01/06/87 -- In The SENATE

Introduced by STEVENS (R-AK)

Referred to SENATE COMMITTEE ON GOVERNMENTAL AFFAIRS

Remarks by STEVENS (R-AK) in "Congressional Record" (CR Page S-325)

-----No. 22 of 26-----

Measure, Sponsor and Short Title:

S.613 by WILSON, PETE (R-CA) -- Congressional Advisory Panel on Acquired  
Immune Deficiency Syndrome Act of 1987

Most Recent Action:

02/26/87 -- In The SENATE

Introduced by WILSON, PETE (R-CA)

Referred to SENATE COMMITTEE ON LABOR AND HUMAN RESOURCES

Remarks by WILSON, PETE (R-CA) in "Congressional Record" (CR Page S-2573)

Remarks by CRANSTON (D-CA) in "Congressional Record" (CR Page S-2574)

Remarks by MOYNIHAN (D-NY) in "Congressional Record" (CR Page S-2574)

Remarks by D'AMATO (R-NY) in "Congressional Record" (CR Page S-2575)

Remarks by WEICKER (R-CT) in "Congressional Record" (CR Page S-2575)

Remarks by BENTSEN (D-TX) in "Congressional Record" (CR Page S-2575)

04/03/87 -- In The SENATE

Remarks by WEICKER (R-CT) in "Congressional Record" (CR Page S-4532)

04/10/87 -- In The SENATE

Remarks by CRANSTON (D-CA) in "Congressional Record" (CR Page S-5146)

-----No. 23 of 26-----

Measure, Sponsor and Short Title:

S.945 by METZENBAUM (D-OH) -- Abandoned Infants Assistance Act of 1987

Most Recent Action:

08/05/87 -- In The SENATE



Passed (agreed to), as amended (by Voice Vote)

08/07/87 -- In The HOUSE

Received in the House, after passage in the Senate

Joint referral to HOUSE COMMITTEE ON EDUCATION AND LABOR

Joint referral to HOUSE COMMITTEE ON ENERGY AND COMMERCE

03/02/88 -- In The HOUSE

Extensions to Remarks by OWENS, MAJOR (D-NY) in "Congressional Record" (CR Page E-447)

-----No. 24 of 26-----

Measure, Sponsor and Short Title:

S.1220 by KENNEDY, EDWARD (D-MA) -- Acquired Immunodeficiency Syndrome Research and Information Act of 1988; Information Awareness Act of 1988

Most Recent Action:

05/09/88 -- In The HOUSE

Received in the House, after passage in the Senate

06/06/88 -- In The SENATE

Remarks by WEICKER (R-CT) in "Congressional Record" (CR Page S-7211)

-----No. 25 of 26-----

Measure, Sponsor and Short Title:

S.1575 by KENNEDY, EDWARD (D-MA) -- AIDS Federal Policy Act of 1987

Most Recent Action:

09/11/87 -- In The SENATE

Hearings recessed by SENATE COMMITTEE ON LABOR AND HUMAN RESOURCES Subject to the call of the Chair

10/23/87 -- In The SENATE

Remarks by CHAFEE (R-RI) in "Congressional Record" (CR Page S-15070)

06/06/88 -- In The SENATE

Remarks by WEICKER (R-CT) in "Congressional Record" (CR Page S-7211)

-----No. 26 of 26-----

Measure, Sponsor and Short Title:

S.Res.184 by DOLE (R-KS) -- Resolution Concerning AIDS

Most Recent Action:

04/03/87 -- In The SENATE

Measure held at the desk (by Unanimous Consent) until the close of business on Monday, April 6

Remarks by DOLE (R-KS) in "Congressional Record" (CR Page S-4535)

Full text of measure printed in "Congressional Record" (CR Page S-4536)

Remarks by STEVENS (R-AK) in "Congressional Record" (CR Page S-4537)

Full text of measure printed in "Congressional Record" (CR Page S-4597)

04/06/87 -- In The SENATE

Referred to SENATE COMMITTEE ON GOVERNMENTAL AFFAIRS

Remarks by DOLE (R-KS) in "Congressional Record" (CR Page S-4611)

04/09/87 -- In The SENATE

Remarks by D'ANATO (R-NY) in "Congressional Record" (CR Page S-5103)

04/10/87 -- In The SENATE

Remarks by CRANSTON (D-CA) in "Congressional Record" CR Page S-5146)